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Department of Health Explains High HIV Statistics in Umgungundlovu and the Province

It must be noted that other than in the Western Cape, Northern Cape and Limpopo provinces, the prevalence of HIV remains high in the country. In KZN even though it's still the highest, it has stabilised for the last 3 years. We have also not seen an increase amongst the women of younger age groups, which implies that the number of new infections is stabilising or is starting to decline.

Firstly it must be remembered that these are figures of Ante Natal Clinic attendants, who are sexually active. It must also be noted that Umgungundlovu district has always reported prevalence figures above 40%, (44.4% in 2006, and 40.8% in 2007) and now 45.7% in 2008.

What seems to drive the high numbers are people of older age groups, which means that we are seeing the shifting of a cohort of people already infected long ago who are now advancing to older age groups and living longer with the virus. The prevention efforts still need to be strengthened, and the department is trying its utmost best to promote messages of prevention and behaviour change.

It is not possible to attribute the high prevalence to one factor – failure of messages or a larger population - as many factors can result in this situation. Local research would need to be conducted to reveal the local factors that drive the epidemic specifically in this district. Another fact to note is that with the successes being seen in the Prevention of Mother To Child Transmission (PMTCT) programme and the provision of Anti-Retroviral Treatment in this district (with 32048 people on ART in Umgungundlovu and 263968 in the province) may need to be incorporated into the ART programme. We are now seeing many people living longer, and being aware of the benefits of the dual prophylaxis on newborns, therefore some are resuming their normal lives and falling pregnant because they are aware that their children may be born free of the virus if they participate in the PMTCT programme.

Also we may add that with the high numbers of people we have on ART now, people are living longer. There is still a high number of informal settlements in the province, high rates of poverty and the level of education is still very low in certain areas. All of these are contributing factors fuelling the epidemic amongst many others.

Speaking on what should be guiding everyone in society, the MEC for Health; Dr Sibongiseni Dhlomo said; "HIV has stayed in the forefront because it has revealed how, in ugly and dramatic fashion, the poor die when they get sick (with AIDS) and the rich live. Our ambition is to produce a generation of young people that is informed and empowered to protect themselves from HIV infection. Yet across this country and province, only a minority of young people knows how to prevent sexual transmission of HIV. Behind these uncomfortable statistics are human lives - lives changed by sickness, by suffering and shame, by joblessness and poverty, by the side effects of drugs, by the loss of a mother or friend. Let us not forget the human dimensions of our collective failures. I won't focus on the reasons for our failures - they are well documented. We need to acknowledge and address these causes, and learn from and rectify mistakes we have made. We can do this. Change is possible, but only if we are ready to address the underlying drivers of the epidemic.

"We need to scale up Antiretroviral Treatment Programme. We need to strengthen the Prevention-of-Mother-to-Child-Treatment."

ENDS

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