

**Speech by the Acting Minister of Health, J Radebe, at the launch of the new South African National AIDS Council, Emperor's Palace, Johannesburg**

30 April 2007

Programme Director

Deputy President

Ministers

All stakeholders in the national response to HIV/AIDS

Honoured delegates and guests

Ladies and gentlemen

We are gathered here today to mark the successful conclusion of two major processes initiated by government since early last year to strengthen and enhance our country's response to the major challenge of HIV/AIDS. The first process was the restructuring of the South African National AIDS Council (SANAC) to ensure that it becomes a true expression of our multi-sectoral response to HIV/AIDS in the country.

Through this very consultative process, we agreed on the high-level structure of SANAC that is chaired by the Deputy President. The structure includes government representation at a ministerial level and highest leadership of the various sectors of civil society. Supporting this structure is the programme implementation committee which has representation from sectors at an operational or functional level. This committee will serve as a platform for collaboration and sharing of experience.

Several sectoral co-ordinating committees will be established in key areas such as mining, public service, education, agriculture, transport, community development and justice. These sectoral committees will report to SANAC through the programme implementation committee. There is also going to be a structure, which should act as a Country Co-ordinating Mechanism for South Africa's interaction with the Global Fund to Fight AIDS, TB and Malaria. This structure will be chaired by the Minister of Health. The Department of Health is an ex-officio member of all the abovementioned structures and will provide advice and technical support.

The second process was indeed the review of the implementation of the National Strategic Plan for HIV/AIDS and Sexually Transmitted Infections (STI) for 2000-2005 (NSP) and development of the new National Strategic Plan for 2007-2011, which has been adopted by the new SANAC this morning. I would like to take this opportunity to thank the Task Team, made up of people with different expertise in the area of HIV/AIDS from government and civil society. Thank you for the outstanding work done in developing the new National Strategic Plan.

In this regard, I would like to acknowledge in particular, the Chief Director for HIV/AIDS at the Department of Health, Dr Nomonde Xundu and her team for excellent co-ordination and leadership demonstrated throughout this process.

Let me also take this opportunity to acknowledge my colleague, Minister Manto Tshabalala-Msimang who played an important role in the development of the new Strategic Plan. We wish her a speedy recovery. I believe that the spirit of renewed partnership amongst all role-players in the response to HIV/AIDS assisted the Task

Team to work with vigour to meet their deadline to have this document ready for consideration and adoption by SANAC today.

This spirit of partnership has developed as a result of a very consultative approach taken in both the restructuring of SANAC and development of the new NSP. We have developed a country plan, which encompasses, as much as possible, inputs from all role-players. This new Strategic Plan should therefore enjoy our collective commitment as various sectors in contributing to its successful implementation. The primary goal of the Plan is to reduce the rate of new HIV infections and mitigate the impact of AIDS on individuals, families and communities. It has four key priority areas which are:

- \* prevention
- \* treatment, care and support
- \* monitoring, evaluation and research
- \* as well as human and legal rights.

On prevention, our aim is to achieve 50% reduction of rate of new infections by 2011. To achieve this, we need to intensify the implementation of prevention interventions aimed at changing behaviour and reduce sexual transmission. We have already made significant progress in expanding services for prevention of mother to child transmission of HIV. To date, 80% of primary health care facilities (3382 out of 3663) are providing the services and our target is to reach 100% by the end of 2007.

We intend to provide an appropriate package of treatment, care and support services to at least 80% of people living with HIV and their families by 2011. This package includes:

- \* counselling and testing services as an entry point
- \* healthy lifestyle interventions including nutritional support
- \* treatment of opportunistic infections
- \* and antiretroviral therapy.

For the first time, the plan includes a framework for monitoring and evaluation, which should measure our collective progress in the implementation of the plan. This part of our work is done. We have set up the necessary co-ordinating structure and we have all agreed on the five-year Strategic Plan to address HIV and AIDS. It is now time to get down to the real business of implementation. As government, we are committed to work together with all stakeholders to ensure that this plan is successfully implemented and its goals are attained.

The National Strategic Plan includes ambitious targets to reverse the course of HIV/AIDS over the next five years. These bold targets reflect our commitment to combat HIV/AIDS and STIs and achieving them will require intense collective effort by every one. Most importantly, reaching these targets requires individual behavioural change and responsibility from all of us as the people of South Africa.

Thank you

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