

**LET'S
MAKE
AIDS
COUNCILS
WORK**



GETTING & STAYING ON

**HIV
TREATMENT**

spotlight on the state of
health in South Africa

District and Provincial AIDS Councils can play a critical role in getting business, labour, civil society and various government departments to work together in the fight against HIV and TB. It is through these consultative structures that the vision set out in South Africa's National Strategic Plan for HIV, TB and STIs 2017 – 2022 is to be turned into real and tangible change in our communities.

Members of the public can demand that district and provincial AIDS councils meet at least once a quarter. Representatives from district AIDS councils must on a quarterly basis report to provincial AIDS councils on progress in their district. Provincial AIDS councils should be chaired by Premiers and district AIDS councils by mayors. Citizens must hold these people accountable for organising the meetings and making sure appropriate representatives from business, labour and civil society are all invited.

Of course, just having meetings is not good enough, people have to make sure that these meetings are used to catalyse a more effective response to the HIV and TB epidemics in their districts or provinces.

In this series of "Let's make AIDS councils work" guides we offer some practical advocacy ideas for persons involved in these councils. This is the second guide in the series, focusing on getting and keeping people on HIV treatment.

GETTING AND KEEPING PEOPLE ON HIV TREATMENT

One of the most worrying problems with South Africa's HIV response is that many people who are living with HIV are not taking antiretroviral treatment.

Until a few years ago we thought that people can safely wait for their immune systems to weaken before starting HIV treatment. We now know that waiting is risky and that all people living with HIV should be provided with antiretroviral therapy to stay healthy. We also now know that most people who are stable on antiretroviral therapy become non-infectious. In other words, getting more people onto treatment is both good for the health of those people and helps prevent new HIV infections. It is rightly a high priority in the NSP.

The problem has two sides – some people who test positive never start treatment and some people who have started taking treatment stop doing so. The best estimates

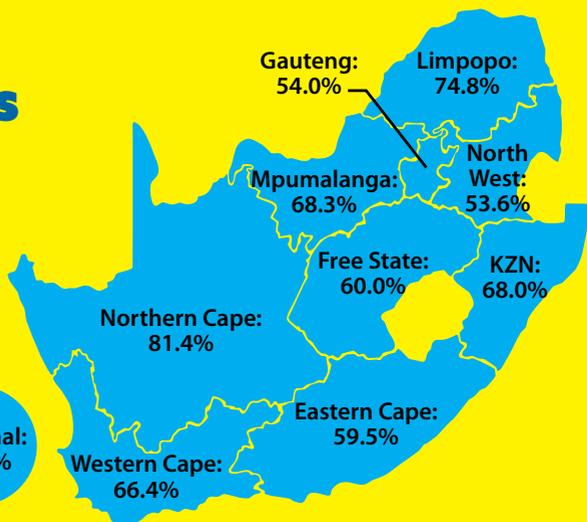
we have (from the [Thembisa mathematical model](#)) indicate that only around 62% of people who know that they are HIV-positive are on antiretroviral therapy. The health of the remaining 38% is at risk and this group of people are also much more likely to transmit HIV to their sexual partners.

According to the NSP, by 2020 nine out of every 10 (90%) people in South Africa who know that they are HIV positive should be taking antiretroviral therapy. This is the second of the so-called 90-90-90 targets. While it is unlikely that South Africa as a whole will reach this target, specific provinces (like the Northern Cape) or specific districts might reach this 90% target. Gauteng and North West currently score very poorly on this indicator.

PERCENTAGES OF HIV DIAGNOSED PEOPLE ON ART BY PROVINCE

According to the latest estimates from the Thembisa model, (estimates for 2017).

National:
61.9%



WHAT CAN AIDS COUNCILS DO ABOUT THIS?

One of the most powerful things about well-functioning AIDS councils is that they can reach beyond just the healthcare system and bring business, labour, other government departments, and civil society into the AIDS response in their province or district. It is therefore critically important that the largest employers and the largest labour unions in the district or province are invited to AIDS council meetings.

- AIDS councils can **work with large employers or labour unions** to ensure workers who are HIV positive can start and stay on treatment. This could be done by making sure that workers are given time to visit the clinic. Alternatively, business or labour can support the establishment of adherence clubs and psycho-social support groups closer to workplaces so as to make it easier for workers to collect their medicines. There might be other creative solutions people can come up with in their council. Either way, AIDS councils are a great place to figure out the right kind of solution for a province or district.
- AIDS councils can also **bring various spheres of government together** to make it easier for unemployed people living with HIV to start and stay on treatment. It could for example be that there are unique transport problems in a district that the Department of Health cannot solve alone. The AIDS council is a great place to ask how other government departments can help solve such problems.
- AIDS councils can also **take the lead in district or provincial-level awareness campaigns** about the importance of starting and staying on treatment when you are HIV positive. There is no reason to wait for the Department of Health to start such a campaign. It might in fact be better if such campaigns start in AIDS councils where it can have buy-in from a wider range of government departments, organisations and sectors from the outset.



QUESTIONS TO CONSIDER ASKING IN AIDS COUNCIL MEETINGS

- How **well is our province/district doing** on the second 90 and what are the obstacles standing in the way of us reaching the 90% target by 2020?
- What are we doing in our district/province to **help people living with HIV to start and stay on treatment**? What role can business and labour play in this regard?
- How many people are **defaulting on treatment** in our province/district and why are they defaulting? Is it because of stockouts? Is it because of transport problems? Is it because our clinics are dysfunctional?
- Do we have enough **adherence clubs and support groups** in our province or district? If not, how can we address this problem collectively?
- What does our District/Provincial Implementation Plan say about the second 90 and keeping people on treatment and **are we implementing what our plan says**?
- Are districts regularly **reporting** to the provincial AIDS council regarding their **efforts to improve retention in care**? Which districts have had most improvement in this area and why?
- Are we chasing numbers in our province/district and **neglecting quality of care** when it comes to initiating and retaining more people on ART? For example, are we putting enough resources into pre and post-counselling and psycho-social support?