

## 1. SANAC Newsletter #1

### Collaboration of NGOs - NGO Sector

Civil society collaboration is improving through the 17 civil society sectors of South African National AIDS Council (SANAC), providing much needed space for a united voice for the eradication of HIV/AIDS in South Africa. The NGO Sector cuts across many of the other SANAC sectors thus playing a leading role in covering its mandate to represent NGOs and CBOs in South Africa and facilitate and monitor implementation of the National Strategic Plan (NSP).

Since coming into office, the elected team have employed the services of a Civil Society Coordinator, whilst continually strengthening the NGO Working Group who meet quarterly. The members developed a logo under which their activities are branded and united, with a pay-off line of 'Community passion in action'. The NGO sector presented an extensive report to the SANAC plenary in July 2008 on activities and impact made thus far. A copy of this report is available on [www.aidsportal.org](http://www.aidsportal.org).

This letter now launches the NGO Sector newsletter, which acts as a voice of Civil Society and community and communicates key messages, best practices and other relevant information to counterparts.

To date the NGO Sector hosts a monthly meeting on different NSP themes to 300 NGOs and CBOs in three provinces namely, North West, Gauteng and Limpopo. TB workshops have been held in Gauteng by one of the umbrella organisations, targeting Community Health Care workers as well as CBOs that work with communities with the highest prevalence in TB. The NGO Sector does not only reach Civil Society, training sessions were held for 100 Bombela Construction Workers. In KwaZulu Natal a Learning and Sharing conference was hosted to discuss methods of maximizing the implementation of the NSP, more than a hundred individuals attended this event.

The North West has championed HIV campaigns at public health facilities, while the Northern Cape has trained support group leaders to ensure that people living with HIV have access to the best psychosocial support they may need. The Northern Cape have also hosted human rights workshops encouraging and educating communities about respecting people's human rights and discouraging hate crimes towards the lesbian and gay community.

Many efforts to curb the scourge of HIV are made in different provinces, ranging from home based care in all provinces, caring for orphaned and vulnerable children, prison outreaches as well as counselling and testing centres to encourage people to know their status. A mapping system of HIV/AIDS services provided in Tshwane has been developed to assist clients that need services to gain easy access to the service providers closer to their areas.

NGO Sector work spans throughout the country, boasting membership of numerous umbrella organisations as well as strong provincial NGOs, in order to reach as many CBOs and NGOs as possible. Further enrolments are encouraged either onto the working group or to submit statistics of work done and receive and make contributions to the newsletter. Contact [amanda@aidsonsortium.org.za](mailto:amanda@aidsonsortium.org.za) for more information, or to submit your contributions.

### - The dangerous combo of TB & HIV

The NGO sector are called on to escalate their intervention around the lethal combination of HIV and TB. A major impact can be made in communities through advocating for TB prevention medication for HIV positive people, early diagnosis of TB and simple infection control to protect each other.

Tuberculosis is an airborne disease which commonly affects the lungs; TB is transmitted through coughing, sneezing, spitting or speaking. However TB can affect other body parts (the brain, the bones and abdomen amongst others) this is called extra pulmonary TB, extra pulmonary TB mostly affects HIV positive people because of their weakened immune system. Some symptoms of TB include loss of weight and appetite, fatigue, night sweats and coughing up blood or sputum. Not every individual exposed to the tuberculosis bacteria develops TB disease, some individuals are infected with the bacterium which lies dormant in their lungs, and the TB becomes activated if a person's immune system is compromised, as occurs with HIV infection.

South Africa has the highest TB prevalence in the world resulting in the country becoming a high risk area for

all that live in it. The country also has a dramatically high HIV prevalence, resulting in plenty of people living with compromised immune systems, the combination of TB and HIV can become deadly for persons living with HIV. Research shows that people living with HIV/AIDS often die within months of contracting TB, unless intervention is rapid. Their already weak immune systems become further weakened and unable to fight both diseases. However, with early diagnosis of both conditions, this need not be the case. HIV-negative people with dormant TB have a 10% chance of developing active TB during their lifetime.

TB can be cured for HIV-positive and negative persons, through a six-month course of treatment to which patients must rigorously adhere. Resistance occurs should a patient fail to adhere to their treatment, causing MDR-TB (multi-drug resistant TB) or XDR-TB (extensively drug resistant TB). A skin test can be conducted to detect if a person has dormant or active TB. A protein from the TB bacteria is injected into the skin of the arm, if this causes a swelling, it indicates that the person has been exposed to TB and therefore cannot access preventative therapy (Isoniazid, also known as IPT or INH). However, this swelling does not always appear in HIV-positive people and as a result, people are diagnosed later, delaying access to treatment, increasing the chances of developing active TB and infecting others.

The NGO sector thus calls for improved systems within the public health sector, better testing and diagnostic methods, improved treatment regimens, community-appropriate TB education, implementation of improved infection control and the integration of HIV and TB services. TB patients should be monitored closely when on treatment with the use of Dots Supporters (Directly Observed Treatment Supporters) to ensure adherence to medication, as well as early detection of side effects.

### **- Post-exposure prophylaxis**

Post-exposure prophylaxis (PEP) is a treatment taken soon after a person has been exposed to an infective source in order to prevent an infection from occurring. For instance, if someone is exposed to the HI virus, either by having unprotected sex with someone who is HIV-positive or through certain types of contact with infected blood, then an immediate course of antiretroviral (ARV) drugs can be taken to prevent HIV disease from developing. This treatment, which is called HIV PEP or PEP for short, must be taken for four weeks and will only be effective if it is started within 72 hours (three days) of the exposure.

### **PEP administration**

#### **1) Exposure in the workplace**

Healthcare workers can be exposed to the HI virus when looking after HIV-positive people through the following situations:

\* **Needle stick injuries.** These can accidentally occur when blood is being withdrawn or when injections are being given or drips set up. Infected blood can then pass directly from inside the needle (which is hollow) into the injured healthcare worker. The overall risk of contracting HIV through a needle stick injury is about 1 in 300. This means that for every 300 people who have needle-stick injuries, only one will become HIV-positive. The risk is reduced if the injury occurs with a solid sharp object like a scalpel blade as the healthcare worker is usually exposed to smaller amounts of blood.

\* **Exposure to infected fluids such as blood.** If infected blood is splashed into the eye or mouth, or comes into contact with skin that has cuts, abrasions or is damaged in any way, then the healthcare worker is at risk. This risk is less than with needle stick injuries. Contact with body fluids such as saliva and urine do not pose a risk, as they contain insignificant quantities of the HI virus.

Non-medical people can also be put at similar risk through accidental injury or exposure to blood when assisting at an accident in the workplace or on the road, for example.

If any such exposure occurs and the HIV status of the person who is being treated or helped is positive or unknown, then medical advice must be sought immediately. PEP, if it is indicated, needs to be started as soon as possible, and definitely within 72 hours of the exposure, to be effective.

The Department of Health has undertaken to provide PEP to all healthcare workers who are accidentally put at risk. They will usually be able to obtain treatment at the place where they work or they will be referred to an appropriate facility.

A non-medical person who believes he or she may have been exposed to HIV through an accident or work-related injury should request treatment at the nearest government HIV Service Point. Phone the AIDS

Helpline on 0800 012 322 to find out the nearest facility.

PEP can also be prescribed privately and will be covered by most medical aids.

## **2) Exposure due to rape**

\* The risk of contracting HIV disease through forced sexual acts, including both vaginal and anal sex, is not known. It is commonly assumed that the risk is much greater than during consensual sex as forced sex is associated with greater trauma to the vagina or anus. If there is any tearing or damage the virus can get into the bloodstream more easily.

\* The risk of HIV infection through oral sex is extremely low. It is much lower than for other types of unprotected sexual activity.

\* PEP treatment should be started as soon as possible after rape, especially for children, and definitely within 72 hours of the incident.

There are over 50 000 reported cases of rape a year in South Africa, with 40% involving children under 14 years (Government Statistics 2004). The AIDS Law Commission estimates that the true extent of rape is much greater and that well over a million rapes are happening each year in South Africa. Given the extent of the HIV epidemic this means that rape is a significant cause of HIV infection. Widespread availability of PEP is therefore an important way to help reduce the infection rate and save lives.

The government has passed a law that guarantees all rape survivors access to free PEP. However, this service is only available at the government health facilities where Antiretroviral Treatment (ART) is being provided (HIV Service Points), and some provinces are better served than others. This means that some rape survivors will not be able to access treatment within the necessary 72-hour period.

As the government's capacity to provide ART increases for both adults and children, PEP access for rape survivors will also increase. This is especially important with regard to children. Nearly half of rape survivors are under the age of 12 years but many of the HIV Service Points do not yet provide ART for children.

It is important to remember that a rape survivor does not need to lay a charge of rape in order to receive PEP.

Phone the AIDS Helpline on 0800 012 322 to find out the nearest government HIV Service Point. If the rape involves a child remember to check that the facility offers PEP for children.

The website [www.speakout.org.za](http://www.speakout.org.za) offers extensive advice for rape survivors, as well as a list of all PEP sites throughout the different provinces.

### **What Happens After Exposure?**

\* HIV tests will be performed on all people before commencing PEP, with their permission. They will also receive pre- and post-test counselling. If a person refuses an HIV test, PEP will not be provided. People who are either known to be HIV-positive or found to be HIV-positive will not be offered PEP. They will be counselled and referred to an appropriate health facility for long-term management. If the person is HIV-negative treatment will be started immediately.

\* If a rapid HIV test is not available people will be started on PEP with a three-day starter pack. If the results come back positive the treatment will be discontinued and the person will be given appropriate advice. If the person is HIV-negative the full course of the treatment will then be provided.

\* Children over 14 years do not need a parent's or guardian's permission to have an HIV test or to take PEP. Children under 14 years require consent from a parent or guardian. In emergency cases such as rape, treatment can be given to children under 14 years on the authority of the doctor or hospital superintendent.

The health professionals and counsellors who conduct and discuss the HIV test are bound, by law, to keep the results strictly confidential. Other people, such as families or friends, will only be told of the results with the person's permission.

### **What does PEP involve?**

\* PEP is a four-week programme of antiretroviral medication that must be taken several times a day. The drugs can have unpleasant side effects such as nausea, headaches, fatigue, skin rashes, vomiting and diarrhoea. These side effects are not serious and usually do not last long. If they become difficult to cope with, a doctor should be consulted.

\* PEP is not 100% effective but becomes even less effective if doses are missed or if the full four-week programme is not finished. It is important that a friend or family member support the rape survivor during treatment and make sure that the medication is taken properly for the full four weeks. Post-traumatic stress resulting from a rape can affect the person's ability to take medication reliably.

\* People receiving PEP should ideally be seen after one week and then again at six weeks, three months and six months after the exposure. HIV testing should be performed at the six-week, three-month and six-month visits. If the person is still negative after six months they can know for sure that they have not contracted HIV disease as a result of the exposure.

#### Additional treatments given to rape survivors

- \* Antibiotic treatments to prevent other sexually transmitted infections like venereal disease.
- \* The 'morning after' pill to prevent pregnancy.

Rape is very traumatic and rape survivors need both professional support and the support of families and friends. Rape survivors also have the right to be treated with respect and dignity at all times by the doctors, nurses, police officers, prosecutors and social workers who help them after the rape.

#### **CONTACT:**

AIDS Consortium  
87 Rodebloem Road  
Woodstock 7925  
Cape Town

Tel: 011 403 0265  
Fax: 011 403 2106  
Cell: +27 83 347 2808  
Email: [amanda@sanac.org.za](mailto:amanda@sanac.org.za)  
Website: [www.sanac.org.za](http://www.sanac.org.za)