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REPORT TO KWAZULU-NATAL PARLIAMENT ON HIV AND AIDS BY MS N.P. NKONYENI, MEC FOR HEALTH: KWAZULU-NATAL

19TH OCTOBER 2006

Honourable Speaker
Honourable Deputy Speaker
Honourable Premier
Leader of Government Business
All members of the Provincial Legislature

Honourable Members, as a Department we are guided by the Constitution of the Republic that requires of us to honor the right of every citizen to among other things have access to Health care services inclusive of reproductive Health care. In this regard we have put programmes in place to address the issues pertaining to the ailments that afflict our people in their different stages of life. The Department is faced with many poverty related ailments including TB, HIV and AIDS and malnutrition in children. Today we are here we are to brief the Honourable members about our efforts to combat the scourge of HIV and AIDS.

Members have to know that South Africa has one of the most extensive and robust HIV diagnosis and management program in Africa, second only to Brazil's in the developing world. Yet because this country has run its HIV program on its own terms rather than on those of the United Nations, the international media have castigated its efforts. Today, as South Africa slowly but steadily improves its progress in the implementation of the Comprehensive plan for the management of HIV and AIDS, it is continuously attacked for yesterday's rhetoric and practices, not praised for today's success in managing HIV and AIDS.

KwaZulu-Natal as the most populous Province currently has the highest HIV prevalence in South Africa. The antenatal HIV prevalence has steadily increased from 32.5% in 1999 and peaked to 40.7% in 2004. The 2005 National HIV and AIDS sero-prevalence Survey found that the HIV prevalence in women attending antenatal clinics has decreased for the first time to 39.1%. The figures within the antenatal survey are representative of the people in the high risk groups as the mere fact that they are pregnant is indicative of their indulgence to unsafe sex. However when these figures are extrapolated to the general KZN population they translate to a general 16,5% prevalence in the Province.

The Province of KwaZulu-Natal has always had the most progressive approach to the management of HIV and AIDS starting as early as 1998 with the launch of the Cabinet AIDS initiative following by the launch of the AIDS Challenge 2000 in 1999. All these programmes were aimed at putting HIV and AIDS at the top of the agenda of the Government of this Province.

Our Provincial HIV and AIDS programmes subscribe to the National Governments Comprehensive plan for the management of HIV and AIDS as approved by the National Cabinet in 2004. This Province is vigorously implementing the pillars of the Plan, which are Prevention, Treatment, care and Support.

As the Province we have deliberately increased funding for our HIV and AIDS programmes from R35 million in 2000 to R800 million in 2006. We have further engaged the external funders to assist us to enhance the implementation of our programmes. These funders are :

- The Global Fund
- Presidential Emergency Programme For AIDS Relief (PEPFAR)
- Secure the Future Foundation (Bistol Myers Squibb)
- Department for International Development (DFID)
- Belgian Foundation

As the Province we are implementing all the pillars of the Comprehensive plan including the provision of Antiretroviral drugs in all our accredited sites however the challenge is still remains the stigma associated with HIV thus leading to the reluctance of people to come forward and test for HIV.

programme was seen as the entry point into prevention, treatment, and care interventions. Some of the public pressures that we have faced are not cognisant of the fact that people are unwilling to test yet they expect to be enrolled into our programmes eg the issue of the prisoners. The solution to knowing the magnitude of the HIV and AIDS problem lies with testing. Can we rely on the members of this house to lead in this regard, and offer themselves for testing.

The Department alone cannot address this epidemic and as such we have engaged the traditional healers in all the aspects of the implementation of the plan. This is because the majority of our communities consult the traditional healers for all the afflictions

I am here to report on the progress made by this Province in the implementation of the comprehensive HIV and AIDS Care, Management and Treatment plan.

Prevention

The multi-pronged approach toward prevention highlighted in the five year strategic plan for HIV and AIDS includes Information, Education, and Communication (IEC), Voluntary Counselling and Testing (VCT), treatment-related preventions e.g. treatment of sexually transmitted infections (STI's), the use of barrier methods and interventions to reduce the risk of mother-to-child transmission (PMTCT).

In the context of the plan, prevention activities have been significantly strengthened. The key elements of the IEC strategy are: Living Positively; Circles of Support (increasing support for orphans and other vulnerable children), Youth campaign (Our time, Our Choice, Our Future); Prevention campaigns. IEC interventions in the context of High Transmission areas (HTA's) have been intensified for truck drivers and commercial sex workers. Working with our partners in the Transport sector we have established 4 truck stop wellness centers in the strategic areas of our Province viz Tugela, Mooi River, Kokstad and Port Shepstone. Our focus in these wellness centres is the management of sexually transmitted infections among the long distance truck drivers and commercial sex workers. The KwaZulu-Natal Department of Health is distributing 150 thousand male condoms, 2,600 female condoms and treat 4,900 new cases of Sexually Transmitted Infections at their 4 HTA sites per annum.

Honourable speaker we also have Occupational and Non-Occupational Post exposure Prophylaxis (NOPEP) programmes that focus on the prevention of HIV infection due to accidental exposure either through sexual assault or needle stick injuries, and body fluid splashes in the workplace. Here we advise the victims of sexual assault to visit our facilities within 72 hours of the incident to access these services.

VCT is also one of the key prevention strategies used to slow down the spread of HIV and AIDS and mitigate the impact of HIV and AIDS. The VCT programme is seen as the entry point for prevention, treatment and care interventions.

The department's 1,787 lay counsellors have targeted a total of 480,900 clients for HIV at 740 VCT sites (55 Hospitals, 14 CHC's, 501 PHC's, 100 Mobile Clinics and 70 non-medical sites) for 2006/7.

PMTCT programme aims to reduce HIV transmission from mother to child by encouraging HIV anti-body testing, providing anti-retrovirals to mother and child, and offer safer feeding options. This province has the largest PMTCT programme in the world, and it is anticipated that in addition to the 192,000 antenatal clients tested for HIV, 26,000 infants will be DNA PCR tested and 648,000 tins of infant formula will be distributed throughout 53 hospitals and 580 clinics offering this service in the province this year.

All public health facilities are providing syndromic management of STI's. In addition, greater effort is being placed on partner notification (which is critical to the prevention of transmission of STI's). This year alone, 645,000 new cases of STI's will be treated and the same number of partner notification slips will be issued.

Currently, the KwaZulu-Natal Department of Health distributes 32 million male condoms and 245 thousand female condoms throughout this province per annum.

Treatment

The Antiretroviral Therapy (ART) programme was commenced in 2004 in this Province is compliant to National protocols and guidelines. 55 hospitals and 6 CHC's have been accredited as ART service points. Recently the roll-out has been

extended to the accreditation of three correctional service facilities (Pietermaritzburg, Westville and Empangeni) as well as one NGO.

The uptake of ART has exceeded expectations, and the annual target 55,160 patients on treatment has already been exceeded. At the end of August there were 57,100 patients on treatment, which represents roughly half of patients eligible for treatment. It is expected that more than 171,806 CD4 tests and 95,728 viral loads will be done this year. The anticipated 549,270 scheduled doses of antiretroviral will also be exceeded.

Care and Support

The Home and Community Based Care (HCBC) programme (which is housed within the greater Community Health Worker (CHW) programme) as well as the Step Down Care (SDC) programme are the vehicles used by the department for the care and support strategy.

There are currently 5,728 active Home and Community Based Carers conducting weekly visits to 85,920 patients.

The Department currently contributes financially to 44 Community Care Centres, which enables them to provide at least one balanced meal per day to orphans and vulnerable children. This is partnership with the other Social Sector Departments.

The Department has access to a total of 482 step-down beds in this Province, and will have 3,302 admissions to these facilities by the end of the financial year. Currently 3 NGO's are contracted to assist with the provision of step down beds due to capacity and space constraints at Department of Health facilities.

As our outgoing UN Secretary General once said" AIDS is far more than a medical problem. AIDS is far more than a National problem. AIDS is threat to an entire generation-indeed a threat to human civilisation as a whole. From now on let us resolve that failure is not an option"

Our Minister echoed the same sentiments when she said:" Let us get together wherever we live, work, learn, study, pray or play and reflect on the impact of HIV and AIDS on our families and communities, our nation and our continent. It is a challenge that demands our active participation. We cannot be audiences in matters of health and illness, life and death"

Honourable members we need to agree on one message for our people. We need to tell them that:

- If you are still young refrain from sex
- If you are sexually active, stay faithful to one partner who should also be faithful to you and lastly
- Use a condom properly each time you have sex.

I thank you