

Address by Deputy President Kgale Mofokeng during the World Aids Day, Gert Sibande District, Mpumalanga.

1 Dec 2010

Programme Director;
Ministers and Deputy Ministers;
The Premier of Mpumalanga;
Members of the Executive Council;
Mayors and councillors;
Ladies and gentlemen:

We are gathered here in Mkhondo to commemorate World AIDS Day.

This time last year, we joined the international community in commemorating the World AIDS Day under the theme: "I am responsible".

This year we are focusing on the collective: "we are responsible".

It means that friends, colleagues and families should talk about HIV in their workplaces, homes and communities and take appropriate action to care for those infected and affected.

This will assist us to address stigma and discrimination and to create a society that brings our constitution to life. It will help usher in a society where respect and equality are a norm and a way of life.

In order to facilitate these actions we have begun a series of community dialogues which aim to engage people in their communities to better understand their needs and challenges around HIV and AIDS.

These targets focus on preventing new infections and providing care and support to the overwhelming majority of those infected and affected by HIV and AIDS.

Last year on World AIDS Day President Jacob Zuma made important announcements about the broadening of our HIV and AIDS programme. He stated that:

All HIV positive pregnant women will be initiated on antiretroviral (ARV) treatment at CD4 count of 350 and less;

All infants that are HIV positive will be started on ARV treatment regardless of CD4 count;

All HIV and tuberculosis (TB) co-infected patients will be started on ARV treatment at CD4 count of 350 and less;

TB and HIV will be treated in the same health facility;

Pregnant women who are HIV positive will be initiated on treatment regardless of CD4 count.

To achieve the above we have expanded access by accrediting more public institutions to provide antiretroviral treatment including primary health care facilities.

This required us to train and authorise more nurses to administer ARV treatment. As a result, more than 3 126 nurses have to date been trained and are now initiating patients on treatment.

More than 200 000 new patients have been initiated on ARVs since April this year, bringing a total number of up to a million people on ARVs.

Pregnant women who are HIV positive are now being initiated on treatment at CD4 count of 350 and less. Between April and September 20 000 pregnant women were initiated on ARV treatment compared to 15 000 during the same period last year – this represents a 28% increase in 2010 compared to 2009. This will help reduce the number of babies born with HIV.

We must therefore encourage pregnant women in our communities to seek care early during pregnancy, so that they and their children can avail themselves of the programmes that government is providing.

Ladies and gentlemen,

It is very important to emphasise that even as we continue to make headway with our treatment programme, prevention remains the mainstay of our response to the dual epidemics of HIV and TB.

I would like to emphasise this point once more: prevention, prevention, prevention!

I would like to encourage all of us to contribute to this important aspect of our arsenal in the fight against HIV and AIDS. This is a message our young people must embrace in their daily lives.

As a country, we have a comprehensive package of prevention interventions already in place. In addition, we are expanding the:

- Early detection and treatment of sexually transmitted infections;

- Procurement and distribution of male and female condoms through medical and non-medical sites. In this regard we have greatly increased the number of both male and female condoms that are being distributed.

Evidence from our research institutions indicates that young people are now responding positively to safer sex messages which led to a decline in new HIV infection among young people in our country;

- Safe blood transfusion is also an important aspect of our interventions. I am proud to say that our blood transfusion services rate among the safest in the world. This is due to the fact that the South African Blood Transfusion Service has installed state of the art technology through which all donated blood can be screened to ensure safety and adherence to appropriate standards.

Included in our prevention strategies is the provision of medical male circumcision. Again, this is based on evidence from research conducted here in South Africa which shows that circumcision reduces the risk of HIV transmission by as much as 60%.

I would like to thank the traditional leaders for supporting this initiative.

Consequently I am able to emphasise that through expanding the male circumcision programme we can reduce the rate of new HIV infections in this province. With the strong and bold leadership of the Premier, the MEC and all our critical leadership, this proven and evidence based intervention can be a means to demonstrate our will and determination to reduce new HIV infections in Mpumalanga.

Programme director,

In April this year, President Zuma launched a national HIV counselling and testing campaign. The objective of the campaign is to promote HIV counselling and testing, to urge all of us to know our HIV status and be screened for TB.

Our target is to test 15 million people by June 2011. Knowing your HIV status should enable you to change your behaviour accordingly. The HIV Counselling and Testing (HCT) campaign enables anyone in South Africa to lead us all towards an AIDS free generation by knowing their own status and taking responsibility for their behaviour.

This is the largest testing campaign ever undertaken. I am pleased to report to the nation that at close of business yesterday, 5.5 million people received counselling for HIV. Of this number, more than 4.68 million people took an HIV test, and of these over 800 000 tested positive for HIV.

We also screened some of those who were tested for TB, a total of about 2 and a half million people were screened for TB, whilst 412 thousand were referred for further diagnostic tests for TB.

How does this compare to our HIV testing rate without the campaign? It is an improvement of over 500% compared with our 2009 testing rate. The campaign also focuses on screening for a range of other health conditions, including high blood pressure and diabetes.

This is due to the fact that South Africa carries a high burden of HIV and TB with a co-infection rate is now 73%, which means that 73% of people who have HIV are also infected with TB. This demands of us to take very bold and robust steps to address these two diseases with resolve and determination.

All our public health facilities will provide prophylaxis to prevent TB in those with HIV infections. TB is the major cause of death among people who are HIV positive. These deaths are preventable and we can reduce this mortality by ensuring that appropriate prophylaxis is provided to those who need it.

Testing for HIV is not just for its own sake. Knowing ones' status is the most important entry point for treatment, care and support.

Knowing one's status empowers one to consider ways to reduce the risk of infecting others. More importantly, knowing your status empowers us to lead a healthy lifestyle.

At a national level, this knowledge will enable government to plan better and to allocate resources in a more strategic manner.

While we must congratulate all those who have already come forward to be tested, I would like to challenge those who do not know their HIV status to take responsibility, to be tested.

It is encouraging that so many partners, civil servants, business, labour and civil society are working tirelessly to make sure that HIV counselling and testing services are widely available.

However, as we acknowledged at a recent South African National AIDS Council (SANAC) meeting, more can and must be done by all sectors to meet the targets that we have set.

For 2011 we are already preparing strategies to intensify our campaign. Some of these include the launch and implementation of the testing campaign targeting people at high risk of contracting the HI virus, including learners, students and farm labourers.

In this connection we will intensify the partnership with traditional leaders, churches, student organisations, non-governmental organisations and all other formations, believing that working together we can do more. Every sector of society must find a role in this regard.

Ladies and gentlemen,

Guided by the AIDS Councils at each level, we must gather evidence needed to shape the new five year strategy which will be launched at next year's World AIDS Day. We must use every opportunity to consult with each other on the key objectives, activities and targets that we should include in the new strategy.

This is important to ensure complete ownership of the strategy and commitment to achieve the targets that we collectively agree on.

The SANAC will use inputs from all stakeholders together with scientific evidence to fashion the new National Strategic Plan for HIV and AIDS for the period 2011-2016.

Let me close by taking this opportunity to thank all our partners here in South Africa and across the world for supporting our efforts.

We have already made noticeable strides in our fight against HIV and AIDS and as we continue to work together we can redouble these advances.

We must plan and act together as a cohesive and united people to achieve victory. I have no doubt that we are up to the challenge.

I thank you

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