

Speech by KZN Health MEC Neliswa Nkonyeni on the occasion of the launch of the Dual therapy for KwaZulu Natal at Mosvold

29 March 2008

Head of Department - Dr Yoliswa Mbele
Senior Managers from Natalia
All District Managers
Hospital CEO's,
Managers at all levels
Our committed and hard working Health practitioners
Mayors and Councillors
Amakhosi kanye neziNduna
Malunga omphakathi asihambele

We are elated indeed to come and launch this Dual therapy for Prevention of Mother to Child Transmission of HIV, a milestone development that is geared towards giving life and saving our newly borns from incurring this dreadful disease whose remedy still eludes the best of the continent and global brains.

For this we applaud our National Health Minister, Dr Manto Tshabalala Msimang who announced to the nation at Mokopane, Limpopo, in December 1, last year that the implementation of the Dual therapy for Prevention of Mother to Child Transmission of HIV would begin this year. The Minister made it clear that, as a country we have to do all we can to be ready for this phase as she said:

"The implementation of the new treatment guidelines is going to be phased in taking into consideration expansion of training of health professionals on the new protocol and mobilization of additional resources for procurement of the additional stock of drugs."

Today we wish she was here to witness our launch and see us putting into action our mission statement that declares:

'The KwaZulu Natal Department of Health is committed to the delivery of a comprehensive, integrated, coordinated, sustainable and responsive quality programme that is aimed at reducing parent to child transmission of HIV, and that is fully intergrated into other maternal child and women's care services'

Makucace kuwo wonke umuntu ukuthi iningi imali esiyifakayo singuMnyango ukulwisana nokubhebhetheka kwalombulalazwe wegculazi, sibe siqikelele ngayo yonke indlela ukuthi omama asebangenwe ileligciwane abalidluliseli kubantwana babo.

Our province is now ready to provide **an expanded package of PMTCT services** that includes:

- Providing appropriate regimens to prevent mother-to-child transmission of HIV according to the risk profile based on the HIV test, CD4 cell count and clinical staging.
- Providing other appropriate treatment, such as for Opportunistic Infections management, nutritional support and anti-retroviral therapy, depending on CD4 cell count, nutritional status and clinical stage.
- Providing infant formula for at least 6-months for women who meet the AFASS criteria and who opt to exclusively formula feed.

- Integrating the follow-up of infants born to HIV positive women into routine child health services and the Integrated Management of Childhood Illness (IMCI) Strategy, as well as.

Ladies and gentlemen, the main objective here is to:

- Reduce prevalence of HIV among women of child bearing age.
- Minimize the risk of MTCT of HIV during labour and delivery.
- Reduce infant mortality due to HIV and AIDS
- Reduce the risk of post-natal transmission of HIV.

I have to mention during this launch that the prevention of mother-to-child transmission of HIV (PMTCT) programme was introduced in the province of KwaZulu-Natal in 2001. It is also important to highlight that this was done amid concerns of monotherapy use and the lack of clarity on infant feeding options at that time. However due to a court order, the government had no option but to commence the programme.

With the introduction of this PMTCT Dual Strategy, we have also seen some opportunists in this very District who have without due authorisation decided on administering this regimen; disregarding all protocols put in place and even ignoring the structures they serve, we have seen them going directly to our vulnerable patients and giving them medicine that we up to this stage have not been informed who the source is and how much budget they have.

Without mincing words, I have to state that we do not take kindly to that kind of wanton behaviour because whatever side effects arise from such unmonitored initiatives come back to haunt us and increase the burden to both our personnel as well as our institutions who will as expected not even know what the patients are suffering or reacting from.

I must point out that in this province, we recognise and work with different stakeholders. We hold meetings with all health professional bodies; we sit down with the Treatment Action Campaign; we fund various Non Governmental Organisations; we receive donations from recognised entities like PEFPAR and USAID; we take advice from World Health Organisation on how to deal with TB; we have recognised and formed partnerships with progressive health professional organisations like KHANYA AFRICA in Uthungulu District, members of which volunteer their time to tend the needy; we work in conjunction with first world Universities to understand and improve on African Traditional Medicine and as such, we are always ready to engage, improve and develop. Our message is, don't ever try political point scoring over our people's sicknesses instead work with us in finding solutions.

Anarchy aside. Let it be clear to all our nationals and to those who come from other countries that the updated national PMTCT guidelines were only approved by the National Health Council on the 29th January 2008 and officially released by the National Minister of Health on 15th February 2008.

Prior to that, fellow country men, all disciplined inhabitants of this sovereign beautiful country knew that this issue was left to the hands of our capable National Minister of Health and her Council.

Subsequent to the approval of guidelines, the Department of Health in KZN has put plans in place to integrate this service into MCWH services and commenced at various sites in 3 phases.

- On 01 April 2008 by medical officers, pediatricians, obstetricians and gynecologists and medical managers
- On 01 April 2008 at all ARV accredited sites within KZN) providing antenatal care services

- From April 2008, at PHC sites providing antenatal care with capacity and appropriate support services.

We are now saying, for all this to succeed, we call on all the pregnant mothers, especially those who test positive to utilize services offered at the Ante natal clinics as that is where they get:

- They get information about dual therapy; the side effects and how to deal with those. .
- Information and counseling about future fertility
- Information about partner testing
- Disclosure and stigma
- Information about safer sex during pregnancy and in the long term
- Information on and referral to support services and positive living.

Again we cannot re-emphasise the wisdom of delaying sexual debut, of being faithful and that of condomising.

As a Province we are well in advance with the preparations for the implementation of the dual PMTCT and we have re adjusted our budget to accommodate the demand.

We can safely announce that an amount of R16.676m has been allocated for the purchase of medication for the 59 241 clients that are expected to be enrolled for this programme in the 2008/9 financial year. Below id the district breakdown of this target:

DISTRICT -----Number of clients for PMTCT in 2008/ 9

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Ugu	2,031
Umgungundlovu	6,723
Uthukela	6,009
Umzinyathi	4,262
Amajuba	1,351
Zululand	7,199
Umkhanyakude	5,989
Uthungulu	1,283
Ilembe	3,765
Sisonke	849
Ethekwini	19,780
Total	59,241

As a Department, we are certain that if we all work together, we will without doubt decrease the child mortality rate; make headways in the achievement of the goals of the National Strategic Plan for HIV and AIDS and STIs for 2007-2100, as well as contribute positively in the attainment of the Millennium Developmental Goals (MDGs).

I thank you and wish you strength in all your positive endeavours as we strive to to create an AIDS free generation whilst fighting disease, fighting poverty and giving hope.