Speech delivered by the Deputy President Mlambo-Ngcuka at the opening of the third South African AIDS conference, Durban

5 June 2007

Chairperson, Dr Olive Shisana, His Majesty, King Zwelithini, Honourable Cabinet Ministers and Members of Parliament, The Honourable Mayor of Durban City, Mr Obed Mlaba, Leaders of the various formations of civil society

The Executive Director of United Nations Programme on HIV and AIDS (UNAIDS), Dr Peter Piot, Government officials, Representatives of development partners, People living with HIV, Representatives of community-based organisations, Ladies and gentlemen

Good evening

The third South African National AIDS conference that brings together international and local scientists, opinion-makers, activist, caregivers and officials all working in the arena of HIV and AIDS, happens at an important time when South Africans of all sectors have taken two giant leaps.

One, we have restructured and reinvigorated the South African National AIDS Council and two, we have adopted the National Strategic Plan or NSP for HIV and AIDS and Sexual Transmitted Infections (STIs) for 2007-11 and I trust that the conference will further strengthen our country's national partnership against HIV and AIDS and STIs. This strategy will promote a shared scientific knowledge and integrated approaches to the management of HIV and AIDS and its impact on our continent.

We are honoured to have all of you here for the next few days. I am told that the last two conferences were major successes and I know that such interactions usually improve over time. I am, therefore, wishing you well at what should be an even better conference this year.

An interaction of scientists, opinion-makers, activist, caregivers and officials is bound to yield rich knowledge and new challenges. It is through such constructive interactions that honest views and genuine partnerships emerge and are consolidated. The multi-sectoral nature of conference demonstrates the complexity of the disease and need to take a holistic approach and to also deal with socio-economic issues.

Government is grateful for your ability to take this comprehensive outlook, which we had always promoted. Thank you to all of you who for taking us up to this point where we now have a new South African National AIDS Council (SANAC) and the National Strategic Plan (NSP) 2007-11.

This pandemic has, forced us to work together as we recognised that the sum of the whole is bigger than its parts. We are learning that we have to work in new ways and paradigms. We are adapting to the relevant challenges of the day.

Changes in our communities affect the practice of religion, culture, medicine, social development, politics, education in schools, economics, and in our sexual conduct, all have had to take into account the reality of HIV and AIDS. However, at a personal level, responsibility and power lies with each and every one of us to change the patterns of transmission and the impact of HIV and AIDS. Each one of us whether HIV negative or positive has a special role to play.

As per our goals of NSP we must have activities that we can monitor whose impact we can gauge. There are signs to suggest that the South African HIV and AIDS epidemic has now reached its peak with about 12% of a total population of 46 million estimated to be living with HIV and some of these infections have not been identified. New infections still occur; many people require treatment, care and support.

Unfortunately, those who do not know their status as a result cannot access treatment when they have to, and have become major sources for the spread of the disease in the general popu...
Thus, we have been pointing out the impact of the pandemic on women, but we must be concerned about the fact that men are less likely to know their status, yet they are the ones who tend to have multiple partners and are less enthusiastic about protected sex. There is a lot that we still do not know about men and need to know the importance of the men’s sector and the focus on lifestyle changes and testing by men.

A fairly large number of adults and children that have been identified as HIV positive have access to a range of interventions including treatment of opportunistic infections, nutrition, anti-retrovirals (ARV), and terminal palliative care. All of which requires us to plan and use our human resource very wisely and optimally. Contrary to many urban legends about South Africa, this country has the largest ARV programme in the world, but it is also true that the estimated need is huge, the scale of the problem requires for us to continue to find innovative ways to quicken the pace of increasing access to health services. I also know we have the will even though we do not have all capabilities, we must lean on each other.

We are also aware that we have to manage our resources in a manner that provides a better health system for all, and to respond to the challenges of building a healthy nation.

We need as suggested by the theme to build consensus, on many fronts, on prevention, treatment, and care. Government is thankful that we have in South Africa, reached a consensus on the national response HIV and AIDS and STIs for the next five years, as contained in the document the Strategic Plan for HIV and AIDS and STIs for South Africa: 2007-11.

What I am urging you to do, going forward is to be concrete on the actions and to be proactive, ethical and vigilant in your work. The process of reaching a national consensus was most challenging but ultimately rewarding, with the involvement of the South African National AIDS Council we can now proudly say that there is a comprehensive strategy that is owned by all the major players in the field. As I move around in the country, I hear references to this new National Strategic Plan (NSP). I know that tomorrow, the experts will give you a comprehensive understanding of the plan.

Beyond these collective responsibilities, various professional groups in our society have additional specific responsibilities. Traditional leaders, you have a critical responsibility to enforce the protective traditional practices that promote the health of our people. You also have the responsibility to discourage traditional practices that may not have been harmful in the past, but which in the present age, enable HIV to spread. In many communities you are the opinion leaders in shaping community social values.

We are unambiguous in saying that we rely on you to contribute in this very difficult task of changing value. We need you to be vocal and visible on these issues.

To our traditional healers we say: we encourage you to work with the health care system to heal people who are ill and to facilitate referrals for those who need treatment in clinics and hospitals. We need you to counsel and help people take their treatment and to lead a healthy lifestyle. Please continue to work with us. We ask the name of our traditional leadership and we thank you for your work and your cooperation through the National House of Traditional Leaders.

Health workers, civil servants and caregivers, you have a specific responsibility to provide evidence-based prevention, treatment, care and support services in partnership with organisations in your communities. Participating and in this conference is an opportunity to acquire new insights and skills that facilitate better treatment and care. Yours is a very hard and sometimes thankless job. I want to express our appreciation and continued support. 'Umbulelo ongazenziyo'.

Scientists are another professional grouping that has specific responsibilities. It is vital that scientists go beyond conducting scientific studies to working with policymakers to translate evidence into interventions and programmes. They also have to ensure that their research contributes to the monitoring and the evaluation of the National Strategic Plan, to make inputs into the development of a national policy on male circumcision. We must manage the public announcements on prevention and claims of cure that if not managed properly can send messages that encourage risky behaviour. The announcement about circumcision worries us specifically the manner in which it is being communicated.

We wish to thank our Minister Manto Tshabalala-Msimang for her sterling work she did to prepare the National Strategic Plan and wish to welcome her back from her sick leave. We also wish to thank Minister Jeff Radebe who ably took care of the Department while Minister Tshabalala-Msimang was recuperating.

South Africa would like to be part of the global networks that do research and contribute to finding solutions. Our scientists also have a responsibility to develop the capacity of the next generation researchers. A successful scientist should be the one who has developed others to do what he/she is good at. More of our young people must be encouraged to become scientists so that they can develop new prevention, treatment and care approaches. South Africa wants to build and has the capability to be part of the global pharmaceutical economy.

We also have skills to help our country to cope with task of caring for millions of vulnerable and orphaned children.

Ladies and gentlemen: Our AIDS activists are mobilising in communities, the recent South African Local Government Association conference deliberated on mainstreaming the National Strategic Plan (NSP) in municipalities, and the South African media is endorsing it. We have seen that the theme in the budget speech for the Health department in the North West province was the implementation and commitment of resources for the NSP.

I am also aware that the Managing Editor of the South African Medical Journal has given a favourable review of the NSP in the May issue of this journal. We thank you for that contribution.

We are glad that development partners are supporting the Plan, and various government departments are working on their operational plans. At our last meeting, we also learnt that different sectors were working on sector plans. The South African National AIDS Council (Sanac) will only succeed if those sector plans succeed. At this point I want to welcome and congratulate the deputy Chairperson-elect of Sanac, Mark Haywood. I look forward to working with
to working with you.

Chairperson, we are furthermore reassured that through the Inter-Ministerial Committee, government will continue to give guidance with respect to the implementation of this national plan, which was adopted by Cabinet as well as by the new National South African AIDS Council. Many South Africans now know about the ambitious targets of halving the rate of new infections and covering 80% of identified HIV positive individuals with appropriate services during the strategic plan period of 2007-11.

We shall continue to support research both to improve our service delivery systems and approaches and to look for better prevention and treatment options. We have identified a set of measurable indicators by which to monitor progress with implementation. The monitoring and evaluation framework of the strategic plan allows for alignment with relevant regional and international commitments, and it allows for periodic surveys, reviews and regular surveillance. We have a broad sense of the required financial resources. Serious discussions have been held with government and business around this matter.

A detailed costing study is underway, and we shall return to these major players with a more specific request and our development partners and major foundations will be guided to a defined financial gap. I am confident that financial resources will not be a deterrent in implementing our NSP. Capacities to spend as well as the risk management mechanisms will need to be enhanced.

This is a three-year social mobilisation programme, a critical element of which is communicating the details of the plan to the general public, whilst educating South Africans on specific HIV and AIDS prevention, treatment, care and support programmes. It is now time for all of us to go to work, building on what has been done and intensifying the implementations of interventions as outlined in the plan, especially the prevention of new HIV infections. There is work for each and every one of us.

I am aware that some government departments and civil society sectors are busy with the operationalisation of the NSP for their environments. There are specific targets that we set ourselves for the year 2007, and we must deliver on these activities.

It is, therefore, my privilege ladies and gentlemen to declare this conference open and to simultaneously launch the HIV and AIDS and STI Strategic Plan for South Africa for the period 2007-11. All conference delegates are offered a printed copy of the NSP, courtesy of Sanac. A distribution plan is underway for the document to reach as many people as possible. It will be posted on the government website, Government Communication and Information System (GCIS) and Department of Health websites in the next few days.

I am very disturbed that the Minister of Health was allocated to speak only in a panel. The ministry is our champion of health policy and the custodian of its implementation. And you allocate a speaking slot to her deputy. This type of politics is very unhelpful and does not contribute to the environment we are building to fight the battle together. Fight those battles elsewhere if you have to.

This convergence of scientists, academics, non-governmental organisations (NGOs), donors and activists today, is an opportunity to share new knowledge and insights in building consensus for prevention, treatment and care. I wish you the best for the next four days at the conference.

I thank you.

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**Top HIV researchers at ICC**

June 5, 2007

By Rivonia Naidu

The official opening on Tuesday night of the third South African Aids Conference at the Durban International Convention Centre (ICC) will bring together some of the international leaders in HIV research.

They all come with a common goal: to find ways to halt the spread of this pandemic, which has already cost the lives of millions of people.

However, the conference has been somewhat overshadowed as it is taking place at a time when the city is caught in the middle of a crippling public sector strike.

For the first time, the conference will take a futuristic view, looking at whether Aids will still be the face of the country in 25 years time.

Other key issues will be a discussion around a mass circumcision programme in SA, getting youth tested for HIV and the idea of children participating in policy making.

Another innovative idea will be the inclusion of people living with HIV and Aids at each of the morning’s main plenary sessions, offering a new insight into everyday life battling the challenges of the disease.

Opening the event will be Deputy President Phumzile Mlambo-Ngcuka, who has been actively involved in the HIV and Aids fight over the past year.

Sharing the stage with her are Graca Machel, Peter Piot, Executive Director of UNAIDS, Nkhensani Mavasa of the Treatment Action Campaign (TAC) and Dr Olive Shisana, chairwoman of the Conference Committee.

More than 2 000 delegates, including scientists, academics, policy-makers, programme planners, civil society, donors, international partners, media and people living with HIV and Aids will be attending the conference over the next four days.

Many will be sharing the stage and discussing pivotal issues surrounding the HIV and Aids issue in its current phase.

A controversial figure at the conference is bound to be Health Minister Manto Tshabalala-Msimang who is recovering...
AIDS conference opens with new hope

DURBAN, 6 June 2007 (PlusNews) - South Africa's third national AIDS conference opened in Durban on Tuesday with expressions of cautious optimism that the national response to the epidemic had a better chance of succeeding than ever before.

"At last a sense of hope permeates the air," said Graca Machel, international AIDS and women's rights activist and one of the conference's opening speakers.

The theme of the meeting, "Building Consensus on Prevention, Treatment and Care" is significant when considering relations between the government, researchers and NGOs working in the HIV/AIDS sector have been marked by tension and conflict. But in the past few months, Deputy President Phumzile Mlambo-Ngcuka and Deputy Health Minister Nozizwe Madlala-Routledge have led efforts to re-energise the fight against HIV/AIDS by building partnerships with civil society.

While other speakers echoed Machel's message of hope, they warned that South Africa has a long way to go if it was to reverse the epidemic.

Conference chair and CEO of the Human Science Research Council, Dr Olive Shisana, gave the conference's more than 4,000 delegates a sobering appraisal of the current state of the epidemic in South Africa.

In the 15 to 49 year age group, she said, 71 percent of all deaths in South Africa are due to AIDS, while more than 500,000 new infections occurred in 2005 alone.

HIV prevention messages had failed, Shisana told delegates, because they had not taken into account South Africa's cultural context in which, for example, multiple sexual partners and extramarital affairs are accepted as the norm.

"We have the means to stem the tide," she added, listing South Africa's state-of-the-art technical means, world-class scientists, considerable financial resources and active civil society sector.

UNAIDS head, Dr Peter Piot praised South Africa's "remarkable progress" in scaling up antiretroviral treatment over the past two years since the last national AIDS conference and its ambitious new National Strategic Plan.

If South Africa can achieve the aims of that plan, he said "the country could be well on the way to leading Africa into a new phase in the AIDS response."

But adopting the plan is just the beginning. "The real work starts now," he added.

Formally opening the conference, Mlambo-Ngcuka agreed that the biggest challenge ahead, and the focus of the next three days of the conference, would be implementation.

The new mood of optimism was only slightly marred by the announcement by Mlambo-Ngcuka, that the country's much maligned health minister, Dr Manto Tshabalala-Msimang had withdrawn from the programme.

The conference was to have been the minister's first major public appearance after a long period of absence due to illness. Mlambo-Ngcuka admonished the conference's organisers for her withdrawal, suggesting that it was the result of her not being given an appropriately prominent place in the conference programme.

Health-e (Cape Town)
NEWS
6 June 2007
By Anso Thom

Hardly back in her office after a lengthy lay-off and Health minister Dr Manto Tshabalala-Msimang immediately placed herself at odds with the AIDS community.

South African National AIDS Council chairperson and deputy president Phumzile Mlambo-Ngcuka chastised organizers at Tuesday night's opening for scheduling Tshabalala-Msimang's speech during Wednesday's plenary and not during the opening.

Many delegates expressed disappointment at the health minister's decision to withdraw from Wednesday's plenary session opting to send her AIDS director Dr Nomonde Xundu, who delivered a drab update on Government's response to the epidemic.

"I was really looking forward to hearing whether the minister had embraced the new spirit of cooperation and the renewed energy that has been evident over the past few months," said a delegate.

Organisers were unclear whether the deputy health minister Nozizwe Madlala-Routledge, who has addressed several forums at the conference, would withdraw from Thursday's plenary session. "There is definitely pressure from higher up on her to do so, but we don't know what she will decide," said a source.

Conference chairperson Dr Olive Shisana was not prepared to comment on the developments.

Tshabalala-Msimang was scheduled to share the stage with eminent international and national scientists as well as Treatment Action Campaign Secretary-General Sipho Mthathi.

Addressing the more than 4 000 delegates Mthathi said it was exciting to speak at a time where she didn't have to say "we are at a crossroads".

"We have chosen the path we are going to take and there is no longer any equivocating about where we are going.

"Yes, we have bold and ambitious targets, but we don't have a choice," said Mthathi.

Addressing what she framed a "thorny issue", Mthathi said that with the current public sector strike taking place delegates had to consider the working conditions of public health workers.

"They are not earning a real living wage and we cannot isolate them from our discussions. We will not be able to implement the National Strategic Plan if we do not pay our workers," said Mthathi.

In a veiled reference to the developments around the health minister, Mthathi said it was unfortunate that "we almost got side-tracked".

"We want to say to Government that we are here in good faith. We are tired of the fighting and arguing. We want to work."

University of Versailles Saint Quentin en Yvelines Professor Bertran Auvert provided a lighter moment when he told women they had an important role to play in ensuring that male circumcision as a prevention intervention succeeded. "Women need to state that they will only have sex with circumcised men," he said to raucous laughter.

Tshabalala-Msimang's spokesperson Sibani Mngadi could not be reached for comment.

Source: http://allafrica.com/stories/200706060789.html

Medication Compliance Technology System

There was an announcement at the 3rd South African AIDS Conference recently about SIMmed.

CompuTainer recently announced SIMmed at the 3rd South African AIDS Conference. The technology uses SMS and USSD messaging to track and monitor patient compliance in taking chronic medication such as TB medication, ARV medication, Diabetic medication, Cardio medication and other chronic medication.

With 47% of patients simply forgetting to take medication and a further 33% not taking medication because they feel well we find an issue in medication compliance. With the ongoing struggle against drug resistant strains the introduction of SIMmed has resolved compliance issues.

In a recently completed trial in TB clinics in South Africa the compliance ratios were raised from between 20% and 60% to a staggering 85% to 93%. Cure rates were raised from a dismal 65% to above 91%.

A basic overview of the system is available on the www.computainer.com website under Mass Compliance Checking.

For a basic overview of the system and for pilot results please send an email to mark@computainer.com with the word Compliance in the subject.

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Link TB with HIV, African countries told

June 9, 2007

African countries, especially those in Southern Africa, must link tuberculosis testing and treatment with HIV prevention programmes to more effectively fight HIV and Aids, Kevin de Cock, head of the World Health Organisation's HIV and Aids department, said recently at the 3rd South African Aids Conference in Durban, South Africa, Reuters reports.

De Cock said that the continued use of traditional treatments for TB could fuel the spread of the disease and exacerbate the HIV and Aids epidemic.

"TB programmes alone cannot reverse the tide" of HIV and Aids, he said, adding that it is vital to offer those living with HIV/TB coinfection convenient and effective treatment for both diseases.

The emergence of extensively drug-resistant TB, which is resistant to the two most potent first-line treatments and some of the available second-line drugs, in South Africa's KwaZulu-Natal province, neighbouring Lesotho and other parts of the world has created a more serious threat, especially in Southern Africa, where HIV and Aids and TB are prevalent and interlinked.

In South Africa, approximately 61 percent of the roughly 250 000 people diagnosed annually with TB have HIV, Reuters reports.

XDR-TB also has led to higher mortality rates and faster deaths among HIV-positive people, according to Reuters. In addition, although people living with HIV/TB coinfection might have access to antiretroviral drugs, they often do not receive treatment simultaneously for both diseases.

Robin Wood, director of South Africa's Desmond Tutu HIV Centre at the University of Cape Town, said, "HIV has caused a devastating reversal in our ability to treat TB."

He added that the solution is to combine HIV and TB treatments, which will require a large investment in TB laboratories, as well as related medical infrastructure and resources, in much of Africa.

Researchers are developing a urine-based dipstick test that would give TB results almost instantly. Wood said this "would be a great asset if we could get it".

Source: http://www.iolhivaids.co.za/index.php?fSec-

Sexual patterns worrying

June 06, 2007

Rivonia Naidu

Sexual behaviour is not changing in South Africa despite the massive energy and expertise that goes into research.

This was the sobering message from Olive Shisana, CEO of the Human Sciences Research Council at the 3rd South African Aids Conference at Durban’s International Convention Centre last night.

Shisana said latest sexual behaviour data in SA showed that young women aged 15-19 were more likely to have sexual partners who were five years older than themselves.

She said the lure of financial gains, cash and cellphones made younger girls vulnerable targets.

The survey also showed that older men believed they were boosted sexually by having younger partners.

Shisana said her wish would have been to come to this conference stating that there was a cure for HIV/ Aids, that there were no longer HIV/ Aids orphans and that the incidence rates of HIV were coming down.

"But in truth, this is not the case. In the life span of this 25-year-old disease, there have been 65 million people around the world infected, 25 million people have died, 70% of them in sub-Saharan Africa and 14% in SA."

National Health Minister Manto Tshabalala-Msimang, on her first day back at work, snubbed the Aids conference after apparently being sidelined by organisers. Deputy president Phumzile Mlambo-Ngcuka criticised the organisers for sidelining Tshabalala-Msimang, saying that she did not welcome the manner in which Tshabalala-Msimang was treated.

Mlambo-Ngcuka launched the HIV/ Aids and STI National Strategic Plan for 2007-2011.

The plan represents a broad consensus position with a detailed outline of national interventions and targets.

Over the next three days, the debate on HIV/Aids will include issues surrounding consensus on the prevention, treatment and care of people living with the infection.
AIDS response turns a corner

DURBAN, 8 June 2007 (PlusNews) - The third South African AIDS conference came to a close in Durban on Friday with what conference chair, Dr Olive Shisana, described as an unparalleled display of unity.

“We have crossed the Rubicon with regard to HIV,” said Mark Heywood, South African National AIDS Council’s recently elected deputy chair. “This conference has shown that thousands of delegates are working from the same page.”

Conference delegates adopted a declaration on the steps most urgently needed to fight the country’s HIV/AIDS epidemic. The document included commitments to align the national policy on HIV testing and counselling with the latest WHO guidelines; to promote safer infant feeding practices for HIV-infected mothers; and to make male circumcision available and accessible to every man who wants it.

Heywood, who received the declaration on behalf of SANAC, promised delegates it would inform implementation of the county’s recently adopted National Strategic Plan (NSP) for HIV and AIDS, which he described as “an opportunity to bring social repair to our communities.”

A significant portion of the NSP’s R45 billion (US$6.1 billion) budget, would hopefully be used to address the socioeconomic impact of the epidemic, including the introduction of a chronic disease grant, Heywood noted.

The recurring theme of this year’s conference was the need to take the NSP down to the district and community levels, he added.

Summarising the findings of the conference’s community track, a new addition to this year’s conference, Sipho Mthathi, of AIDS lobby group, the Treatment Action Campaign also urged delegates to start thinking about the community role in the HIV/AIDS fight, not as secondary, but as central to the NSP’s successful implementation.

“We need to make sure that community AIDS councils are set up and translate what we’ve discussed here into simple plans that are owned and driven by our communities,” Heywood told delegates.

“The ball is in our courts now,” he concluded.