

**DRAFT SPEECH FOR DR. NOMONDE XUNDU AT THE OCCASSION
OPENING OF THE 2nd PACT CONFERENCE: 1-4 OCTOBER 2006**

Program Director,

Directors of the PHRU, Prof James McIntyre and Dr Glenda Gray

Local and International HIV and AIDS Experts here present

Government HIV and AIDS program managers

Partners of the PHRU

Colleagues and friends

It gives me great pleasure to say a few words at this opening session of the second Priorities in AIDS Care and Treatment conference. When I whole-heartedly accepted an invitation to be one of the speakers at this session, I indicated to the organizers that because of the nature of my job, it might be difficult for me to be physically available to give the address. Let me take this opportunity to apologise that indeed this has happened. However, I would like to, in my physical absence, contribute a thing or two to the conference, from the perspective of government and the public sector.

HIV and AIDS is one for the biggest challenges facing South Africa today. At the opening of the 1st PACT Conference last year, I attempted to explain why and how the country is where it is with the challenges of HIV and AIDS. With about 5.5M people estimated to be HIV positive in 2005, 15% of whom have AIDS, it is important to understand why and how we got into this state so that appropriate responses are developed and implemented. The fact of the matter however, is that HIV positive people have to be identified, they themselves need to be aware of their HIV positive status, for their own sake and that of their loved ones. VCT therefore remains a critical intervention in the management of HIV and AIDS.

There is international consensus about the centrality of HIV prevention in national responses to HIV and AIDS. This is largely because there is no cure for HIV and also because HIV prevention works and is the most effective strategy in the management of HIV and AIDS in any Country. The pace of the scaling up prevention has to be quickened and intensified as a matter of urgency.

This conference is about care, treatment and support with a major focus on pediatrics, particularly relevant in a country where the scale of the need and the demand for these services is as huge as it is. On “googling” the PHRU, I got to learn that about the historical development of the Unit, evolving from being purely a HIV clinic in a maternal unit at the Chris Hani Baragwanath Hospital to what is now-an internationally recognized AIDS research center. The uniqueness of the center is the comprehensiveness of the activities currently carried out. The unit has evolved to respond to the current situation and the challenges of the day regarding HIV and AIDS. To be at the cutting edge of scientific developments whilst providing jobs to about 400 people is quiet commendable.

James`specific request was that I speak about successes and challenges of the national comprehensive care program. In doing that it is important that a proper context of the evolution of policies in response to the HIV and AIDS catastrophe be provided. The HIV and AIDS response in the country is contained in the multisectoral strategic framework that is currently under review. Care, treatment and support are one of the key priorities areas (the others are prevention, legal and human rights, and monitoring and research). At the time of the development of the framework, many key care and treatment interventions were neither available nor affordable in the country. The main interventions at the time included the management of opportunistic infections, psychosocial support, as well as community home based care. Health care workers were despondent because of unavailability of antiretroviral drugs and tended not to adhere to clinical guidelines on OI prophylaxis and treatment. The situation was worse for pediatrics. There was also so much fear and stigma in society such that people presented very late for treatment and as such the health outcomes were very poor. There were too many missed opportunities for support group work and psychosocial support. The health system was not fully supportive to the implementation of the clinical guidelines that were developed. Units like the PHRU set up HIV clinics which were mainly in tertiary institutions, managed by specialists who had interest in the management of HIV and AIDS.

A lot has changed since those days. New HIV infections continued to happen and more people got into the numerator of the HIV prevalence equation. The numbers of people requiring care, treatment and support continued to increase.

Families, communities and the health sector in particular bear the brunt of this catastrophe. On realizing this challenge, the national response was enhanced in many ways; budgetary allocations were increased significantly, community based activities were strengthened, and as soon as ARVs became affordable a national comprehensive plan to enhance care treatment and support was developed and approved. It is now just more than two years since that plan was implemented, kick started by the Gauteng Province in April 2004. A framework for monitoring and evaluation of the implementation of this plan is in place.

To date, much has been achieved. More than 300 facilities countrywide, mainly hospital with a few community health centers have been accredited to provide and are providing the complement of services outlined in this plan. These facilities satisfy most of the criteria necessary for the provision of a good quality service according to national standards that are internationally recognized, and also ensure strengthening of the health care delivery system. Access to laboratory services has increased exponentially during the period, with almost all identified HIV positive people having access to a CD4 test, whilst almost all of those that are on ARVs have access to VL testing. Drug stock management systems have improved considerably. Except for a few cases of drug-stock out, there have been no major problems with availability of these drugs at the accredited service points. Space for counseling and consultation in most cases has been provided through infrastructure upgrades. There are however, still too many facilities where physical space is still a problem. Information management remains a challenge.

When the plan was developed in 2003, it was estimated that about 500 000 people would be eligible for ARVs at the time and that this number would increase by some margin over the five-year period of the plan. The five-year plan is meant to gradually realize universal access to care, treatment and support by the end 2009. Reports indicate that at the midpoint of this five-year plan, about 200 000 people are on ART in the public sector, private sector and the informal health sector of NGOs and CBOs. The demand and the need for the service are huge and too many people are waiting to access the service. We all need to find ways of quickening to pace also with the provision of comprehensive care, treatment and support interventions.

One of the main challenges of the programme has been shortage of skilled health care workers. This has particularly affected the provision of care and treatment in pediatrics. It is heartening to see that this conference will be focusing on this important aspect. Issues with the paediatric HIV management begin with the provision of effective PMTCT programmes together with primary prevention of HIV infection in women of childbearing age. Early diagnosis is critical for the identification of the at risk children who require early interventions with ART. I referred last year to the low coverage with cotrimoxazole for HIV exposed children, and I need to gain stress the importance of this intervention whilst we are working on accelerating access to ART for children. We need to identify models that will assist us reach reasonable targets, with a specific focus on rural areas, where illiterate Gogos are looking after these children.

Infrastructure upgrades have been particularly challenging. This has caused some delays in the finalization of accreditation and in cases where we relaxed the requirements we are experiencing overcrowding that compromises the quality of care. The stringent procurement systems as well as the fact that we on the department of public works are some of the causes of the problems with these upgrades. The major issue with information management relates to human resources and training.

The few pharmacovigilance reports that are coming point to a need to look further and more carefully at the regimens that have been recommended for adult ART. Specifically, there seems to be some problems with the use of stavudine in the first line regimen where development of peripheral neuropathy and lactic acidosis (among others) are emerging as important side effects. It would be interesting to see what the experience of the Unit is in this regard. Also issues of drug interactions with the management of TB and the Hepatitis are coming as common challenges. We are having discussion with clinicians in this regard and would encourage provision of relevant information to inform policy. There is a big challenge with getting all the relevant information from the national pharmacovigilance system of the program.

That, ladies and gentlemen, is a broad overview on progress with the implementation of the national comprehensive HIV and AIDS management, care, and treatment plan. The program is recording the largest numbers of people on ART in the world.

The need and the demand for the service remains high, the challenges are many, but implementation is well under way. It is imperative that we accelerate prevention efforts, be more innovative on the implementation of the comprehensive care, treatment and support plan, and ensure that partners such as the PHRU contribute considerably to the national response to HIV and AIDS. I am confident that the deliberation at this conference will be useful in increasing the knowledge base as well as in identifying ways of working smarter so that we accelerate our response to HIV and AIDS.

Let me take this opportunity to once more thank you for inviting me to speak again at this important annual meeting of the Unit, but more importantly let me wish you well for the four days at the most vantage point in the Fairest Cape.

Thank you.