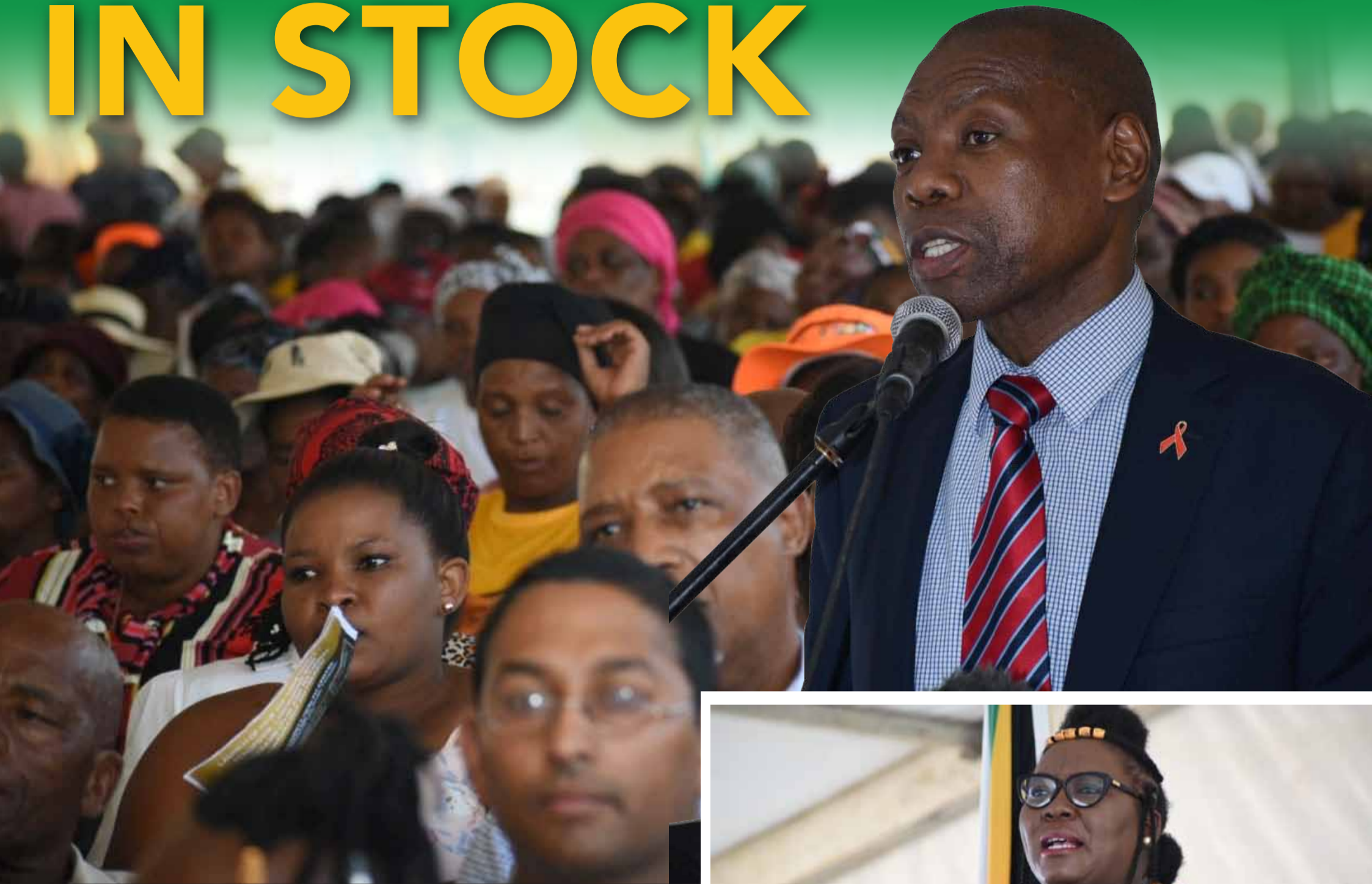


NEW ARV DRUG IN STOCK



A new fixed-dose combination antiretroviral (ARV) treatment called tenofovir/ lamivudine/ dolutegravir, known as TLD has been launched in KwaZulu Natal this week.

This is one pill, once-a-day generic fixed-dose combination with a robust resistance profile and fewer side-effects. TLD will improve the quality of life for millions of people living with HIV, and fast-track treatment rollout as part of the country's efforts to initiate an additional 2 million individuals on ART by 2020. TLD will assist the Government to address some prevailing

challenges with treatment, like lack of adherence to treatment, despite the introduction of interventions such as adherence clubs, support groups, and CCMDD.

National Minister of Health Dr Zweli Mkhize launched the new drug at Ugu District, one of the three districts in KwaZulu Natal which have made great strides towards attaining the 909090



UNAIDS target. "As we distribute this this TLD, we will just be making sure that the compliance is even better and that the 909090 target must go higher to even 100." Said Dr Mkhize
 New patients who test positive

will now be initiated on the new drug and there will be phases of transition for patients who are already taking the old treatment.

continued on page 02 >>>

CITIZENS ECHO THEIR VIEWS ABOUT THE LAUNCH OF THE NEW DRUG



Hlengiwe Mgiyane

"I was very happy about Minister Dr Zweli Mkhize and KwaZulu-Natal Health MEC coming to our village to launch the new ARV drug TLD. I am hoping that this will assist many people. I've heard the Minister said the new drug suppresses the viral load. The chances for transmitting the HIV will be slim."



Nomfundo Msomi 21 yrs old

"We were very happy to see the Minister launching the new HIV drug. This will make people stay alive even longer. People who do not know their status will have to go and do an HIV test, because there is a new HIV drug that will assist them."



Mlungisi Madlala (Mzumbe)

"We are very happy to be visited by the National Health Minister Dr Zweli Mkhize, for choosing the Mzumbe area for doing this important job. The launching of this drug will assist the people very much."



Nokuthula Msabala (Mathuthwini)

"I would like to thank the Minister Dr Zweli Mkhize for coming to our area for launching this important drug. My son is HIV positive and I am glad that my son will be taking only one drug from now. This gives us hope that one day there will be cure for HIV/AIDS in South Africa."

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UGU DISTRICT ACHIEVES THE 90-90-90 UNAIDS TARGET

UGU District has been lauded for achieving the 909090 UNAIDS target. National Health Minister Dr Zweli Mkhize made the announcement during the official launch of the new fixed dose combination ARV called TLD at eSibanini Sportsfield, Mthwalume in Port Shepstone this week.



UGU is one of the three districts which will attain the 909090 UNAIDS target by December 2019. This means that 90 % of people in the District know their status, 90 % of those are on treatment and 90% of those on treatment are virally suppressed. The Minister handed over a certificate of achievement to the District Health Team, congratulating them as well as the provincial Department for the achievement. He also conveyed a word of gratitude to the public or communities of the district for the good response to treatment and for embracing programmes that

are meant to improve their health and wellness. "This certificate is for the community, the people who have made the Department to look good by heeding the call

to get tested and adhering to treatment. We are very grateful for your cooperation in the District, thank you very much" said Dr Mkhize

★ ★ ★ ★ ★
**PREMIUM
AWARD**



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TLD IS A HIGHLY EFFECTIVE ANTIRETROVIRAL THAT IS WELL TOLERATED

- Don't combine TLD with other traditional medicine
- Be aware that alcohol and other drug use can make you forget to take your medication
- Take your treatment even if you have used, or plan to use, alcohol and other drugs
- ARV side effects differ from person to person – talk to your healthcare provider



INTRODUCING TLD: THE FASTEST WAY TO REDUCE HIV VIRAL LOAD



www.health.gov.za

@HealthZA

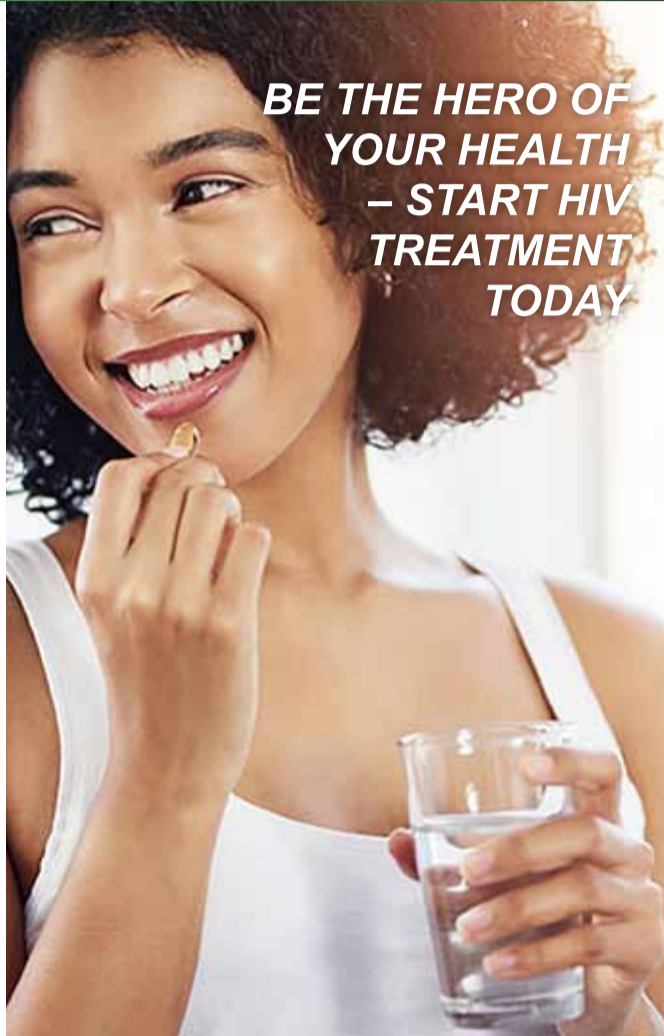


BE A HERO OF YOUR HEALTH

- ARV is a life-saving treatment – take one pill every day
- ARVs suppresses HIV replication and keep your body healthy
- ARVs don't replace condoms – use a condom consistently & correctly every time
- Don't stop treatment because viral load will increase and become detectable again

LIVE POSITIVELY, LIVE HEALTHIER, LIVE LONGER

- Start ART as soon as you test HIV positive
- U=U: A person with undetectable viral load cannot transmit HIV – REMEMBER: always practice safer sex
- Viral suppression means the virus is undetectable in the blood
- Undetectable virus doesn't mean you are cured of HIV



BE THE HERO OF YOUR HEALTH – START HIV TREATMENT TODAY



ONE ARV | PILL ONCE A DAY

WHAT DOES TLD LOOK LIKE?

- It is manufactured and supplied by several pharmaceutical companies
- It comes in different colours, shapes and sizes – all contain the same ingredients
- No one pill is better than the other

WHAT ARE THE SIDE EFFECTS?

- Side effects are uncommon. Some patients have reported nausea, insomnia or occasional dizziness, but these are mild and manageable.

WHAT IS TLD?

- TLD stands for Tenofovir, Lamivudine and Dolutegravir
- It is a game-changer for people living with HIV (PLHIV) because VL is suppressed quickly
- TLD has less side effects
- It is recommended by the World Health Organization for both first-and second-line treatment of HIV
- Dolutegravir replaces Efavirenz as the backbone in this antiretroviral. Efavirenz is safe and effective, especially for those on TB treatment, and for women planning pregnancies

WHAT ARE THE BENEFITS OF TLD?

- It provides rapid viral suppression
- It has high genetic barrier to resistance
- It has fewer side effects
- It is a smaller tablet – easy to take
- It improves the lives of people living with HIV

WHO QUALIFIES FOR TLD?

- All people living with HIV are eligible to be initiated on TLD regardless of age, gender, race, CD4 cell count and clinical stage
- Patients on TB treatment are advised to finish their TB treatment before switching to TLD. There are other ART options to consider while you are having treatment for TB



WHAT ARE THE RISKS OF TLD?

- TLD may carry risks for women wanting to become pregnant
- Women who want to get pregnant in the near future, and those who are pregnant should discuss the benefits and potential risks of TLD with their healthcare provider to make an informed choice

HOW DOES TLD DIFFER FROM OTHER HIV TREATMENTS?

- TLD is the new HIV treatment approved for use in many countries around the world
- It has very few side effects, making it less likely that people will skip doses or stop the treatment

HOW DO I MIGRATE FROM THE CURRENT TEE TO TLD?

- At your next scheduled clinic appointment, a healthcare worker will provide all necessary information on the risks and benefits of TLD

WHERE CAN I GET MORE INFORMATION?

- Visit your nearest healthcare facility
- Ask your healthcare provider
- www.health.gov.za
- www.bwisehealth.com
- National AIDS Helpline: 0800 012 322



MEC FOR HEALTH
MS NOMAGUGU SIMELANE-ZULU



THE DEPARTMENT OF HEALTH
WILL COMMEMORATE

WORLD AIDS DAY

Date : **01 December 2019**
Venue : **Ezimbuthu Sportsfield (Ward 05),
Emadlangeni Local Municipality
Amajuba District**
Time : **10h00**

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THE DEPARTMENT IS READY FOR THE FESTIVE SEASON HOLIDAYS



DIAL:
112

The KwaZulu-Natal Department of Health will be unveiling 136 brand new ambulances next week (03 December 2019), which will improve government's ability to come to the aid of people in emergency situations within the "golden hour" - including in far-flung areas where the terrain is rough. The ambulances will be distributed in all the provinces' 11 health districts.

The province of KwaZulu-Natal is home to more than 11 million people, which amounts to 21% of the population of the country. At least 80% of these people depend on the public health sector for their medical and health needs.

Thus, the province's Emergency Medical Service (EMS) is the largest in the country. When it comes to their ability to respond to incidents of violence, injuries and trauma as a Department, paramedics play a profoundly critical role in saving lives. They are usually the first healthcare professionals to arrive at the scene of an accident or homestead of a sick patient and quickly assess the situation and determine the proper course of action for that individual.

WHAT TO DO WHEN CALLING FOR AN AMBULANCE

The person calling is required to remain calm, be able to communicate and be able to describe the area where the ambulance will find the patient.

It is advisable for the caller to use prominent land marks like local stores, churches, schools municipality structures and/or government structures i.e. police stations offices etc.

The telephone number for all medical emergencies is 112 or 10177. It's a toll free number from a Telkom landline but on a cellphone it depends on the network's billing system.

CALLING FROM THE LANDLINE/ TELKOM LINE

Dial 112 or 10177 on the landline, the call goes straight to government EMS communication centre.

CALLING FROM THE CELLULAR PHONE

1. A call 112 or 10177 on the cellphone does not go straight to an EMS call centre.
2. It goes to the call centre of the cellular network provider of your cellphone (e.g., Vodacom Cell number will go straight to Vodacom call centre, MTN Cell number goes to MTN call centre and Cell C number goes to Cell C call centre)
3. When the respective cellular network call centre receives the call, the agent asks where the caller is calling from and the nature of the emergency.
4. At this stage it is important for the caller to remain calm and clearly describe the province and the nearest town from where the ambulance will find the patient. It must be noted that the cellular network call centre are situated in Johannesburg and Cape Town. The call taker only relies on the information from the caller to redirect the call to a correct EMS call centre
5. After identifying where the caller is calling from, the call centre agent will reroute the call to the nearest EMS call centre.
6. When the cellular network call centre agent has transferred a call to the nearest EMS communication centre, the caller is requested again to describe the area where the ambulance will find the patient in more details this time around.
7. The caller is required to provide the name of the road, and the house number. In areas where there are no house numbers or road names the caller is encouraged to use prominent land marks to describe where the patient is

Community leaders are encouraged to take down the contact details of the persons or officials that are responsible and accountable for emergency services in the area. That is intended to ensure that if a member of the public is unable to get hold of the call centre, the community leader can intervene and get the emergency resource to be activated swiftly to ensure quality services to our communities.



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GREY'S HOSPITAL WINS GREEN AWARD



Grey's Hospital received two awards for their achievement in environmentally sustainable health care at the first Reginal Green Hospital and Sustainable Procurement Conference in Africa earlier this month.

The Global Green and Healthy Hospital network is an international network of hospitals, health care facilities, health systems, and health organizations dedicated to reducing their environmental footprint and promoting public and environmental health.

Grey's Hospital was recognized for its efforts towards the Waste Green Health challenge.

The conference brought together Global Green and Healthy Hospitals members, health care leaders and experts from across the continent and beyond to discuss, innovate and collaborate on strategies to foster climate-smart and sustainable health care practices.

Dr KB Bilenge (CEO of Grey's hospital) stated "Grey's hospital participation in the waste and energy health challenge is a public declaration to reduce the environmental impact and carbon footprint of the facility and operations. In doing so, we will be promoting the health and well-being of patients, staff, and community members"

IT DOESN'T TAKE A MORAL EVOLUTION TO BECOME PART OF THE SOLUTION



As the statistics in Gender based violence increase at a staggering rate in our country and across the globe, we ought to take this opportune moment to pledge ourselves, and commit ourselves to being part of a nation that respects, preserves, and celebrates the lives of women.

The 25th of November marks the International Day for the elimination of violence against

women. Women's activists have marked 25 November as a day against violence since 1981. The date came from the brutal 1961 assassination of the three Mirabal sisters, political activists in the Dominican Republic, on orders of Dominican ruler Rafael Trujillo. In South Africa, 25 November is also the starting day of the 16 Days of Activism for No Violence against Women and Children.

The Declaration on the Elimination of Violence Against Women issued by the UN General Assembly in 1993,

continued on page 08 >>>



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defines violence against women as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”

In general terms, these physical, sexual and psychological forms of violence comprise of the following:

- intimate partner violence (battering, psychological abuse, marital rape, femicide);
- sexual violence and harassment (rape, forced sexual acts, unwanted sexual advances, child sexual abuse, forced marriage,

street harassment, stalking, cyber-harassment);

- human trafficking (slavery, sexual exploitation);
- female genital mutilation; and
- child marriage.

Global disquieting figures pooled by United Nations:

- 1 in 3 women and girls experience physical or sexual violence in their lifetime, most frequently by an intimate partner
- Only 52% of women married or in a union freely make their own decisions about sexual relations, contraceptive use and health care

• Worldwide, almost 750 million women and girls alive today were married before their 18th birthday; while 200 million women and girls have undergone female genital mutilation (FGM)

• 1 in 2 women killed worldwide were killed by their partners or family in 2017; while only 1 out of 20 men were killed under similar circumstances

• 71% of all human trafficking victims worldwide are women and girls, and 3 out of 4 of these women and girls are sexually exploited

• Violence against women is as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill health than traffic accidents and malaria combined.

The Department of Health is against women abuse. The department offers counselling at its facilities along with privacy at the survivors discretion in an incident of violence that may need medical attention.

Any form of violence is illegal and by law should be reported to reduce and prevent future altercations. Be part of the movement; protect, preserve and embrace the lives of women – end violence against women.

SEKWANELE, ENOUGH IS ENOUGH, GENOEG IS GENOEG: STOP GENDER BASED VIOLENCE

The 16 Days of Activism against Gender-Based Violence is an national campaign which takes place each year and runs from 25 November to 10 December (Human Rights Day), also encompassing other important key dates.

It is used as an organizing strategy by individuals and organizations around the world to call for the prevention and elimination of violence against women and children. It was originated by the first Women's Global Leadership Institute in 1991 and is coordinated by the Center for Women's Global Leadership.

The KwaZulu-Natal Provincial government, led by Premier Sihle Zikalala, will

commemorate the 16 Days of Activism Provincial campaign. During this period government ministers will visit districts around the province to host a series of community dialogues and activities to foster a collaborative effort in dealing with Gender Based Violence. The KwaZulu-Natal Health MEC Ms. Nomagugu Simelane Zulu will lead the Department into the 2019 GBV campaign under the theme: Enough is Enough at Amajuba District on the 10th December 2019.

Given the scourge of Gender-Based Violence in the country, which was declared a national address, government has implemented the Emergency Response Action Plan on Gender-Based

Violence and Femicide. Among the actions agreed are:

- The clearing of backlogs at forensic laboratories related to GBVF and especially sexual assault;
- The hiring of additional staff for sexual offences courts, Thuthuzela Care Centres and Family Violence, Child Protection and Sexual Offences Investigations Units;
- The procurement of evidence-collection kits (paediatric rape kits, adult rape kits and buccal sample kits); and Behaviour-change interventions to influence changed behaviour for men and boys, while involving all

sectors of society;

- The establishment of at least one shelter per province to accommodate people who identify as lesbian, gay, bisexual, transsexual, intersex or queer;
- The immediate roll-out of training on victim-centric, survivor-focused services, with a specific drive to train police, prosecutors, magistrates and policy-makers;
- The establishment of a GBV Fund for rapid response to assist survivors at the community level, including access to justice through Legal Aid.

Enough is enough, let us protect our women and children.



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WHO SAID WHAT THIS WEEK

Government is working hard on the 90-90-90 programme which means 90% of people with HIV must know their status 90% of those who know; must be on treatment and 90% of those who are on treatment must be undetectable - **MEC**

Nomagugu Simelane-Zulu

Today South Africa has the biggest HIV treatment programme in the world

(more than 1.4 million people on treatment are here in KZN) and we will remain committed to end the twin co-infections of HIV and TB by 2030 - **Acting Premier MEC Nomusa Dube**

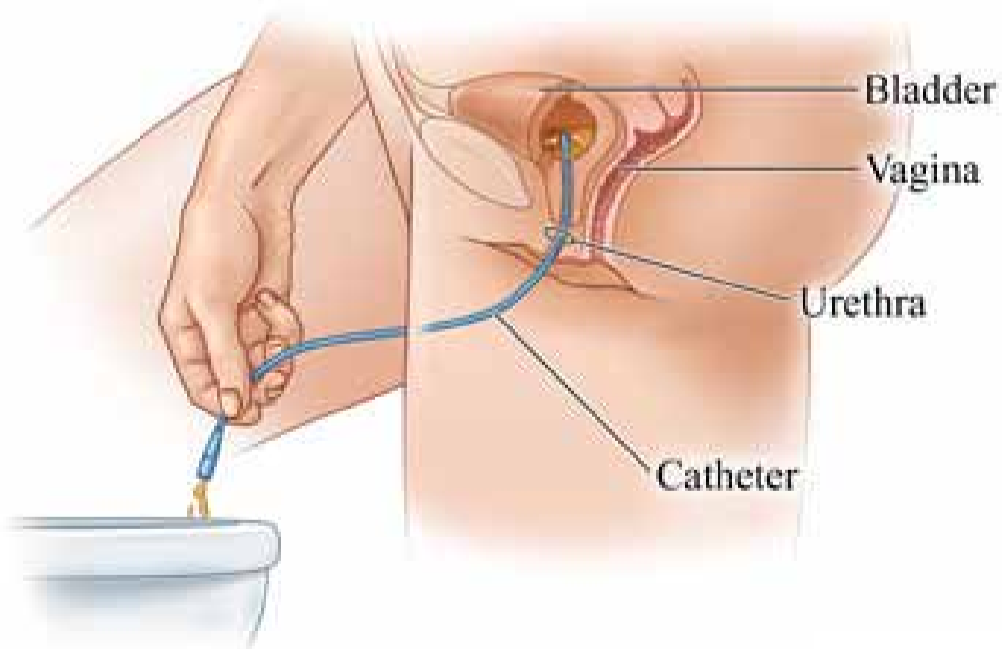
NHI is a health financing system that will make sure that all citizens of South Africa (and legal long-term residents) are provided with essential healthcare - **Acting Premier MEC**

Nomusa Dube

Ugu Municipality has attained 90-90-90 status will be awarded a certificate of recognition today – **Minister of Health Dr Zweli Mkhize**



INVENTIONS THAT SHAPED THE WORLD: THE CATHETER



The word "catheter" comes from Greek, meaning "to let or send down." Catheters were used as early as 3,000 B.C. to relieve painful urinary retention.

In those times, many materials were used to form a hollow catheter shape, including straw, rolled up palm leaves, hollow tops of onions, as well as, gold, silver, copper, brass, and lead.

Malleable catheters were developed in the 11th century. In time, silver was used as the basis of catheters as it could be bent to any desired shape and was felt to have an antiseptic function. Benjamin Franklin, the inventor and colonial statesman, fashioned silver catheters for use by his older brother John. John suffered from kidney stones and needed to undergo a daily

ritual of placing a bulky metal catheter into his bladder. To make these daily requirements on his brother less painful, Franklin worked with his local silversmith on his design for a flexible catheter. "It is as flexible as would be expected in a thing of the kind, and I imagine will readily comply with the turns of the passage," he wrote to John. Holes were bored into the sides of the catheter to allow for drainage.

Source: <https://www.urotoday.com/urinary-catheters-home/history-of-urinary-catheters.html>



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