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**STATEMENT
BY**

**HIS EXCELLENCY MR KGALEMA MOTLANTHE,
DEPUTY PRESIDENT OF THE REPUBLIC OF SOUTH AFRICA**

ON THE

**OCCASION OF THE UNITED NATIONS
HIGH LEVEL MEETING ON HIV AND AIDS**

**UNITED NATIONS GENERAL ASSEMBLY
NEW YORK**

8 JUNE 2011

Please check against delivery

President of the UN General Assembly, Mr Joseph Deiss;
Secretary-General of the United Nations, Mr Ban Ki-Moon;
Distinguished Heads of States and Governments;
Executive Director of UNAIDS, Mr Michel Sedibe;
Honourable Members of Parliament;
Your Excellencies Ambassadors;
Leaders and Representatives of Civil Society, and
Ladies and Gentlemen:

Three decades since the discovery of HIV and AIDS the world has experienced unprecedented loss of millions of lives, untold suffering, devastated social fabric of nations and a huge strain on social and health services. Negative effects of AIDS have robbed families of their loved ones, orphaned millions of children and undermined livelihoods of communities

We gather here to review progress made since we last met ten years ago and agreed on a set of commitments and programmes to address the challenges posed to humanity by this pandemic.

The epidemic is today a leading cause of death in a number of developing countries, particularly in Sub-Saharan Africa, not least because of lack of scientific breakthrough in medications that could prolong life and prevent unnecessary deaths. In most such cases challenges are due to lack of financial resources to access the most needed drugs like the Anti Retroviral drugs and other medicines.

Women bear the biggest brunt of the disease and many of the theories driving reproductive health and HIV prevention programmes do not adequately address this specific group. They do not take into account the broader context of society and circumstances under which the infections occur.

The recent and promising results of a tenofovir-based gel have raised hopes that a female-initiated prevention alternative may become available soon. This groundbreaking work, reported at the International AIDS Conference in Vienna in 2010, presents an opportunity for the vulnerable groups to take control of their lives.

Various funding mechanisms were initiated over a number of years, including the establishment of the Global Fund against HIV and AIDS, an initiative that is a significant step in the International Community's endeavour to curb the spread of the epidemic and provide the much needed life saving treatment. This was beginning to be effectual, but has been put at risk by the recent financial crisis that has resulted in a major blow to a number of countries, more so in developing countries. Despite this new era of financial austerity, we cannot and should not compromise our resolve to fight HIV and AIDS. The spiralling costs also deny people access to care and treatment, and therefore need to be arrested.

There is a need to put more people on treatment. However, this must be matched with significantly reduced costs that will facilitate universal coverage and ensure that we are on course to meet our Millennium Development Goals targets.

The African continent is reeling under this scourge and continues to redirect the scarce resource amid competing priorities.

In Africa we have adopted a number of strategies aimed at addressing the different challenges posed by HIV and AIDS. In our efforts to implement these commitments, the African Union Summit of Heads of State meeting in Uganda, in July last year adopted the Kampala Declaration.

This added impetus to the AU declaration of the 15th Ordinary Session committing to scaling up efforts to improve health and quality of life of mothers, newborn babies and children in Africa by 2015.

Mr President,

South Africa has embarked on a number of programmes towards the achievement of our national and multipronged response to HIV and AIDS, coordinated through the South African National AIDS Council (SANAC), which is strongly rooted in partnerships with various stakeholders, including civil society, private sector, development partners and government.

Through this Council, we are implementing various programmes that seek not only to respond to the burden of diseases due to HIV and AIDS and TB, but also address the social determinants of these epidemics in a strategic manner.

Our government programme of action is geared towards improving the lives of our citizens through the provision of houses, poverty eradication strategies, economic policies as well as many interventions focusing on youth development. Through these programmes, we are able to mitigate the impact of HIV and AIDS and support individuals to better protect themselves.

Our interventions are based on robust evidence which we domesticate to ensure that it applies to the specific context of the realities of our people. The National Strategic Plan (NSP) 2007-2011 drives the implementation of a clear roadmap with targets for delivering on four pillars aimed at reducing new infections by 50% and achieve 80% coverage with respect to access to ART, including strengthening the capacity of national institutions, community systems and human resources for health.

South Africa has made great progress in many areas. Recent evidence points to a reduction in new infections among young people. We are also making inroads in our programme to reduce mother-to-child transmission of HIV using dual therapy which has shown encouraging results reducing the transmission rates from 8.3% to about 3.5%. This demonstrates the potential for all of us to eliminate HIV in children.

In keeping with our HIV Counselling and Testing Initiative started in April 2010 and underpinned by 'know your status campaign', we have managed to test 12 million people to date.

We have also succeeded in increasing the number of facilities providing HIV-related care substantially. We have put 1, 4 million people on ART through public health facilities alone and we continue to work harder to improve access to our remote, rural populations.

Our own contribution has seen public expenditure on HIV and AIDS increase by 40% per annum. In the current financial year we have allocated 1 billion US dollars to HIV and AIDS programmes.

As a response to the high levels of dual infection of HIV and TB, we have now integrated these programmes at a policy and implementation level, and have embarked on a strong community-based strategy to seek, treat and retain people in care. Our programmes are based on the principles enshrined in the Bill of Rights of our Constitution, which states that:

'The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.'

As I speak here, South Africa is hosting its 5th AIDS Conference, which will contribute towards the development of our new Strategic Framework for 2012-2016. Some of the key interventions under consideration:

1. Initiating those who need treatment at CD count of 350 and simultaneously launching a social mobilisation strategy to get people to access treatment before they get very ill.

2. We will also be continuing our HIV counselling and testing campaign because knowing ones' status is the gateway to care and treatment.
3. We will scale up our efforts to re-engineer primary health care and bringing care closer to the people through a well-resourced community-based programme.
4. We believe that Prevention is the mainstay of our response and to this end, we are scaling up all prevention interventions in a focused strategic way using empirical data from 'our know your response studies' that have been conducted.

Finally our call to the global community is to remain seized with the challenges we face, thus continue to scale up investments in the global response and in particular maintaining support to the poorest countries.

Global solidarity is critical and as we continue to explore alternative ways of resourcing this major crisis, we must work in partnership with communities, development partners and civil society.

On the basis of the progress we have all made, there is hope that we are not very far from compounding this epidemic and our resolve to do so must not be weakened.

AN AIDS-FREE WORLD IS AN ATTAINABLE GOAL: LET US REMAIN COMMITTED TO THIS VISION.

I thank you!