Speech by KZN Health MEC, Dr Sibongiseni Dhlomo on the occasion of **the AIDS Healthcare Foundation's Honorary Award for the Honourable MEC at Durban City Hall – Church Walk**

26 November 2013

We are indeed greatly humbled by the AIDS Healthcare Foundation (AHF) South Africa to recognise our efforts to rid this beautiful Province of the HIV and AIDS malady.

In your invite you stated that you have an honorary award you wish to present in recognition for the outstanding work done to improve the lives of people living with HIV in the Province of KwaZulu Natal. This made me to look at where we come from and a lot of role players came into my mind.

Programme Director; it is well known that South Africa carries the world's largest HIV epidemic and that KwaZulu-Natal carries the largest burden in the country with prevalence rate of 17 % in the general population and 37.4 % (2011 HIV Survey) in pregnant women and that the TB/HIV co infection rate is at a staggering 70%.

Recognising all this, KwaZulu-Natal then adopted a robust multi-sectoral approach in dealing with HIV and TB that involves all Stakeholders at community level lead by the former Premier, Hon Dr Zweli Mkhize through the Provincial Council on Aids. This approach involves Government, Business, Labour and Civil Society and the formation of AIDS Council at provincial, district and metropolitan, local government and municipality ward committee level.

As a result of the above, the Province now boasts the largest antiretroviral therapy (ART) in the country and probably in the world. There are 608 fixed facilities that are providing comprehensive TB, HIV and AIDS services. At the end of August 2013 there were 770, 009 patients remaining in care.

A total of 92, 201 patients have also been initiated on Fixed Dose Combination (FDC) since its roll out in April 2013. The focus here is on all the new patients' i.e. adolescents and adults including pregnant women who are eligible for life long antiretroviral therapy and all pregnant and breastfeeding women who are not yet eligible for life long antiretroviral therapy. .

Successes in our ART programme can be attributable to our decision to engage in an aggressive training programme for nurses to ensure that the focus shifted from doctor driven to nurse driven services especially on Nurse Initiated and Managed ART (NIMART) programme.

We are also thankful to our President, Hon Jacob Zuma proposed a change in policy in as far as the eligibility criteria for ART, is concerned:

- A CD4 threshold from 200 to 350 for the general population and pregnant women.
- Initiation of all TB/HIV co-infected patients irrespective of CD4 count.
- Initiation of all HIV infected children under 5 years of age.

We were thus elated to read the Old Mutual Report published in the Business Day of 10th January 2013, which stated thus;

"The death rate among employees of companies that bought risk cover from Old Mutual fell almost 20% between 2008 and 2011 – a decline that came as the Government's drive to get more HIV patients on treatment gathered pace. …"

The report also went on to quote Old Mutual's Group Assurance actuary, Mr Neil Parkin, who said, **"It is almost inconceivable that this pandemic might end, but the research shows that the efforts that have been put in (to counter HIV) are starting to bear fruit".**

Here I must pause and indicate that we could not have been in this situation if it were not for the sterling and unwavering support of our partners like the **AIDS Healthcare Foundation.**

Programme Director; please allow me to make mention of the **remarkable successes also made on the Prevention of Mother to Child Transmission initiatives.**

The Prevention of Mother to Child Transmission (PMTCT) is the highlight and remarkable achievement of the people of KwaZulu-Natal in the HIV intervention. It must be noted that KwaZulu-Natal showed a high HIV prevalence of 37.4 % in the 2011 antenatal care survey which is highest compared to other provinces but KwaZulu-Natal province has managed to reduce the mother to child transmission of HIV to very low levels of 2.1%.

This achievement is due to a number of improvements implemented in the province over the past 5 years, including the adaptations in the national policy guidelines which included the following:

- the revision in 2008 of the use of the single dose Nevirapine to dual therapy (AZT included on the regimen) starting at 28 weeks gestation;
- Introduction of Life Long Antiretroviral Therapy to those who are eligible.
- the revision of the PMTCT Policy in 2010 to initiate AZT at 14 weeks instead of 28 weeks;
- the CD4 count threshold for ART initiation for pregnant women which was raised to 350 and below instead of 200
- The Quality Improvement (QI) methodology that was piloted in three districts, UMgungundlovu, Ugu and EThekwini.
- The Mothers to Mothers programme that was implemented in all the districts at certain facilities. These are the women who are HIV positive, willing to disclose their status and have thus played a huge role in promoting HIV testing for pregnant women; adherence to the PMTCT regimens; disclosure; infant feeding as well as PCR testing for the babies.

HIV and AIDS Services:

The HIV prevalence according to 2011 HIV ANC has reduced to 37.4% from 39.5%, as per the 2011 National Antenatal Sentinel HIV & Syphilis Prevalence Survey reports. Our focus is now on the districts remaining with the heaviest burden which are Ugu District at 41.7 %; UMkhanyakude District at 41, 1% and Sisonke District at 39.9%.

The South African National HIV Prevalence, Incidence, Behaviour and Communication Survey of 2008, reports that in KwaZulu-Natal the 15-24 years as the worst affected age group with an HIV prevalence is at 15.3%. Of note from the report is that the prevalence in young women aged 15-19 years was 6.7% compared to 2.5% in young men of the same age group. To this end, we initiated positive behavioral programmes particularly the Anti-Sugar Daddy Campaign which aimed at combating intergenerational sex.

- **On HIV Counselling and Testing (HCT) Programme**

Since April 2010 when we launched the campaign launched at Edendale Hospital, we set the target for the Province at 3 million by the end of June 2011.

Indeed this was achieved as 2, 920 433 people tested over a period of 15 months. Some of this success can be attributed to the newly adopted Provider-Initiated Counselling and Testing approach (PICT), which saw a total of 1133 nurses being trained in 2011. The services are also provided in high transmission areas such as taxi ranks, truck stops, universities, correctional centres, farms and factories, amongst others.

We have also increased HIV testing in non-medical sites from 23 non-medical sites in 2008 to 75 sites in 2012/13.

- **TB/HIV Integration**

TB is a leading cause of death in KZN. It is estimated that co-morbidity is at 70% in KZN. Through the HCT campaign we are now able to screen and refer for clinical diagnosis.

We also have the Isoniazid preventive therapy (IPT) policy which came into effect in 2010 that aims to reduce the risk of TB infection by 40-60%. For this we have trained staff on Comprehensive HIV and AIDS Management including TB management.

The Department has also rolled out 42 GeneXpert machines in districts with high TB disease burden. Through this effort we have seen an improvement in TB diagnosis especially for HIV positive patients.

To ensure compliance, we have further employed 97 outreach teams to provide outreach services at community level and increased the fleet of cars to be involved in directly observing patients on treatment.

- **STI / HTA and Barrier Methods**

Prevention of HIV transmission among key populations has been strengthened through the increase of High transmission areas from 16 in 2007/8 to 68 in 2012. These sites provide HCT, STI treatment and condom distribution and treatment. We have also expanded condom distribution through provision of these at taxi ranks, tribal authorities, municipal offices, beaches, market areas, shops and other public areas.

- **Medical Male Circumcision**

In this Province we are fortunate to have a King who cares about His subjects. We were all elated when He made a clarion call that Male Circumcision be revived as a means for fight the spread of HIV and AIDS.

Without delay the Medical Male Circumcision Programme was established by the Department in March 2010, to bolster the existing Disease Prevention Strategies related to HIV and AIDS. The actual

campaign was launched in April 2010 in Nongoma where more than 500 initiates were successfully operated on. Thereafter non-medical camps were set up in different parts of the province where a team of health care professionals volunteered their services and time to perform the operations using both the Tara Klamp as well as the forceps guided method. These camps are held mainly at Further Education and training facilities and high schools. Our ethos here is guided by:

- Fully functional Northdale MMC center of excellence for provision of standardized MMC training which has trained health care workers in the province and outside South Africa, including other SADC countries like (Zambia, Zimbabwe, Botswana, Malawi, Uganda, Tanzania and Mozambique)
- Traditional surgeons have also been trained at the centre of excellence on safe circumcision.
- Currently, establishing a research and quality assurance component at the Northdale centre of excellence to monitor and ensure a high quality of MMC services.
- In a process of establishing two additional MMC high volume satellite centers of excellence at Ngwelezane and Clairwood Hospitals

Programme Director, these are some of the initiatives that has put us in this pedestal from which we receive the prestigious accolade from you.

On behalf of all the people of KZN, we say; thank again for your strong support.