

**ADDRESS BY THE HEAD OF DEPARTMENT, DR SM ZUNGU, FOR
HEALTH AT THE OCCASION OF THE STANDARD BANK'S HIV
PREVENTION ON THE 16th NOVEMBER 2009**

Programme Director;

Colleagues in the Health Sector;

Ladies and gentlemen, I am making this address just over a month after the President of the Republic, Dr JG ZUMA addressed the National Council Of Provinces (NCOP), and made the startling statements about our HIV and AIDS situation where he said; *“these are some of the chilling statistics that demonstrate the devastating impact that HIV and AIDS is having on our nation”*.

I cannot agree more!

The President went on to say;

“We must accept that we need to work harder, and with renewed focus, to implement the strategy that we have developed together. We need to do more, and we need to do better, together. We need to move with urgency and purpose to confront this enormous challenge. If we are to stop the progress of this disease through our society, we will need to pursue extraordinary measures. We will need to mobilise all South Africans to take responsibility for their health and well-being and that of their partners, their families and their communities.

I must emphasise his words when he called on all of us to;

“know that they are at risk and must take informed decisions to reduce their vulnerability to infection, or, if infected, to slow the

*advance of the disease. Most importantly, **all South Africans need to know their HIV status**, and be informed of the treatment options available to them.”*

While the prevalence of HIV infection (percentage of persons infected with HIV) appears to have stabilized in recent years, the number of people living with HIV is increasing because of ongoing accumulation of new infections with longer survival times, measured over a continuously growing general population.

Across the country, a small but growing number of communities have reduced HIV prevalence through sound prevention efforts. The high rates of transmission of HIV result largely from failure to use the available and effective prevention strategies and tools, and poor coverage of HIV prevention programmes. HIV prevention services are only reaching a small fraction of people in need, while coverage for key populations at higher risk of exposure to HIV is considerably lower.

Effective HIV prevention programming must focus on the critical relationships between the epidemiology of HIV infection, the risk behaviours that expose to HIV transmission, and must also address the collective social and institutional factors, such as sexual norms, gender inequality, and HIV related stigma, which will otherwise continue to fuel HIV epidemic.

Risk behaviours are enmeshed in complex webs of economic, legal, political, cultural and psychosocial determinants that must be analyzed and addressed by policies that are also effectively implemented, and through scaled-up programming.

Comprehensive HIV prevention requires a combination of programmatic and policy actions that promote safer behaviours, reduce vulnerability to transmission, encourage use of key prevention technologies, promote social norms that favor risk reduction and address drivers of the epidemic.

Effective prevention efforts must focus on measures that directly support risk reduction by providing information and skills as well as access to needed commodities (such as condoms) for the populations most in need. In short, we must: 1) Know the epidemic; and 2) Set priorities accordingly.

We have been called upon to coordinate our own collective efforts on scaling up prevention, within the ambit of access to prevention, care, support and treatment. We must also collaborate with a large number of other stakeholders and promote and support the development of strong HIV prevention constituencies. Our main focus on intensification of HIV prevention is at ward level as part of ongoing efforts to support communities to strengthen their overall responses to the disease scourge. I therefore wish to suggest that we must;

- Ensure that human rights are promoted, protected and respected and that measures are taken to eliminate discrimination and combat stigma.
- Build and maintain leadership from all sections of society, including the affected communities, nongovernmental organizations, faith-based organizations, the education sector, media, the private sector and trade unions.
- Address cultural norms and beliefs, recognizing both the key role they may play in supporting prevention efforts and the potential they have to fuel HIV transmission.
- Promote gender equality and address gender norms and relations to reduce the vulnerability of women and girls, involving men and boys in this effort.
- Promote the links between HIV prevention and sexual and reproductive health.

- Support the mobilization of community-based responses throughout the continuum of prevention, care and treatment.
- Promote programmes targeted at disease prevention needs of key affected groups and populations.
- Ensure that sufficient investments are made in the research and development of, and advocacy for, new prevention methods.

People living with HIV whose viral load is undetectable; have been shown to be at significantly low risk of HIV transmission is reduced. However, antiretroviral therapy for prevention has not proven to completely eliminate the risk of transmitting the virus.

Already WHO is exploring the issue WHO the use of ART for prevention and also explored the implications of this approach for individuals and communities as well as take into consideration human rights and ethical and public health implications. This requires that we identify scientifically sound and innovative ways to accelerate progress toward access to HIV prevention, treatment, care and support, and maximizing the effects of ART both for extending full and productive life for people with HIV, and also for primary prevention.

Our government strongly recommends a comprehensive approach to HIV prevention that plans and delivers an evidence informed and human rights based *combination* of programmes and policies, tailored to meet the needs of those most at risk, and including practical programmes to reduce underlying causes of vulnerability, such as gender inequality and HIV related stigma and discrimination.

Antiretroviral therapy will play several roles in combination prevention strategies, along with other key strategies including, but not limited to, social

and behavioral change communication to delay sexual debut, promote mutual fidelity and reduction of the number of sexual partners, promote safer sex including correct and consistent male and female condom use, harm reduction programmes for people who use drugs, prevention of vertical transmission, and other biomedical, behavioural and structural prevention programmes.

Ladies and gentlemen,

Let me turn to focus on the obstacles that lie ahead. We have cause for optimism, but we dare not let down our guard. This is an unforgiving epidemic that can strike back in surprising, sometimes startling ways. The epidemic is not over. We are in this for the long haul.

We must all respond to the call of the President and do a much better job of prevention. This is the only way to get ahead and ensure an adequate long-term response. We urgently need to scale up the use of proven context-specific prevention methods. We also need to expand linkages between sectors – for example, to introduce and scale up comprehensive sexuality education for young people.

We must also work much harder to fight stigma and discrimination, including institutionalized discrimination. In many communities, legal as well as social and cultural barriers prevent certain groups at risk from receiving the interventions and knowledge needed to reduce harmful behaviours. We must also do more to empower women, both to protect themselves and to act as agents of change.

We must ensure that the current, unprecedented rollout of treatment reaches more people and is fully sustainable. Our goals in this regard, with our can-do approach, need to pave the way for an even greater commitment to ART access. Nearly half-a-million people in this province have seen their lives

rejuvenated by treatment. Stepping back or slowing down on treatment is not an acceptable option. It is not ethical.

We must be very smart in targeting interventions. With the evidence and experience gleaned over almost three decades, we now face an unprecedented opportunity to mount a mature response to this epidemic. We have proven tools and strategies for preventing every mode of transmission and for expanding treatment coverage. To take advantage of this opportunity, we must recognize that we are not facing a single, uniform epidemic. We are facing a diversity of different epidemics with distinct profiles and distinct needs for intervention.

Recognition of these differences will help craft sharply targeted strategies for every major at-risk and vulnerable population. Doing so helps produce the best results and best return on investments.

In the interest of facilitating a sustained HIV response, we must look for every opportunity to improve operational efficiency. One way to do so is to make linkages with existing health services – for example, for youth, mothers, and children, for sexual and reproductive health, and for reaching out to sex workers and injecting drug users.

Lastly, no single sector can address the multifaceted aspects of HIV alone. HIV is an enormous challenge that requires the unique strengths and resources of every sector of society, from governments to nongovernmental organizations and the private sector. Businesses, from the largest multinational corporations to micro enterprises, private sector associations and coalitions, corporate and private philanthropies, labour unions and employers' associations are recognizing the need to lend their resources and expertise to the HIV response. They see that the HIV epidemic presents a lasting challenge not just to the well-being of individuals, but to the strength of entire societies.

The talent, resources, experience and commitment of business must play a central role in designing, implementing and promoting effective responses to

HIV. We are committed to further engaging with the private sector as a long-term partner in the response to AIDS at global and local levels.

On behalf of the government and the people of KwaZulu-Natal we must join the Hope Centre in thanking the Standard Bank for the long partnership and the donation of a further R2million towards our goal of eradicating HIV in the face of our beautiful province.

I thank you.