



**Department of Human
Settlements and Public Works**

KWAZULU-NATAL PROVINCE

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The Programme Director, **Mr R Cele**
The Mayor of Ilembe District Municipality, Cllr Mdabe
The Mayor of Mandeni Municipality, Cllr Magwaza
Amakhosi present
Councillors present
Officials from local and provincial government
Members of the media
All others present and all protocol observed

Last year the World Aids Day event was held in Shakaskraal where over 600 people attended. The delegates were given an opportunity to engage with leaders of Government, community based organizations and health care workers during the commissions. They also heard testimonies of people living with HIV/Aids There were robust discussions on how to combat this scourge. Today we take stock and ask ourselves what have we done differently since then.

There are an estimated 33 million people living with the Human Immuno- virus worldwide. Of these two-thirds live in countries south of the Sub-Saharan Africa. In addition, out of the estimated 2.5 million new infections occurring globally, two thirds are also in sub-Saharan Africa according to the UNAIDS survey of 2007. Since then this number has grown. It is estimated that South Africa is one of the countries with the largest number of HIV infections in the world.

In 2008, the KwaZulu-Natal provincial HIV prevalence amongst 15-49 year antenatal women was 38.7%. KwaZulu-Natal has consistently recorded the highest prevalence since 1990. The HIV prevalence data collected from antenatal clinic surveillance suggests that HIV infection levels among the adult female population might be leveling off, with prevalences among pregnant women at 29.1% in 2006 and 29.4% in 2007. The epidemic curve shows evidence of stabilization in the past 3 years. This however does not mean that we can lower our guard.

Earlier this year, Our Premier, Dr Zweli Mkhize launched the campaign encouraging young men to undergo “the snip”, so to speak. Circumcision clinics were held throughout the province in a bid to reduce the risk of infection and to protect our young men. We need to intensify the male circumcision campaign. This will help us in the fight against HIV and AIDS since males who are circumcised are less at risk of contracting HIV than males who are not.

At the venue of our World Aids Day event last year I underwent a voluntary test, to know my status. This meant that whatever the outcome was going to be, I would be able to make informed decisions and take the necessary action. If positive then I required the necessary

health care and meant that I needed to take care of myself. I would have to take the anti retrovirals diligently and exercise and eat healthily. It is for this very reason that the one home one garden campaign was launched to enable our people to grow their own food and feed themselves. If my result was negative then that meant that I have a responsibility to myself to remain just that – negative.

We are saying that everyone must undergo HIV testing on a regular basis. It is important to know what your status is. If you are HIV negative then you must practice safe sex and not have multiple sexual partners. If you are HIV positive you can still live a long healthy life, provided that you go for regular check ups and commence taking anti-retroviral treatment when your doctor says you must do so. When Aids was first identified in the early 1980s it was seen as an immediate death sentence. Since then, advances in treatment means a significant number of those infected with the virus live healthily for many years without succumbing to full-blown Aids.

On the morning of December 1st, last year we went on a walkabout and came across an old lady living in a tent with her granddaughter. Today we salute all the grandmothers (gogos) who are looking after the children of their deceased sons and daughters, taken by HIV/Aids virus. I am happy to announce that through the Flagship Program in the district, Mayor Khuluse and I visited the **old lady** on 18 July this year and showed her brand her new house. I am sure she is now living comfortably in her home.

Under the leadership of Premier, Dr Zweli Mkhize we have the Flagship Program called the war on poverty. In this programme all government departments work together visiting the poorest, most deprived households in our province to bring health, welfare and other services to them. We also try to bring food security to our people through the one home one garden campaign where we provide seeds to households and encourage them to grow their own food.

This morning we visited child headed households in Isithebe. These children had to grow up quickly to take care of their younger siblings. They have nowhere to go, as their parents are dead, many of them, victims of the HIV/Aids pandemic. The mayor and myself have committed to ensuring that a district forum be created to enable these youngsters to engage with Government on a regular basis. This new administration led by President Jacob Zuma is committed to doing things differently. The president has said that we must be a government that serves the needs of our people - we must be service-oriented – and we must ensure that we deliver the services that our people need effectively, efficiently and speedily.

The next challenge is what we are focusing on here today: the scourge of HIV and AIDS. Recent statistics from the Department of Health, Human Sciences Research Council, Medical Research Council, Statistics SA and other sources paint a disturbing picture of the health of our nation.

They show that nearly 6 out 10 deaths in our country in 2006 were deaths of people younger than 50 years.

If we consider mortality trends over the last decade, we see that the age at which people die has been changing dramatically. More and more people are dying young, threatening even to outnumber in proportional terms those who die in old age.

South Africans are dying at an increasing rate. The number of deaths registered in 2008 jumped to 756,000, up from 573,000 the year before. At this rate, there is a real danger that the number of deaths will soon overtake the number of births. The births registered during this period were one million two hundred and five thousand one hundred and eleven (1, 205, 111). The Independent Electoral Commission had to remove 396 336 deceased voters from the Voters Roll during September 2008 and August 2009.

What is even more disturbing is the number of young women who are dying in the prime of their life, in their child-bearing years.

In 2006, life expectancy at birth for South African men was estimated to be 51 years. By contrast, life expectancy in Algeria was 70 years and 60 years in Senegal.

These are some of the chilling statistics that demonstrate the devastating impact that HIV and AIDS is having on our nation.

Not even the youngest are spared. Some studies suggest that 57% of the deaths of children under the age of five during 2007 were as a result of HIV.

This situation is aggravated by the high tuberculosis prevalence. The co-infection rate between HIV and TB has now reached a staggering 73%. Statistics indicate that the numbers of citizens with TB number at 481 584. These statistics do not, however, fully reveal the human toll of the disease.

It is necessary to go into the hospitals, clinics and hospices of our country to see the effects of HIV and AIDS on those who should be in the prime of their lives.

Families are struggling with the triple burden of poverty, disease and stigma.

Although we have a comprehensive strategy to tackle HIV and AIDS that has been acknowledged internationally, and though we have the largest anti-retroviral programme in the world, we are not yet winning this battle. We must come to terms with this reality as South Africans.

We must accept that we need to work harder, and with renewed focus, to implement the strategy that we have developed together. We need to do more, and we need to do better, together. We need to move with urgency and purpose to confront this enormous challenge.

If we are to stop the progress of this disease through our society, we will need to pursue extraordinary measures. We will need to mobilise all South Africans to take responsibility for their health and well-being and that of their partners, their families and their communities.

All South Africans must know that they are at risk and must take informed decisions to reduce their vulnerability to infection, or, if infected, to slow the advance of the disease.

Most importantly, all South Africans need to know their HIV status, and be informed of the treatment options available to them.

Though it poses a grave threat to the well-being of our nation, HIV and AIDS should be treated like any other disease. There should be no shame, no discrimination, no recriminations. We must break the stigma surrounding AIDS.

Let us resolve now that this should be the day on which we start to turn the tide in the battle against AIDS.

Let us resolve now that this should be the day on which we outline those additional measures that need to be taken to enhance our efforts.

Let World Aids Day, on the 1st of December 2010, mark the beginning of a massive mobilisation campaign that reaches all South Africans and to all in Mandini and Ilembe, that spurs them into action to safeguard their health and the health of the nation.

Though a considerable undertaking, it is well within our means, and we should start now, today, to prepare ourselves for this renewed onslaught against this epidemic. We have very impressive awareness levels in our country, well over 95%. We should now seriously work to convert that knowledge into a change of behaviour.

We have demonstrated in the past that, working together as a nation, we can overcome even the greatest of challenges. We can and will overcome this one.

But we must begin by acknowledging the true nature of that with which we are confronted. We should not be disheartened by what we find. Rather, we should be encouraged to act with greater energy and motivation to overcome. The important factor is that our people must be armed with information. Knowledge will help us to confront denialism and the stigma attached to the epidemic.

The key targets in our national strategic plan include the reduction of the rate of new infections by 50%, and the extension of the antiretroviral programme to 80% of those who need it, both by 2011.

Prevention remains a critical part of our strategy. We need a massive change in behaviour and attitude especially amongst the youth. We must all work together to achieve this goal.

At the district level we must ensure that all of us become part of the war against poverty initiatives. These include as has been already outlined the one home one garden initiative as well as a massive health outreach programme. These are supported by the work of all other government departments. I am calling on all of you to commit yourselves to supporting the war against poverty campaign - in fact more importantly, I am calling on all of you to become

active participants in the campaign. You are all leaders, you all have the ability to influence people – please share these skills and resources that you have.

In conclusion, let me urge each of you to become part of the ‘Know your status ‘ campaign. We want HIV and AIDS to become de-stigmatised. You as leaders can show the way. You can start by undergoing VCT yourselves and by encouraging the community to do so as well.

Thank you.