



**Parallel Session:  
7th SA Aids  
Conference**

9 June 2015

Address by:

Dr SM Dhlomo

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# Welcome

Thank you for inviting me to share knowledge and practical experiences on the management of both HIV and Tuberculosis as well as give an insight of what the South African National Aids Council does, its role and significance in country

# Mandate

Programme Director and colleagues, allow me to start by stating our mandate as both the Department of Health as well as Government, determined by our President, Hon Jacob Zuma, which is:

***The attainment of a long and healthy life for all South Africans***

# National Development Plan

Our efforts are also geared towards the realisation of the prescripts of the National Development Plan which envisages that by 2030, South Africa should:

- Have increased life expectancy to 70 years for both men and women;
- Have a generation of under-20s largely free of HIV,
- Drastically reduced the quadruple burden of disease compared to the previous two decades

# SANAC

We are indeed fortunate that for the attainment of the above objectives, our country does have the **South African National AIDS Council (SANAC)** whose focus is to ensure strong political leadership as well as inclusion of civil society in the overall response to HIV and AIDS.

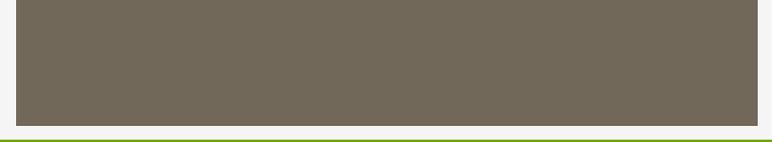
Addressing the meeting of Champions for an Aids-Free Generation, Deputy President; **Hon Cyril Ramaphosa**, in His capacity as the Chairperson of the South African National AIDS Council, placed the importance of SANAC on the table saying:

*‘SANAC’s creation was a departure from South Africa’s denialism policy and since it was formed, a lot of strides have been made in the fight against HIV and Aids.*

*It has resulted in many successes, particularly in relation to moving away from what we saw as denialism during that time when instead of providing antiretroviral drugs to Aids patients, the government promoted the use of unproven herbs as remedies to treat Aids.*

*So the setting up of this entity has helped us to move away from that and begin to get to grips with what really needs to be done in the struggle against HIV and AIDS.*

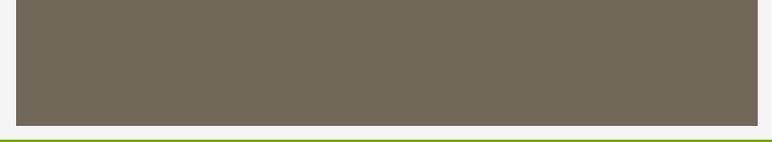
*Since SANAC's inception, many people have "returned to good health"*



Indeed, as early as 2013, we were witnessing the decline of AIDS related deaths as was also observed by the former Premier of KwaZulu-Natal, **Dr Zweli Mkhize** who said:

*'For the first time in recent history, HIV and AIDS are showing signs of retreat. The number of AIDS-related deaths is declining...*

*We have stabilised HIV prevalence in our Province from 39.5% to 37.4%, as a direct result of our integrated approach... with all sectors of our society to ensure that our initiatives on prevention and to make anti-retroviral treatment available, are successful.'*



Programme Director; being guided by the committed political leadership and working together with all stakeholders under the umbrella of SANAC, today we are a country that is able to tell a story of hope and possibilities.

We are certain that when we host the 21st International Aids Conference in July next year; nations of the world will be able to learn good practice models from us, especially from this Province on how to turn the tide.

Just from KwaZulu Natal they will get to know that we have moved from our pariah status to accomplish the following:

- ❑ Established **632** fixed public health facilities that offer ART services.
- ❑ Expanded the ARV treatment programme to become the largest programme in the world with **904 278** patients on treatment
- ❑ Reduced HIV and AIDS related deaths from **67 429** in **2008/09** to **54 337** in **2010/11**;

- ❑ Recorded TB treatment success rate of **84%** in **2013**; from **73%** in **2008**;
- ❑ Significantly decreased Mother to Child Transmission of HIV from **22% in 2008 to 1, 5%** to date
- ❑ Provided counselling and testing to **2 579 763**
- ❑ Established **2 482 High Transmission Areas** for screening of HIV; TB as well as distribution of Condoms at Taverns; Hostels and the Mines.

- ❑ Medically circumcised more than **530 000 men and boys with no** amputation or deaths reported since **2010** when His Majesty the King called for the return to this practice as means to curb the spread of HIV.

# Tuberculosis

Working under the auspices of SANAC, we have also been made conscious of the fact that South Africa carries the greatest burden of Tuberculosis in the world. The sad story is that TB is bound to remain a global threat as anyone can contract it yet it can be prevented and cured.

# TB Focus per Provinces

SA is one of the countries with the highest burden of TB, with WHO statistics pointing at 450,000 cases of active TB in 2013.

KZN, E-Cape & W-Cape are Provinces with the highest burden as evidenced by recorded deaths as a result of TB in 2010.

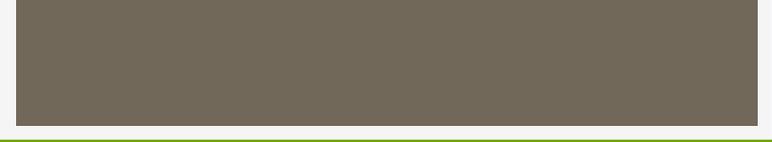
- ❖ W Cape - **3 573**
- ❖ E Cape - **10 205**
- ❖ KZN - **18 205**

# **TB Focus in Mines**

We have also been made aware of the fact that TB on South Africa's mines is 10 times worse than the World Health Organization's determined emergency levels.

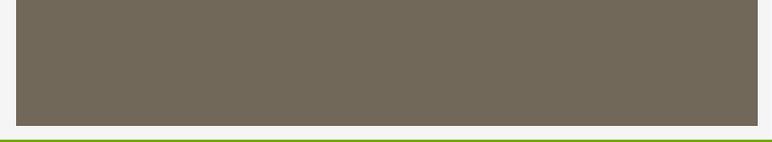
# Chamber of Mines

Working with the Chamber of Mines, we need to ascertain how far we have gone in the implementation of the **SADC Declaration on TB in the Mining Sector**, signed in August 2012 by the Heads of State from the Southern African Development Community.



The Declaration called on SADC countries to adopt a regional patient tracking and referral system to make sure that patients get care no matter where they are. This point was further emphasized by Health Minister, **Dr Aaron Motsoaledi** when he said:

*“We need to know who is it that has TB within SADC and where their families are. We also need to know who refers to whom and who takes responsibility for the patient.”*



**Patrick Osewe** of the World Bank; emphasizing the severity of TB in the mines also echoed:

*'Proactively testing and treating TB in miners could cut TB rate in the sector by 60 percent in 15 years.'*

# Tackling TB in Mines

## □ **UMkhanyakude District Mines**

- Here we have only one mine that conducts underground operations. It does not have health services on site. Workers utilize local clinics and a nearby hospital
- As a Department we are available for a more structured partnership

## □ UThungulu District Mines

- We know of 2 operational surface mines in existence there employing 1804 and 654 workers, respectively.
- In one they do have an occupational health clinic that has a contracted medical officer and in the other the health care needs have been outsourced. Workers do have Medical Aid that is subsidized and compulsory.

## ❑ Amajuba District Mines

- Here we are aware of 5 Coal mines and that all do offer occupational health services but refer their suspect TB patients to Madadeni Hospital for testing and treatment.
- As a Department we are ready for partnership here to support these mines to establish compliment of TB diagnosis and treatment

## □ **Zululand Anthracite Colliery**

- We have visited this coal mine to partner in tackling Tuberculosis within its workforce and were impressed with their on site occupational health services that include susceptible TB services and also got to know that for MDR -TB they refer to Thulasizwe Hospital

## □ **UGU District Mines**

- We are also aware of the 3 mines that operate Calcite; Limestone and Brick Clay in that district and that they do have on site occupational health clinic that do offer TB management. Our Department does give support here in the form of Mobile Services

# TB Focus in Prisons

- KZN has a total of **27 339** inmates, **613** diagnosed with TB and **24** with MDR-TB
- We happy with the cooperation received from the Dept. of Correctional Services that has:
  - ❖ Enabled us to train their staff on TB screening & management
  - ❖ Enabled us to set up clear referral patterns

# Other Business Collaborations

Indeed, there have been joint efforts done with individual members of the Big Business, collaborating to improve the health status of our workers. We can refer amongst others to:

- **Medupi Initiative**

Here we saw more than 6 000 site workers of Eskom's currently built Medupi power station undergoing HIV tests on construction site during the health department's three day HIV Testing and Counselling (HCT) campaign.

## ▪ **ABSA Initiative**

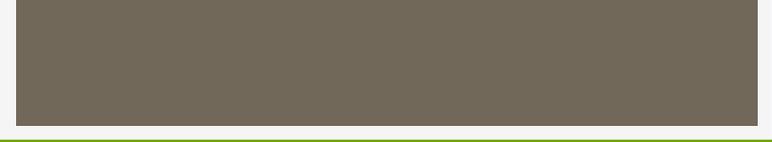
Here we saw the Banking sector also joining the HIV testing and counselling campaign with Minister Motsoaledi being invited to launch it at the ABSA Headquarters.

ABSA later pronounced that the rationale here was a bid to eliminate discrimination of employees who disclose their HIV positive status and also means to provide for those affected so as to curb elongated absenteeism by staff living with HIV.

# Possible Collaborations

We can work together to ensure that:

- All our workers know their status
- All pregnant women in our workforce attend antenatal care
- All women over 30 are screened for both cervical and breast cancer



As KZN Department of Health we also have access to 2 Medical Male Circumcision Mobile Units.

One is a Mobile Hospital Unit that has a capacity of accommodating 6 beds which we rent and operate. This Unit can be deployed to the mines to ensure that all males under our employ are circumcised.

It comes at a cost though.

## Advise given

Our own Minister of Health, Dr Aaron Motsoaledi, in his capacity as the World Health Organisation Chairperson for Stop TB Partnership pronounced on what needs to be done:

- Find every TB suspect
- Test every TB suspect
- Promptly initiate on Treatment every TB patient
- Trace and screen all the contacts and relatives of every TB patient
- Trace every TB patient lost to treatment, and,
- Test all the miners and prisoners

Yes, the tools of trade are there and some progress has been noted and registered, particularly with:

- ❑ The introduction of revolutionary GeneXpert machines capable of prompt diagnosis of TB and MDR-TB and allow initiation of TB treatment within 24-48 hours.
- ❑ Setting up of TB defaulter tracing teams and TB/HIV outreach teams whose function is to visit households to provide Directly Observed Treatment and also watch patients drink medicine

- ❑ The identification and focus of TB hot spots like correctional facilities; hostels; Truck Stops and mines.
- ❑ Implementation of surveillance programmes especially for Health Care Workers in recognition of the fact TB is a significant occupational health problem among Health Care Workers

# Conclusion

As a country and as a region, working together with business, we need to seriously work towards the attainment of the post-2015 Global Tuberculosis Strategy that strives for:

***Zero deaths, disease and suffering due to tuberculosis; a world free of tuberculosis***

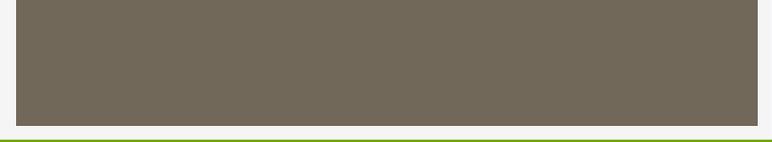
This Conference ought to cajole all of us to set programmes that will see to it that this year's World TB Day theme is acted upon as it called on us to:

**"Reach, Treat, Cure Everyone"**

Now that we have found each other; let the journey of ending AIDS begin as advised at the 2014 Melbourne Aids Conference by **Michel Sidibé**, in his speech; The Last Climb: Ending Aids, Leaving No One Behind, where he said:

*'Today, I am calling for ending AIDS by 2030.*

*We have been climbing this epidemic one hill at a time. Now we must finish our journey with a final climb, and we cannot lose anyone along the way'.*



I thank you.