Utilization of Conversation Map in eThekwini

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Introduction – eThekwinini

- eThekwinini Metro (Durban)
- On the Indian Ocean
- Population: 3.5m
- Beautiful city… many inequities…

- High levels of poverty, unemployment, and crime including gender based violence
- Generalized HIV epidemic
- HIV Prevalence: 19%
Introduction – eThekweni HIV (All)

90-90-90 Cascade - Total Population
eThekweni (Mar 2023) – Public & Private Sector
Total PLHIV: 686,951

- PLHIV: 686,951
- PLHIV who know their status: 659,089 (96%)
- PLHIV on ART: 618,256 (80%)
- Viral loads done: 527,308 (80%)
- Virologically Suppressed: 422,901 (91%)
- Virally Suppressed (56%)

- Unknown suppression (15%)
  - Diagnosed
  - On ART
  - No VLD

- Not virally suppressed (29%)
  - Undiagnosed
  - Diagnosed but not on ART
  - On ART but not VLS

- Transmittable HIV: 29%
- Untransmittable HIV

PLHIV in eThekweni (ALL)
Pop: 686,951
March 2023

TOTAL = 188,975
Introduction – eThekwini HIV (Children)

90-90-90 Cascade - Children (<15)
eThekwini (Mar 2023) - Public & Private sector
Total CLHIV: 18,326

- PLHIV: 18,326
- PLHIV who know their status: 16,493 (86%)
- PLHIV on ART: 8,417 (53%)
- Viral loads done: 6,005 (76%)
- Virologically Suppressed: 4,465 (70%)

CLHIV in eThekwini (under 15)
Pop: 18,326
March 2013

- Virally Suppressed (24%)
  - Diagnosed
  - On ART
  - VLD
  - VLS

- Undiagnosed
- Diagnosed but not on ART
- On ART but not VLS

TOTAL = 4,465

- Transmittable HIV: 65%
- Untransmittable HIV

TOTAL = 11,849
Project Background

- Lack of awareness of “U=U” (Undetectable = Untransmittable)
- High levels of community and self-stigma
- Sub-optimal health outcomes for PLHIV
- Children living with HIV (CLHIV) are left behind (only 53% on ART)
- IAPAC’s Conversation Map (CM) is being implemented to raise awareness of U=U and improve retention/linkage to care
Staying in HIV Care
The Path to U=U (Undetectable = Untransmittable) Conversation Map™

- Welcome: Starting in HIV Care Facts
- What is HIV?
- Myths: Facts
- What is ART?
- Trauma:
  - FEELINGS & EMOTIONS
  - Social: Stigma & Prejudice
  - Financial: Costs & Barriers
- Why It Matters
- Reasons dropping out of HIV Care
- Failure is NOT an Option
- Bridge to Re-engagement in HIV Care
- Success
- Need Help?
- Clearing a Path to Access
- Improved Quality of Life

AMSTERDAM
FAST-TRACK CITIES 2023
Trainings

356 individuals reached
• Support group facilitators
• PLHIV support groups
• adherence officers
• children’s sector leaders
• child and youth care workers
• Ward AIDS Committees
The journey from diagnosis to U=U is a powerful story...
Lessons Learned

• Training participants felt:
  • Self-aware and empowered to disclose
  • Motivated to take action

• 156 facilitator trainees agreed/strongly agreed the CM is easy to understand, easy to use, and topics are relevant

• 99% indicated it would be useful in their ward

• 160 PLHIV and facilitators surveyed post-exposure:
  • 91% “had a better understanding and were willing to achieve U=U”
  • 94% were “extremely likely” to recommend the program
  • 95% felt they had the tools to manage their health
Recommendations

- The CM provides an important tool in illustrating the journey from diagnosis to U=U and is well received by trainers and community members alike.

- Increasing awareness around U=U and reducing HIV-related stigma are crucial to ending AIDS as a public health threat by 2030.

- Scaling of the CM is recommended.
Conversation Map