

**Presented by: Patrick Mdletshe (Civil Society Chairperson) to the KZN Provincial Council on AIDS  
Meeting 17 September 2014**

Date: 17 September 2014

Venue: City hall

Programme director

Honourable Premier Mr Senzo Mchunu

Honourable MEC for Health Dr Sibongiseni Dlomo and all MCE's present

Honourable Mayors and deputy Meyers

Amakhosi and all traditional leaders present

Members of the KwaZulu Natal provincial council

All protocol observed

Ladies and Gentleman

**HIV/AIDS, TB and STI are still an emergency.**

Honourable Premier, The continuing of new HIV infections and TB incidence is an emergency. Therefore we must speak in the context of an emergency when we respond to HIV epidemic in South Africa.

- We must speak in the context AIDS related deaths.
- We must speak in the context of very high TB incidence.

KZN is the hardest hit by the HIV/AIDS epidemic. The province remains the epicentre with an HIV prevalence of 16.9%. Even higher among people of reproductive age at 27.9%.

KZN bears the highest burden of HIV/AIDS compared to other provinces in South Africa. It is estimated that 6.4 million people in South Africa are HIV positive. This is 12.2% of the population. The HSRC report confirms that we are making progress against the epidemic. Plus do we need to

believe believe the report entirely.....some methodological issues progress is far too slow and more recently there are worrying indications that the response to HIV is beginning to unravel.

In South Africa, as we reflect back on the 10 years since the roll out of the ARV treatment programme it is clear that a revolution of sorts took place in the response to HIV. As a result of this revolution the story of HIV today is a very different one to what it once was. The ARV treatment programme in KZN has evolved from virtual dysfunction to an initiative providing care to more than 841 291 in 2013 up from 225 389 in 2008, and increased (ART) sites to 632 in 2013 up from 89 in 2008. The programme is far from perfect, and there are growing concerns about treatment adherence as increasingly large numbers of patients are lost to follow up after initiating treatment, but it is demonstrably saving lives. Life expectancy in South Africa has increased from a low of 54 years in 2005 to 61 years in 2012. This demonstrates the importance of ensuring the treatment programme continues to work and improve. Importantly one reason why the number of people living with HIV is so high is that in fact people are living longer because they are accessing to lifesaving ARVs. Without the ARV programme many of the 6.4 million people wouldn't have survived. So from one perspective that high number is actually a good thing.

Most notably, in the person of Dr Sibongiseni Dhlomo, previous Premier Dr Zweli Mkhize and yourself chairperson of PCA, we have political leadership, energy and commitment.

Programme Director allow me to introduce the PCA newly elected secretariat members.

- Mr Xolani Kunene from the Mans sector,
- Mrs Debbie Heustice from the NGO sector
- Rev Zungu from religious sector

**Honorable Premier** and members of this council: The message we must convey to all the people of KZN and international partners is that whilst we have made substantial progress, we cannot afford to be complacent. We have come a long way but AIDS is most definitely not over and it still needs an exceptional effort to control it. Today, the picture has transformed from what it once was. Thanks to the courage and love of so many of you in this room and around the country, awareness has soared; research has surged. Prevention, treatment and care are now saving millions of lives.

And that is an extraordinary achievement.

However with issues of vast medicine stockouts, increasing costs as people are switching to more expensive 2<sup>nd</sup> line regimens, and people falling off treatment altogether, the struggle is not even nearly over.

KZN must lead the way in the fight against HIV and AIDS in South Africa. We must stand together for every step of this journey until we reach the day that we know an end to AIDS is possible, a day when men and women is trans Exclusionary!!!!; a day when all people living with HIV have access to quality and life-saving treatment; a day when there are no babies being born with HIV, a day when people living with HIV have access to all the same opportunities in life without fear of stigma or discrimination. The National Strategic Plan launched by our President Jacob Zuma on the 1<sup>st</sup> December 2011 sets a bold 20-years vision for South Africa as follows:

- Zero new HIV and TB infections;
- Zero new infections due to vertical transmission
- Zero preventable deaths associated with HIV and TB;
- Zero discrimination associated with HIV and TB

KZN's Provincial Strategic Plan on HIV/AIDS, TB and STI's emanates from the NSP. The KZN PSP demands multi sector approach, which requires government and civil society to work together. The partnership between government and civil society is the most crucial in the effective response to HIV/AIDS, TB and STI's. KZN has been held up throughout South Africa as a model of how the PCA should conduct its business. KZN's PCA model is not only important to KZN but critical to South Africa at large.

However even the KZN PCA is not without issue. In KZN or in SA more broadly.. you say KZN is a great model and then you say all the sectors have fallen off... so are you saying it is the best in South Africa but there are still major issues? the beginning, sectors were all represented at the PCA, over time sectors' gradually degenerated. What is most alarming is that we have lost most of the critical sectors that are identified by the NSP as key populations and vulnerable groups. This must be rectified.

Members of the council, we as a newly elected secretariat know and understand the enormous task that is ahead of us. We remain committed to:

- Building the capacity of the civil society sector and ensuring that all sectors are represented at the PCA level;
- Ensuring the effective functioning of all District and Local AIDS Councils and civil society forums at all levels for maximum meaningful participation;
- Mobilising and linking civil society sectors' to support all programmes that seek to implement the PSP;
- Effectively monitoring the implementation of the PSP and;
- Directly supporting the Districts that are struggling and require support.

Council members on the 9th of September 2014 with the support of the Office of the Premier we held an induction workshop for civil society members, where we invited all DAC deputy chairpersons, and HIV coordinators. The attendance was not pleasing. We want to appeal to those Districts that have not yet conducted their election to comply with the constitution of this PCA and conduct free and fair elections.

During the civil society induction meeting, it was clear that there were many issues of concern that need immediate attention of the Premier, who is the Chairperson of the PCA. In particular:

- Districts and Local AIDS councils are under budgeting for AIDS council interventional programmes and;
- HIV is not being treated as the priority it is by several Mayors who are prioritising other meetings over AIDS councils.

The response to HIV is not about civil society versus the government'. It is about everyone. There is no 'them' -- only us, together. As expressed in one African proverb, "If you want to go quickly, go alone. If you want to go far, go together."

Thank you