



## WOMEN BEACONS OF HOPE FOR NATION BUILDING

WOMEN DO NOT WANT PASSES

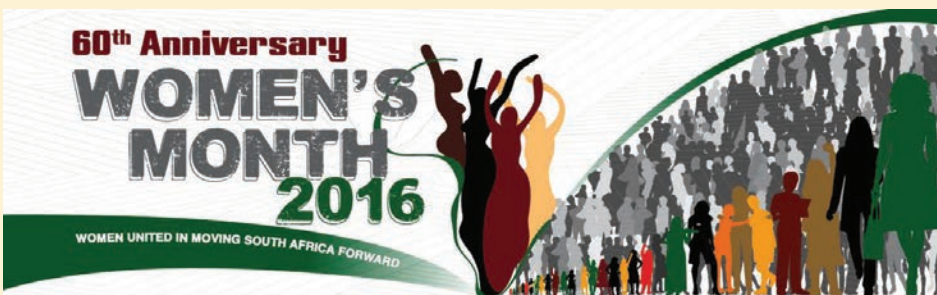


WOMEN'S Month – and particularly Women's Day on 09 August 2016 - marks the 60th anniversary of the great women's march of 1956, where women marched to the Union Buildings to protest against the carrying of pass books.

On 9 August 1956, about 20 000 women marched to the Union Buildings in Pretoria to protest against legislation aimed at tightening the apartheid government's control over the movement of black women in urban areas.

This month, South Africa will once again commemorate Women's Month by celebrating its women. Phrases like "Igama Lamakhozikazi, Malibongwe", "Wathinta Abafazi, Wathinta Imbokodo, uzokufa Finish" will be commonplace. These phrases invoke the amazing spirit of women and the crucial role they play in our society. "Mosadi otswara thipa kabohaleng bayona (A woman holds a knife by its sharpest side) is another adage that bears testimony to the fortitude, resilience and tenacity of women.

*continued on page 1 >>>*



**CALL FOR PARENTS, GUARDIANS TO FIGHT...**

READ MORE ON PAGE 1-2

**KZN AIMS TO DRASTICALLY REDUCE THE NUMBER...**

READ MORE ON PAGE 2-3

**PROTECT YOUR...**

READ MORE ON PAGE 4

**MORE KZN HEALTH FACILITIES TO...**

READ MORE ON PAGE 5-6

**TB STRAIN NOW THE BIGGEST...**

READ MORE ON PAGE 7

**NO MORE EXPENSIVE TRIPS...**

READ MORE ON PAGE 8-9

**KZN TO START UNIVERSAL**

READ MORE ON PAGE 10



There is no doubt that the women of 1956 set the tone for women to take their position in advancing numerous struggles that the country has faced at different points in the country's history. It is thanks to their struggles that today we reap the many rewards of freedom. This includes the freedom to cast votes during the National and Local Government Elections, with the latter being as recent as the 2016 Local Government Elections on the 3rd of August 2016.

As we celebrate all the wonderful things that women do for our nation, we also seek to bring a sharp focus on health challenges which require their attention, so that they can be eliminated. Women continue to bear the brunt of communicable and non-communicable diseases and social scourges such as drug and substance abuse, rape, violence, crime, poverty and many more.

As the KwaZulu-Natal Department of Health, we therefore call upon women to rise and take centre stage as far as

their own health is concerned. This, they can do by ensuring that they:

- Undergo a health screening at least once a year. This helps with early detection of diseases and better treatment outcomes;
- Visit the local primary health care centre (clinic) to be tested for pregnancy once they miss a menstrual period;
- Undergoing a pap smear once every 10 years, starting at 30 years. A pap smear is a quick, painless test used to detect early cell changes in the neck of the womb, which may later progress to cancer.

Promoting health and wellness is critical to preventing and managing lifestyle diseases, particularly the major non-communicable diseases such as hypertension, heart disease, high blood cholesterol and diabetes. To help South Africa become a healthier nation, women need to make informed decisions about

what they eat, whether or not they consume alcohol or smoke, among other factors. They can also encourage their partners to do the same.

Healthy lifestyles, including keeping a healthy diet and regular physical exercise, can make all the difference. Many people are walking with ailments without even knowing it. But when you undergo health screening, it means diseases can be detected early, which makes it easier and cheaper to treat and/or manage them.



# CALL FOR PARENTS, GUARDIANS TO FIGHT CERVICAL CANCER BY SIGNING UP FOR HUMAN PAPPILOMA VACCINATION

In South Africa, cervical cancer is diagnosed in more than 7 700 women each year, with more than 4 000 women dying annually of the disease. This type of cancer is caused by the Human Papillomavirus (HPV), the most common viral infection of the reproductive tract.

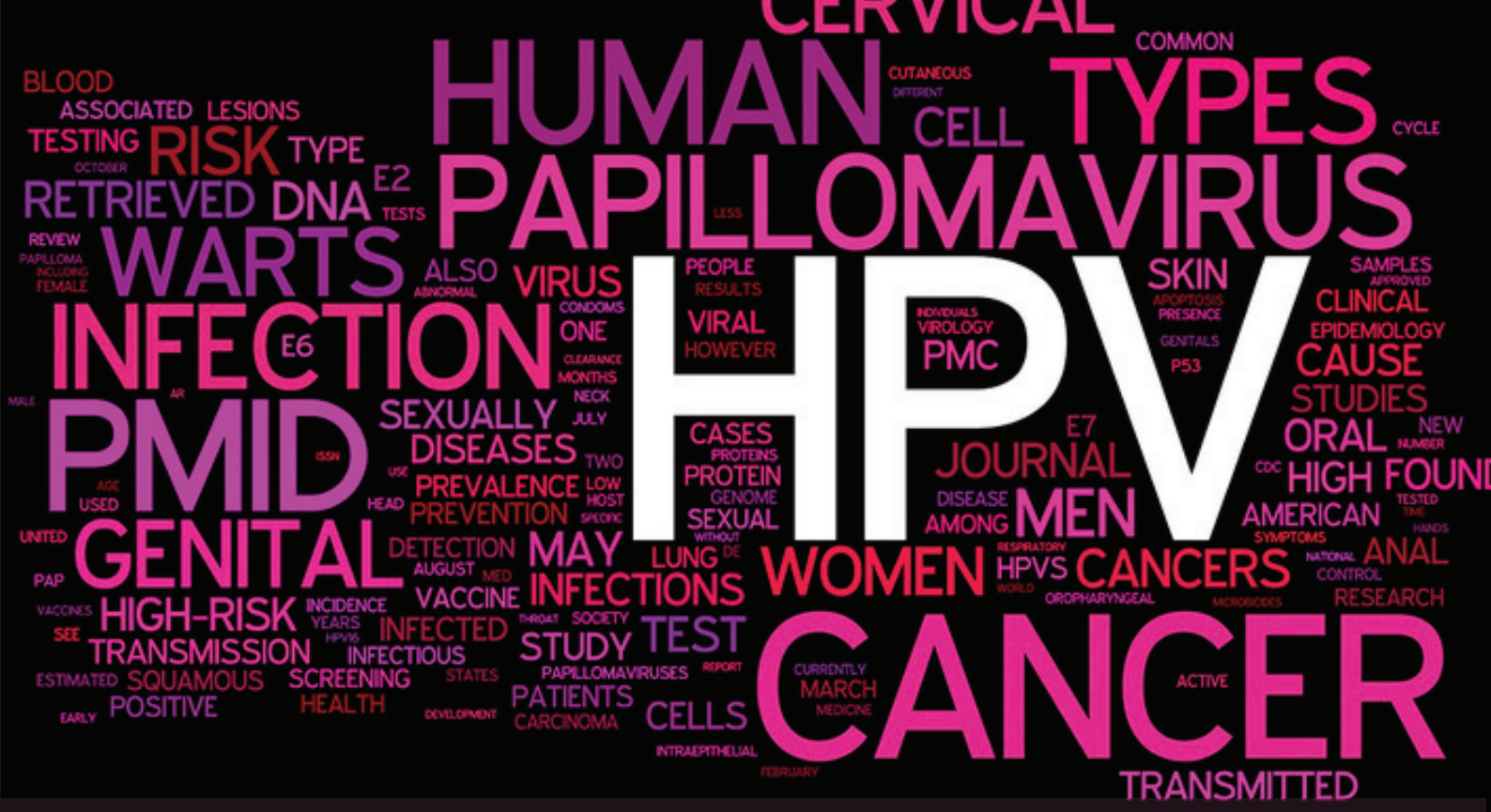
In a bid to mitigate the impact of this,

the KwaZulu-Natal Department of Health, in partnership with the KZN Department of Basic Education, is embarking on a massive campaign from 3 – 28 August 2016 to provide the Human Papilloma Virus (HPV) Vaccine among school going girls aged 9 and 10 in Grade 4.

The HPV vaccination aims to decrease the number of women who develop cervical Cancer. The HPV vaccine can prevent most genital warts and most cases of cervical cancer and this protection is expected to be long-lasting. Nevertheless, vaccinated women still need cervical cancer screening because the vaccine does not protect against all

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HPV types that cause cervical cancer.

KZN Health MEC, Dr Sibongiseni Dhlomo, says: “The purpose of this intervention is to implement one of the four basic components of cervical cancer control, which is primary prevention. The others are early detection through awareness and organising screening programmes, diagnosis and treatment including palliative care as guided by the World Health Organization (WHO) Comprehensive Cervical Cancer Control (2006). The introduction of the HPV Vaccine is a significant public health milestone for our province, which is expected to significantly contribute to the control of women’s cancer and reduce associated mortality.”

As part of raising awareness on cervical

cancer, MEC Dhlomo launched the Phila Ma Campaign, which seeks to assist women in accessing breast and cervical cancer screening, health education and other services. This is to encourage early detection and adoption of health-seeking behaviour.

“Unfortunately in many cases HPV shows no symptoms. When they do occur, the most common feature is the presence of warts on the genital area. Signs of infection can appear weeks, months or even years after initial infection,” he says.

MEC Dhlomo is urging mothers and guardians of young girls to sign consent forms so that HPV vaccine can be given to young girls.

“The HPV vaccine can prevent most cases of cervical cancer in females, if given before a person is exposed to the virus. Two HPV vaccines, Gardasil and Gardasil 9, can prevent many cases of vaginal and vulvar cancers in women, as well as most cases of anal cancer and genital warts in both females and males. The best way a person can be sure to get the most benefit from HPV vaccination is to complete all three doses before being exposed to HPV infection.”

However, he warns that women should still get regular Pap smear tests in addition to receiving the HPV vaccine.





# KZN AIMS TO DRASTICALLY REDUCE THE NUMBER OF UNDER-5 CHILD DEATHS

**KZN Health MEC, Dr Sibongiseni Dhlomo has called for Midwives and Neonatal Nurses to work together to improve the lives of both neonates and under 5 babies.**

The call was made during the Neonatal Nurses Association of Southern Africa National Conference [NNASA] taking place in the All Saints United Church in Pietermaritzburg.

*'I would actually like to see the NNSA working collaboratively with the Midwives' Association as they both deal with closely related aspects which is the birth giving process as well as the care of new-borns. My take is that these Associations should jointly prepare a paper to be presented to both the Minister and all Health MECs with recommendations on how to further improve the situation of both the mothers and their babies, says Dhlomo.*

Here it was explained that KwaZulu-Natal, for instance, is home to just over 10 million people amongst whom roughly 220,000 births occur each year. Most of these births estimated at 192,000 happen at the public health sector institutions.

It was also explained that the country is experiencing a rising number of



medicolegal claims involving maternity care and newborn babies.

MEC Dhlomo appreciated the fact that KwaZulu Natal has made some significant strides to reduce the under-5 mortality largely due to the effectiveness of the Prevention of Mother to Child Transmission of HIV which has dropped from 20% in 2008 to the current level of 1,2 %. He also called for more to be done sighting the South African Medical

Journal, which says:

*'Although Africa has made good progress towards reducing under-5 mortality, many children continue to die from preventable causes. Neonatal deaths account for approximately 40% of all deaths in children >5 years of age in South Africa.'*

*continued on page 3 >>>*

The Conference categorized the deaths in the following manner:

1. Those linked to healthcare provider-associated avoidable factors:
  - (i) Foetal distress monitored but not detected;
  - (ii) Foetal distress not monitored and not detected;
  - (iii) No intervention for prolonged second stage of labour;
  - (iv) Delays in referring the patient and
  - (v) Delays in calling for expert assistance.
2. Those that are patient-associated avoidable factors:
  - (i) Delays in seeking medical attention during labour;
  - (ii) Non-initiation of antenatal care;
  - (iii) Booking late in pregnancy;
  - (iv) Infrequent visits to antenatal clinics; and

MEC Dhlomo says as the first step, the health workers need to change their mind-set and be open and friendly to those needing contraceptives, explaining that Family Planning assist to:

- Prevent closely spaced and ill-timed pregnancies and births, which contribute to some of the world's highest infant mortality rates.
- Reduce the risk of unintended pregnancies among women living with HIV, resulting in fewer infected babies and orphans.
- Use of male and female condoms is also instrumental in providing dual protection against unintended pregnancies and against STIs including HIV.

- Reduce adolescent pregnancies as pregnant adolescents are more likely to have preterm or low birth-weight babies and babies born to adolescents are known to have higher rates of neonatal mortality.

At clinical level MEC Dhlomo says the Department is implementing a four tier health service which envisages the following:

1. Community services in select PHC clinics and CHCs with at least 500 deliveries each year to have staff and means to render neonatal resuscitation.
2. District Hospitals to have non-rotating nursing staff and to also be equipped with at least two neonatal high care beds and be able to provide nasal CPAP and Kangaroo Mother Care (KMC).
3. Intermediate level services to be established in one district hospital in each of the four districts that do not have a regional hospital.
4. Specialist services in regional and tertiary hospitals with comprehensive services including a neonatal ICU, human milk bank and appropriate follow up services.

*At social level; everybody in the community has a role to play especially the Mayors; Councillors; Clergy and Community Care Givers in ensuring that every pregnant woman attends Antenatal care classes as the most important step for mother and child survival, says MEC Dhlomo.*





# ‘PROTECT YOUR CHILDREN, PROTECT OUR FUTURE’



**KWAZULU-NATAL Health MEC Dr Sibongiseni Dhlomo has called on all pregnant women in the province to take every possible precaution to protect their unborn children, saying that the babies they carry could have the solutions to the world’s challenges one day.**

He called on women to visit primary health care centre (clinics) for antenatal check-ups, as soon as they miss their menstrual period.

Antenatal visits are simple medical examinations of a woman and her unborn child to ensure that both are healthy. Visiting a local clinic during pregnancy can reduce the chance of the baby being born with avoidable deformities and complications during birth.

Although antenatal visits are beneficial, some women do not attend them. At a recent community outreach programme (event) in Highflats, Harry Gwala District, women gave the following reasons for not making ante-natal visits:

- Pregnant young girls are afraid of being reprimanded by their parents or partners, and thus don’t want their pregnancies to be discovered.

For the safety of both the child and the mother, it is recommended that parents and partners of pregnant women are supportive of the attending scheduled visits, especially if the pregnant woman is younger than 16 and older than 37. If the mother decides to terminate her pregnancy, the Department offers legal and safe abortions. Women are strongly urged not to go to

backstreet abortion practitioners, as this can be detrimental to their baby’s – and their own – health.

- They are too scared of being tested for HIV, in case they are HIV positive;

If a woman is found to be HIV positive, the Department offers counselling and Anti-Retroviral Treatment (ART) free of charge. The sooner a woman finds out she is positive, the sooner she can take her treatment which will also help prevent her child from contracting HIV. Because of the advancement in medicine, HIV is no longer a disease to be frightened of, but one that a person can live a long and healthy life with.

- Those who are employed are too afraid to report to their bosses because their pregnancy may result in them having to take time off from work.

There are generally only 5 main targeted visits

- Before 13 weeks
- 20 to 24 weeks
- 26 to 32 weeks
- 34 to 36 weeks
- 40 weeks

All employees are entitled to annual and maternity leave, in terms of the Basic Conditions of Employment Act. For those who are employed, the necessary leave arrangements should be made with the employer.

# MORE KZN HEALTH FACILITIES TO OFFER HUMAN MILK BANKING

**MORE KwaZulu-Natal health facilities are set to offer human milk banking services as the Department seeks ways to reduce under-5 child mortality in the province. Among the government hospitals that are in the process of attaining Human Milk Banks within the current 2016/2017 financial year are Ladysmith, Bethesda, Dundee and Prince Mshiyeni Memorial Hospital.**



This will be in addition to Greys', King Edward VIII, Stanger, Edendale, Newcastle, Lower Umfolozi War Memorial Regional Hospital and Port Shepstone Regional Hospitals, which already offer this service. Human milk banking is also available at six satellite Human Milk Banking sites, which are: Murchison, GJ Crookes, RK Khan, Addington, King Edward VIII and Mahatma Gandhi Memorial Hospitals. This announcement, by KZN Health MEC Dr Sibongiseni Dhlomo, comes as the province commemorates World Breastfeeding Week, which runs from 01-07 August 2016.

Breastfeeding is a natural act that enables a woman to nourish her child and provides protection against certain infections which could not be fabricated by powdered milk.

It remains an important child survival intervention as it benefits infants, mothers and society as a whole. The

reported benefits of breastmilk to infants include defence against child infections, malocclusion (imperfect positioning of the teeth when the jaws are closed); and an increase in intellect of children, as well as a decrease in the risk of becoming overweight and obese.

Research also shows that adults who were breastfed as a child have a lower risk of contracting chronic diseases such as obesity, coronary heart disease and type 2 diabetes. On the other hand, purchasing milk increases the amount of waste produced globally which harms both marine and terrestrial organisms, inevitably affecting the health of the human race. Additionally, not opting for the bottle is simply economically friendly, especially for

lower income households.

Breastfeeding women have also been found to lose their pregnancy weight quicker than their non-breastfeeding counterparts—provided they adhere to a healthy diet plan. Besides the superficial and aesthetic reasons for shedding excess weight, the chances of acquiring medical complications such as hypertension and diabetes can be reduced.

Maternal benefits of breastfeeding also includes decreased risk to developing cancer (breast and ovarian), enhanced birth spacing, and decreased risk to of developing develop type 2 diabetes. MEC Dhlomo says, in a bid to reduce child mortality in children under the age

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of five, the Department has implemented a number of initiatives to promote, protect and support breastfeeding. These include establishing the milk banks and promoting, at public health facilities, the Mother-Baby Friendly Initiative (MBFI), the KwaZulu-Natal Initiative for Newborn Care (KINC), Kangaroo Mother Care (KMC) well as the Made by Mom project.

Human Breast Milk is donated by volunteers who live a healthy lifestyle, and are not narcotic users. They are screened for diseases such as HIV, Syphilis, TB and Hepatitis B.

The milk is then pasteurized, frozen and offered to vulnerable babies when needed. Vulnerable babies are those who are born prematurely, ill or weigh less than the healthy mass expected and either have no mother or a mother struggling to express milk to breastfeed her child.

The Department continues to train dietitians, nutrition advisors, and community care givers on breastfeeding advocacy.

MEC Dhlomo says: "As this is Women's Month, we wish to draw public attention to the many health and economic

benefits of exclusive breastfeeding. We also wish to thank all our generous volunteers who donate milk, through the KIBS project. We would also like to call on the public to support women who are breastfeeding and to help lessen the discomfort experienced by some in the workplace and in public. If you see a woman breastfeeding, do not simply stare or make rude remarks. Rather understand that this is a natural act whereby a woman is just nourishing her child," says MEC Dhlomo.

# HIV AND BREASTFEEDING

Recent evidence shows that mothers who are HIV-positive should breastfeed exclusively because of the many health benefits to the baby and his/her survival. During the breastfeeding period the mother or baby should receive antiretroviral treatment or prophylaxis. Research shows that when antiretroviral treatment or prophylaxis is used by either the mother or baby, HIV transmission through breastfeeding is significantly reduced. Exclusively breastfed babies whose mothers are HIV-positive are at less risk of dying from diarrheal diseases and malnutrition than mixed-fed babies.

The likelihood of HIV transmission increases when there is a higher viral load in the mother's blood or breast milk. Antiretroviral treatment or prophylaxis lowers the viral loads in the blood and in breast milk. This reduces the likelihood of mother-to-child

transmission of HIV. If a baby is HIV-positive, the mother should definitely continue breastfeeding for as long as possible. Continued breastfeeding will provide protection against many infections and help the baby grow healthily. The mother should have her own health checked and the HIV-infected baby should be referred for care and treatment.

To significantly reduce the chances of HIV being transmitted to the baby, either the mother or the baby should be on antiretroviral treatment or prophylaxis. If a mother is already on lifelong antiretroviral treatment (ART), she must continue taking the treatment as normal throughout the breastfeeding period. In addition, the baby must receive antiretroviral prophylaxis daily for six weeks after birth. All HIV positive mothers will receive lifelong treatment as soon as they are diagnosed.



"Mothers who are HIV positive do not have to be prohibited from feeding their own children," says MEC Dhlomo. "Admittedly, breastfeeding with HIV is slightly complex but is still recommended when handled well."



# TB STRAIN NOW THE BIGGEST KILLER THAN HIV AND AIDS



*"TB has overtaken AIDS as the biggest killer of all infectious diseases"* says the National Minister of Health Dr Aaron Motsoaledi.

Government has raised an alarm on the new emerging trend of the TB virus claiming more deaths compared to HIV and Aids in South Africa. TB is said to be causing more danger than HIV as people who have died of TB are more than those who die from HIV, Malaria and other illnesses. The gravity of this prevailing situation has prompted a response in the form of a Coalition Launch between Faith Based Organizations and the National Department of Health to combat TB. This is a partnership led by the National Department of Health, National Religious Association for Social Development (NASRAD), The South African National TB Association (SANTA) and the South Africa Red Cross.

The province of KwaZulu Natal, particularly EThekweni Metro is said to have the highest concentration of TB patients in the whole country, therefore attracted the launch of the National Coalition Against TB to its shores just on the eve of the 21st International Aids Conference in Durban. The launch was also attended by parliamentarians from Africa who

are part of the Global TB caucus and TB Ambassadors like our own Prince Nhlanguiso Zulu who also weighed in on the successes and challenges of the TB Control Programme. Prince Zulu a surviving patient of TB shared his anecdotal experience of fighting the TB Virus highlighting the dangers and reiterating messages of hope while portraying himself as a living example of the success of the TB treatment programme.

Government is going to scale up TB screening in all Metros and immediately put people on treatment. The minister affirmed that facts about TB seem not to be known and yet it's the biggest problem we need to worry about more than AIDS. He said AIDS expose people to vulnerability to other diseases that kill them and that most people die from TB.

## FACTS:

Global statistics reveal that 9 million people are suffering from TB in the whole world but only 6 million people are on treatment.

In South Africa, people that are highly affected by TB are Miners, Inmates, Informal settlement dwellers and children under 5 yrs

## SYMPTOMS

People are urged to stay alert to the following symptoms of TB which include the following:

- Coughing for two weeks or more
- Persistent Fever for more than two weeks
- Inexplicable weight loss, drenching sweats and fatigue

**The Minister used the launch here in KwaZulu Natal to call on all provincial parliamentarians to follow suit and sign a pledge to become members of the Global TB caucus and advocate for TB messages to reach as many people as possible even in the far flung rural outskirts of KwaZulu Natal.**

# NO MORE EXPENSIVE

## TRIPS AND LONG QUEUES TO COLLECT CHRONIC MEDICATION,

## THANKS TO NEW **CCMDD** SYSTEM

VISUALLY impaired grandmother Tryphina Mavaneni recalls a time when she was forced to pay R40 each time she needed to collect her chronic medication from Ndaleni Clinic in KwaMagoda, Richmond, on the KwaZulu-Natal midlands.

Speaking in IsiZulu, the 67 year-old says: "I cannot see, so I was unable to fetch the medication myself because it was too far away. It also used to be very costly. The person who used to collect my medication would have to take two taxis each way, hence the R40 that I had to pay each time."

But not anymore. Since the advent of the Central Chronic Medication Dispensing and Distribution (CCMDD) programme, which was officially launched in Pietermaritzburg today, Ms Mavaneni is now able to fetch her medication – albeit with an aide - from the local Sobantu Community Church a mere five minutes from her home. She is one of scores of patients throughout the province who are benefitting immensely from the massive convenience and cost-saving benefits of the CCMDD programme. Until recently, CCMDD has only been piloted in the National Health Insurance pilot sites of Umgungundlovu, Amajuba and Umzinyathi.

But, following the roll-out of the programme throughout the province's



Pick-up point at Umzinyathi District Pick-up point at Umzinyathi District

11 health districts, scores of people on chronic medication will now collect their medication from pick-up points that are closer to their homes, such as Community Halls, Churches, Schools and Tribal Courts throughout the Province of KwaZulu-Natal. This will help contribute towards the eradication of disease stigma, as well as reduce congestion at health facilities and the workload for healthcare workers. It means less travel times and expenses for people on chronic medication.

KwaZulu-Natal Health MEC Dr Sibongiseni Dhlomo says the CCMD programme is geared to ensure reduced waiting times; improved access to chronic medication due to the close proximity of pick-up points to

patients and savings on traveling costs. MEC Dhlomo said the timing of the roll-out of the CCMDD programme was opportune, as it came just a month after national Health Minister Dr Aaron Motsoaledi announced that from September 2016, South Africa will start providing anti-retroviral treatment to people as soon as they are diagnosed with HIV.

"Indeed, this is a very big development as it entails that we are no longer going to wait for patient's CD4 count to drop to 500 but we are now going to be testing and treating. Beyond doubt, this marks a turning point for the lives of all South Africans. It also calls on us as a Province to do more since we are the

*continued on page 9 >>>*



ones with the highest burden of HIV and TB in the country. “As a Department it also means the nurses trained in the Nurse-Initiated Management of Antiretroviral Treatment (NIMART) that we have are just not enough. We would need to double the numbers and train more nurses. We then have to ensure that those that are already trained become even more efficient, so they can enroll many more patients.”

MEC Dhlomo said the CCMD programme was crucial to the success of the Government’s “test and treat” HIV initiative, as healthcare facilities will now be admitting a bigger volume of patients. “In order to help manage the anticipated demand, it is evident that we need to increase the number of non-medical sites where medication is collected, hence the relevance of the CCMD programme.” MEC Dhlomo said the programme would assist in curbing stigma as “no other person knows what is contained in the package as it caters for a variety of patients including those with HIV; Drug Resistant Tuberculosis (DR-TB) as well as Non-Communicable Diseases (NCDs). It is also bound to improve adherence to medication. Our people will continue living longer.” MEC Dhlomo said he personally firmly believes in CCMD as he had seen it working when it was pioneered at the South African Defence Force, when he served in the South African Military Health Services in 2003.

“Here we understood that soldiers needed to be deployed to different posts, including war zones outside the country’s borders. These soldiers could therefore not present themselves all the time to our clinic and we therefore packaged their medication which we



**Nurse with Farm workers at a pick-up point**

aligned with their deployment schedules. It worked.

“We are thus elated with the launch of the full roll out of the CCMD programme to cover all Districts of our Province. This effort will go a long way in improving access to chronic medication even beyond normal clinic operating hours. In the NHI Piloting

sites, we have seen it being greatly appreciated with the patients receiving notification by SMS that the medication has been dispatched and they in turn collect medicines at the Pick-up-Point at their own convenience.”

*continued on page 9 >>>*

# KZN TO START UNIVERSAL HIV “TEST AND TREAT” POLICY

**KZN GOVERNMENT WILL SOON LAUNCH “UNIVERSAL TEST AND TREAT”, BRINGING HIV TREATMENT TO ALL**

SEPTEMBER 2016 marks yet another significant turning point in Government's AIDS treatment efforts. In a ground-breaking move, from next month onwards, KwaZulu-Natal will begin enrolling on Anti-Retroviral Treatment (ART) any person who tests positive for HIV – regardless of their CD4 count. Currently, ART is rendered to HIV-positive patients with a CD4 count of 500 or less on. The previous threshold was a CD4 count of 350, and 200 before that.

The new “test and treat” guidelines were first issued by the World Health Organization (WHO) in 2015, and recommend that anyone infected with HIV should begin ART as soon after diagnosis as possible. This is meant to remove all limitations on eligibility for antiretroviral therapy (ART). They Speaking at the 21st International AIDS Conference held in Durban in July, KZN Health MEC Dr Sibongiseni Dhlomo thanked all healthcare workers, civil

society and donor-supported partners for consistently standing with the province as great strides are taken to eliminate the burden of HIV. He further challenged the social leadership and all sectors of government, and society, to accept the baton of leadership and to work together to keep up the momentum in the fight to end AIDS. "This breakthrough is a serious game changer and will drive the prevention revolution forward. It makes HIV treatment a new priority prevention option."

Dr. Dhlomo reaffirmed the provincial government's dedication to making health a priority and implementing innovative measures that are crosscutting and impactful.

The Department of Health will use innovative strategies to ensure treatment access for all and declared that health workers and support groups would be instrumental as the foot soldiers on the ground making treatment available for every citizen.

The government also plans to start providing sex workers with preventative treatment, known as pre-exposure prophylaxis, said the MEC.

The partner organisations commended government for reacting so promptly to the WHO's guidance and initiating Universal Test and Treat within such a short time. They also confirmed continued support in effectively addressing the burden of disease the country is facing.

The success of the test and treat is highly dependent upon people adhering to their treatment. It is widely agreed that once treatment is initiated it should not be interrupted, as incomplete viral suppression causes the more sensitive strains of HIV to be suppressed and the resistant strains to become dominant. Resistant strains are harder to treat.

Dr. Dhlomo announced a thorough-going process of consultations with key stakeholders especially healthcare workers and local leaders. He concluded by saying; “With so many more people eligible for ART under the new WHO guidelines, finding ways to get people started on treatment without long waiting times or multiple clinic visits is critical.”





**health**

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