

MEDIA BRIEFING BY THE PREMIER AND MEMBERS OF CABINET

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Key Messages

I welcome members of the media to this briefing

Recently, KwaZulu-Natal Province was chosen to host the first inaugural Plenary of the reformed South African Nation Aids Council. I presented before the Council an overview of the KZN flagship programme (Operation Sukuma Sakhe) as best practice.

The Plenary was chaired by the Deputy President His Excellency Kgalema Montlante and co-chaired by a senior leaders from civil society.

The Deputy President, Health Minister and premiers across provinces agreed that Operation Masisukume Sakhe would be replicated across the country as it has proved to be successful in mobilizing society behind a common goal.

Fight Against HIV, Aids and TB

In 2011 KwaZulu-Natal Government launched a new ambitious plan aimed at fighting HIV, Aids and TB. This plan demonstrates government's commitment to take this province into another trajectory of socio-economic development. The plan aims to achieve the following:-

- To reduce new HIV infection to less than 1% by 2016. Currently there is 2, 3% new infections – survey of general population in KZN.
- To reduce new smear positive TB infection to less than 200 per 100,000 population by 2016.
- To decrease by 80% behaviours that put men and women at risk of HIV, AIDS, Sexual Transmitted Infections and TB (HAST) through implementation of focussed programmes targeting men and women aged 15-49 years by 2016
- To reduce risk of Mother to Child Transmission of HIV to less than 1.4% by 2016
- To scale up medical male circumcision services to 80% of males aged 0-49 by 2016

- To ensure that 80% of STI infected men and women receive early and appropriate treatment by 2016
- To ensure that 80% of men and women age 15-49 know their HIV status and received TB screening by 2016
- To ensure that 100% of men and women age 15-49 have access to condoms by 2016
- To increase access to early detection, diagnosis and early treatment of TB to 80% of exposed people by 2016
- To maintain zero transmission of HIV through blood and blood products.
- To reduce the risk of HIV transmission from occupational exposure, sexual violence and discordance to less than 1% by 2016

Successes to date

While KwaZulu-Natal has been known as the epicentre of the HIV and AIDS pandemic, there are signs that the battle is being won, albeit slowly.

The achievements are a result of the added value created by the multiple stakeholder participation in the Provincial Council on AIDS that directs all sectors of society in the creation of cascading waves of social response through **Operation Masisukume Sakhe** involving Government at all levels, civil society including business, labour, churches, traditional leadership, media and many other stakeholders represented in the Council.

The HIV prevalence based on women's ante-natal survey hovers around 40%, but has shown signs of stability because of **Operation Masisukume Sakhe**.

- Prevention of mother-to-child transmission shows the most encouraging reduction from **22%** in 2008, to **2.8%** in 2010 and **2,1 %** in 2011, even lower than the Western Cape;
- Aggressive expansion of anti-retroviral treatment has now reached over 500 000 patients, the largest in the country;
- Voluntary counseling and testing has seen more than two million people being tested;

We are continuing to mobilize leaders across all communities behind this plan through the KZN Aids Council and Operation Sukuma Sakhe. These includes Members of Parliament, leaders of political parties; mayors, counselors, religious leaders of all faiths and denominations, amakhosi, izinduna, amagosa and all traditional healers and other structures such as non-governmental organisations, labour and business.

We all agreed that in order to achieve the objectives of this plan, special attention must be given to all wards to create bases to mobilise all local forces to unite their action.

HIV PREVALENCE

The Minister of Health, Dr A Motsoaledi, released the **2011 National Antenatal Sentinel HIV & Syphilis Prevalence Survey in South Africa**. The HIV sentinel surveillance survey helps to map the epidemic and monitor HIV infection trends in the country and has served as an advocacy tool, resulting in the mobilization of partners, resources and development of innovative approaches by the national response to HIV and AIDS.

The estimated 2011 national HIV prevalence was 29.5% (95% CI 28.7-30.2%) showing a slight drop of 0.7% from the 2010 national HIV prevalence. The 2011 confidence interval includes the 2010 point estimate of 30.2% and the 2011 estimate is also in line with estimates from 2007 – 2009.

This report's result indicate a stable prevalence of HIV infections among pregnant women aged 15 – 49 years and attending their first antenatal care during their current pregnancy in public health clinics in South Africa over the past 5 years as indicated below:

- 29.4% (95% CI: 28.5 – 30.1) in 2007
- 29.3% (95% CI: 28.5 – 30.1) in 2008
- 29.4% (95% CI: 28.7 – 30.2) in 2009
- 30.2% (95% CI: 29.4 – 30.9) in 2010
- 29.5% (95% CI: 28.7 – 30.2) in 2011.

What is this report saying about KZN?

KwaZulu-Natal has recorded a notable decrease in HIV prevalence which is promising. There is a notable drop in the 2011 HIV prevalence recorded in KwaZulu-Natal with an estimate of 37.4% (95% CI: 35.8 – 39.0%) . The upper limit of the 2011 confidence interval is lower than the 2009 and 2010 estimates of 39.5% indicating a decline by 2.1% in HIV prevalence in the province.

What are the estimate population estimates?

The estimated provincial HIV prevalence in the general population (15-49 years) for 2010 and 2011 is shown below.

Province	2010	2011
Eastern Cape	16.0	16.02
Free State	19.47	19.58
Gauteng	16.0	16.09
KwaZulu-Natal	24.59	24.7

Limpopo	12.9	12.92
Mpumalanga	23.94	24.11
North West	18.83	18.89
Northern Cape	9.2	9.23
Western Cape	4.72	4.75
South Africa	17.3	17.3

What is the report saying about our young people?

The survey participants aged 15-24 years accounted for 49.4% of the survey participants. HIV prevalence in this age group has been suggested as a proxy measure for average incidence in the youth because of sexual onset and hence prevalent infections are assumed to be recent while this age group is less likely to be affected by AIDS mortality.

The HIV prevalence among the 15 - 24 year old pregnant women was 21.8% (95% CI: 21.0 - 22.6) in 2010 compared with 20.5 % (95% CI: 19.7– 21.3) in 2011, a decline of 1.3%.

There was a slight increase in HIV prevalence among young women in the age group 15 - 19 years from 13.7% in 2009 and 14.0% in 2010, followed by a decline of 1.3% to 12.7% in 2011, however, these changes in prevalence were not statistically significant.

The specific AIDS MDG target is that by 2015 the expected HIV prevalence reduction should be 25% less than the baseline prevalence of 23.1% in 2001. The findings of monitoring trends in this age group in South Africa show that we should not relent of our collective efforts to achieve this AIDS MDG target.

How are the Districts showing?

In the 2010 survey; 5 Districts (all from KZN) showed a prevalence rates above 40% and these were as follows;

Umkhanyakude	-	41, 9%
eThekweni	-	41,1%
Umgungundlovu	-	42, 3%
iLembe	-	42,3%
uGu	-	41,1%

However; this year's report showed much improvement. Only Ugu and uMkhanyakude recorded prevalence above 40 % - of 41.7% and 41.1% respectively.

Two districts have also shown a large HIV decrease in prevalence, i.e., UMzinyathi from 31.1% in 2010 to 24.6% in 2011 and ILembe from 42.3% in 2010 to 35.4 % in 2011.

UMzinyathi still has the lowest HIV prevalence. Six out of 11 districts in KwaZulu-Natal viz: Amajuba, Sisonke, Zululand, uThukela, Ethekewini and uMgungundlovu have shown a slight decrease in HIV prevalence estimates below 40%.

Prov.	2009			2010			2011		
	N	% Prev.	95% CI	N	% Prev.	95% CI	N	% Prev.	95% CI
	6 744	39.5	38.1 – 41.0	6 887	39.5	38.0 – 41.0	6 714	37.4	35.8 – 39.0
Amj	410	37.3	33.3 – 41.6	407	39.5	30.5 – 41.6	408	35.3	31.6 – 39.2
Snk	324	35.2	29.3 – 41.6	325	37.2	31.6 – 43.2	323	39.9	29.5 – 42.9
Ugu	435	40.2	36.0 – 44.6	453	41.1	35.5 – 46.9	472	41.7	35.0 – 48.8
Umk	396	39.7	33.1 – 46.6	389	41.9	35.6 – 48.5	414	41.1	35.6 – 46.8
Umz	340	28.2	22.2 – 35.1	334	31.1	24.9 – 38.1	305	24.6	20.4 – 29.4
Utng	444	46.4	41.1 – 51.8	450	36.7	30.6 – 43.2	403	39.0	33.6 – 44.6
Uthk	597	37.7	33.0 – 42.6	712	36.9	32.8 – 41.3	584	33.4	29.0 – 38.1
Zul	586	36.7	30.4 – 43.5	583	39.8	34.2 – 45.6	595	39.3	33.8 – 45.2
eThk	2 140	41.5	38.9 – 44.0	2 144	41.1	38.3 – 43.9	2 147	38.0	35.1 – 41.0
ILe	421	40.6	36.5 – 44.9	416	42.3	37.5 – 47.3	418	35.4	26.7 – 45.2
Umg	651	40.9	36.2 – 45.7	674	42.3	39.0 – 45.7	645	39.8	35.6 – 44.3

What are the key milestones since the new administration?

- The launch of the Medical Male Circumcision: 243 000
- Reduction of mother to child transmission to 2,3% from over 20% five years ago;
- Largest Antiretroviral treatment programme: 700 000
- Intensified HCT, incorporating TB screening, campaign and the launch of *Hlola manje, zivikele* campaign (November 2012) to continue:

UNAIDS also states:

- 41% cut of new HIV infections since 2001;
- has reduced AIDS-related deaths by one third in the last six years and increased the number of people on antiretroviral treatment by 59% in the last two years alone. South Africa increased its scale up of HIV treatment by 75% in the last two years—ensuring 1.7 million people had access to the lifesaving treatment—and new HIV infections have fallen by more than 50 000 in just two years.
- In the last two years, new HIV infections in children decreased by 24%. In six countries including South Africa, the number of children newly infected with HIV fell by at least 40% between 2009 and 2011.

What is the message?

The HIV prevalence of 29.5% in 2011 is in line with the prevalence observed in the past four previous years. To avoid a resurgence of the HIV and AIDS epidemic in South Africa, HIV prevention efforts need to be urgently strengthened and sustained.

Government has committed to ensure that we achieve;

- 1) Zero new HIV infections;
- 2) Zero TB and AIDS related deaths;
- 3) Zero discrimination; kanye
- 4) Zero maternal and child deaths - esikungezile.

In this fight everybody has a role to play.

In summary, KwaZulu-Natal has recorded a notable decrease in HIV prevalence which is promising, whereas Mpumalanga has recorded an increase in the past four years which is worrisome. The HIV prevalence estimates across provinces is variable in year to year changes. There is however a notable drop in the 2011 HIV prevalence recorded in KwaZulu-Natal with an estimate of 37.4% (95% CI: 35.8 – 39.0%) . The upper limit of the 2011 confidence interval is lower than the 2009 and 2010 estimates of 39.5% indicating a decline by 2.1% in HIV prevalence in this province. Mpumalanga province has shown an increase in estimated HIV prevalence of 2.0% from 34.7% in 2009 to 36.7% (95% CI 34.3 -39.2%) in 2011. There was an increase in HIV prevalence in Free State from 30.6% in 2010 to 32.5% in 2011, and the North-West from 29.6% in 2010 to 30.2% in 2011. Limpopo is showing a steady increase from 21.4% in 2009 to 22.1% in 2011.

HIV PREVALENCE BY DISTRICT

The districts are clearly heterogeneous with respect to the epidemic, with prevalence rates ranging from a high of 46.1% in Gert Sibande in Mpumalanga, the highest district HIV prevalence ever recorded in this province, followed by Ugu and Mkhanyakude in KZN which recorded 41.7% and 41.1% respectively. The lowest HIV prevalence was 6.2% in Namaqua in the Northern Cape. When data are pooled over the five years this heterogeneity persists. The new Buffalo City district has recorded the highest HIV prevalence of 34.1% in the Eastern Cape.

The district that recorded the highest HIV prevalence of 46.1% in 2011 was Gert Sibande in Mpumalanga. The HIV prevalence in this district increased by 7.9% from 38.2% recorded in 2009. In 2011 only 3 districts recorded HIV prevalence above 40% viz:Ugu, UMkhanyakude and Gert Sibande in Mpumalanga compared to 5 districts in 2010.

In 2011, twenty six (26) out of the 52 districts recorded HIV prevalence rates prevalence rates below the national average of 29.5% compared with 28 out of 52 districts that recorded below the national average of 30.2% in 2010. There were 24 out of 52 districts that recorded HIV prevalence rates above the national average in 2010; whereas there were 25 out of 52 districts that recorded HIV prevalence rates above the national average in 2011.

There was considerable variation in HIV prevalence rates between the 52 health districts observed over the four-year period 2008-2011, particularly where the sample size in a district was small, where districts were merged (i.e. Tshwane and Metsweding) and where there are new district demarcations like Buffalo City, making it difficult to interpret any trends in the current report.