



HEALTH
KwaZulu-Natal

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KWAZULU-NATAL PROVINCE LEADS THE WAY IN HIV AND AIDS TREATMENT

KwaZulu-Natal province became the first province in South Africa to break the 100 000 mark for patients receiving antiretroviral treatment in South Africa, making this province's public HIV treatment programme one of the world's largest. As at the end of July 2007, more than 107 000 patients were receiving antiretroviral therapy in the public institutions in KZN province. It is estimated that nationally there are about 300 000 patients on antiretroviral therapy in the public sector. KwaZulu-Natal province also has the highest number of sites that are accredited to provide ARV treatment, currently 75, and these include hospitals, community health centres, and primary health care clinics, as well as five correctional service centres (prisons).

This represents one of the world's greatest achievements, especially in the face of limited resources and constraints that the department faces. Contrary to common belief, is a fact that this province has the highest HIV prevalence rates, and therefore the highest number of people requiring antiretroviral treatment, the provision of antiretroviral treatment to eligible people is a matter of resources, rather than the need. What this means is that a particular province may have the lowest number of eligible people, but is completely urban, and economically superior. This means that in such province, it will be much easier to recruit health staff, procure requirements, and people have adequate means of transport and money to get to treatment sites than in a province without these resources, therefore such province will not have many challenges in putting its patients on ARV treatment compared to ours.

KZN province is predominantly rural, has high illiteracy levels, high levels of poverty, and in some settings, no means for patients to get to clinics and hospitals. Therefore it is difficult to recruit staff to work in these areas, as there are challenges such as lack of accommodation for staff themselves, their families, and challenges with the availability of suitable schooling facilities for children of staff members. High poverty levels also mean that people cannot afford to travel to health facilities, as many households often have single breadwinners who most often are migrant workers. This means that money to use for health comes at certain times, and sometimes not, resulting in people not being able to access health services.

The fact that we have been able to perform like this despite all these challenges reflects our commitment to ensuring that we change the way of lives for people in this province, and all credit has to go to staff members who work at our sites, as their

utmost commitment to reversing the HIV epidemic in this province has made all the difference. The adverse conditions that the face in their day to day functions has not deterred their willingness to ensure that patients receive these services and adhere to ARV treatment, another critical factor in the provision of this service as ARV treatment is lifelong and stringent criteria is applied to screen those requiring this service and intensive monitoring of adherence to treatment is routinely maintained.

ARV treatment is offered as part of a comprehensive package of HIV services that include prevention services, nutritional supplementation for eligible people and nutritional support, screening and treatment of opportunistic infections (including TB and STIs), provision of psychosocial support and palliative care services, home and community based care services, and linkages with traditional medicine fraternity.

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ISSUED BY:

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