



RESPONSE

April 15, 2010

HIV/Aids

The Minister of Health, Dr Aaron Motsoaledi, presented the budget for his Department to Parliament on 13th April. His address was eagerly awaited and expected to provide some of the details hinted at in the President's 'State of the Nation' speech with regard to HIV/Aids.

The Minister acknowledged some very worrying facts about health issues in South Africa, including a decline in life expectancy, the ineffectiveness of the health system, the poor quality of services, and unacceptably high maternal and infant mortality rates. He reiterated that HIV/Aids is the largest public health problem facing the country, and that the Department is committed to reducing new infections by 50% by 2011/12, and to provide anti-retroviral therapy (ART) to 80% of the people living with HIV and Aids by the end of the same period.

Of particular importance is the implementation from 1 April 2010 of ART to pregnant women at CD4 count of 350 or less, in order to enhance maternal survival. ART is also being provided to people co-infected with TB and HIV at a CD4 count of 350 or less. This will contribute significantly to reducing morbidity, disease progression and mortality associated with TB and HIV/Aids. In addition, HIV-positive pregnant women will now receive dual therapy from 14 weeks of pregnancy (not 28 weeks as was previously the case) until after delivery. Most importantly, an integrated approach to HIV/Aids and TB is being adopted, in terms of which all public health facilities that provide TB treatment must – over this financial year – be enabled to provide treatment for HIV/Aids.

By the end of March 2010, the Minister said, only 496 public health facilities were providing ART; however, plans were afoot to ensure that all 4 333 public health facilities would, over time, provide it. Already, an additional 519 facilities had begun to do so since 1 April, bringing the total number of facilities providing this treatment to over 1000. He also confirmed the government's intention to reverse the situation whereby it pays a higher price than most other countries for ARVs despite being the biggest purchaser in the world. In future, ARVs will be acquired at the most competitive prices, regardless of their country of origin.

In order to accentuate the emphasis on prevention the government will roll out the largest HIV counselling and testing campaign ever undertaken, aiming to provide counselling and testing to 15 million South Africans by the end of June 2011. This will enable them to take better care of themselves, and enable the health system to better respond to their needs. Primary prevention will remain the mainstay of all efforts to combat HIV and AIDS. Thus, the counselling will be comprehensive and multi-disciplinary, and will include help with issues such as the abuse of alcohol, which often precedes risky sexual behaviour. The Minister also rightly pointed out the need

for good example as a means of prevention. This remains an ambiguous and contested area, and more serious attention needs to be paid to public accountability by leaders across the board in this regard.

Finally, such an ambitious program is going to weigh heavily on the fiscus. As it stands, the domestic budget provides only part of overall HIV financing; almost half of South Africa's approximately US\$1 billion annual HIV budget comes from donors. However, the global recession is squeezing donor budgets, and there has been talk of donors decreasing their commitments to SA. This does not bode well for the fight against HIV/Aids.

The Minister's policy indications are largely in line with the points raised over a long period in advocacy by civil society. It is good to see that they are finally finding resonance in this new effort to tackle the pandemic responsibly.

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