

**ADDRESS BY THE DEPUTY PRESIDENT OF SOUTH AFRICA, KGALEMA MOTLANTHE, DURING
SANAC WOMEN'S SECTOR: HIV PREVENTION FOR WOMEN AND GIRLS SUMMIT**

EMPERORS PALACE

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I am pleased to address this event today, which seeks to find workable ways of preventing HIV.

The struggle against this pandemic is intrinsically honourable to the extent that its purpose is to save human life.

Chairperson, reducing the incidence of HIV and redressing the vulnerability of women to HIV is and should be at the forefront of our individual and collective efforts.

It is a daunting challenge that has thwarted economic growth, overburdened our health care systems and brought personal tragedy to our people.

I am very pleased to say that Government and its partners are taking these challenges very seriously.

In our National Strategic Plan for HIV and AIDS and STIs, 2007-2011, we have clearly identified the target of halving the rate of new HIV infections by 2011 as **Key Priority Area 1**.

This is not merely rhetorical. For the sake of our people and our country we must reduce the rate of new infections – we simply have no choice.

This is where the various SANAC sectors have a critical role to play.

None of us, be it government, civil society, our research community or development partners can do this alone. But together, we can.

The main aim of this summit is to provide a platform for women and the many HIV organizations and decision makers who support them, to have an opportunity to review the implementation challenges of the National Strategic Plan for HIV and AIDS and STDs 2007-2011, particularly focusing on women and their vulnerability to HIV.

This summit, convened by SANAC Women's Sector, working closely with various non governmental organizations, has identified the key issues in the area of HIV prevention for women.

Distinguished delegates,

We acknowledge as the government of Republic of South Africa that women are more vulnerable to HIV than their male counterparts.

We also acknowledge that year after year women form the majority of those infected by HIV – indeed almost 60% of all new infections now occur in women.

For younger women, the situation is even more tragic. For younger age groups women could represent up to 76% of all those who are infected.

Today, we have an opportunity to share the knowledge we have on effective HIV prevention interventions and share experiences on the success and failures of our programmes.

We have an opportunity to use our collective knowledge and experience to inform the development of comprehensive prevention strategies that can help us to reduce the incidence of HIV among women in particular.

It is significant that this summit is taking place during August when we are celebrating women's achievements, aspirations and victories in South Africa, but at the same we are humbled by nature and scope of the challenges that face women and girl children in the area of HIV and AIDS.

Programme Director,

I am sure in your deliberations today you will come up with practical recommendations and advice to strengthen the role that the Women's sector will play in the fight against the epidemic but also to develop strategies that other sectors can use so that collectively we can implement strategies to reduce the rate of new infections and reach our target by 2011.

Government's contribution in reducing new infections should be well known to all us, but allow me to name but a few of our programmes.

These include:

- the procurement and distribution of male and female condoms;
- the prevention of vertical transmission of HIV (also known as the PMTCT programme);
- voluntary counselling and testing;
- syndromic management of sexually transmitted infections;
- life skills programmes in our schools; and
- a range of information, educational and communication strategies, best known amongst which is the Khomanani campaign.

We should also note that treatment of HIV also adds to our prevention strategies through secondary prevention.

This means that we need to find the right balance between primary prevention strategies and secondary prevention strategies.

We should not pit one against the other and we are painfully aware that the legacy of the past, including social segregation, the migrant labour system, 'bantu' education, massive economic and political inequities, has created a fertile ground to generate and sustain the HIV epidemic.

Women disempowerment is amongst the key drivers of our epidemic despite the gains made since 1994.

We know that poverty, multiple concurrent partners and gender-based violence all contribute to maintaining high infection rates in our country.

We must work harder together to rid our society of these ills.

I am confident that if we jointly mount a multi sectoral response that is of sufficient intensity, duration and scope we can address many of the issues we face today that make women in particular vulnerable to HIV infection.

Ladies and gentlemen,

Many women, especially those who live in poor settings, do not have the ability or the knowledge to negotiate safer sex, this despite the fact that we have a constitution that is deeply rooted in a human rights culture.

This remains a priority issue and needs to be addressed on all fronts. Indeed, the development and implementation of tools that can be used by women to protect themselves, such as microbicides and female condoms is an imperative.

Let me assure you that government of South Africa will continue to support research into microbicides as well as to procure and distribute large numbers of female condoms.

I am made aware that the microbicide study MDP301 will be presenting its results in November this year.

This study has involved nearly 11,000 women from six African countries, including South Africa.

Positive results would add to the tools that women could use to protect themselves from HIV.

If we are successful in developing a microbicide, what will this mean for women and how would we make these products widely available?

Advocacy groups such as the Global Campaign for Microbicides have done well in asking these questions.

As science proceeds, we need to work on areas that would ensure that research results can be implemented.

Certainly the government will not be able to do everything that needs to be done.

We therefore welcome collaboration between government and other partners, including nongovernmental agencies, the private sector, foundations and academics to work together to empower women in the fight against HIV.

Efforts to advance the search for an AIDS vaccine cannot go unnoticed. A vaccine is considered gender neutral, but we know that work will need to be done to ensure that women have the same access.

This is not a given. In fact, it is not a given that any HIV prevention tool – even if it is targeted at women and girls will reach them, unless we make a concerted effort to ensure that it does.

Although we don't as yet have either vaccines or a microbicide to show for our efforts, tremendous lessons have emerged from the various research activities and South Africa has been a leading global player in contributing to this knowledge and research.

As I have already mentioned, ensuring that research results are understood and implemented on a wider scale remains a challenge.

Medical male circumcision is one area that needs to be implemented. SANAC is working to ensure that there is an actionable plan for male circumcision.

This plan needs to be preceded and accompanied by clear communication messages to ensure that gender based violence and women's vulnerability to HIV is not perpetuated or enhanced.

While this is not a magic bullet to solve the HIV problem, the public health benefits have been clearly demonstrated by research.

One of government's cornerstone programs is to ensure the prevention of vertical transmission of HIV and to ensure that women have access to antiretroviral medication.

We will support the women's sector to ensure that the measure of success of the PMTCT programme is not just HIV negative babies born to HIV positive women but that we can also have healthy mothers.

This is why the whole spectrum of health programming is critical, including working to prevent HIV among all women of reproductive age, preventing unwanted pregnancies through effective and efficient family planning services; and integration of reproductive health services including access to safe abortion and well run antenatal services.

The journey does not end when a child is born but continues through to postnatal care; where we need to ensure that feeding practices are do not put the baby at risk.

Programme Director,

In conclusion, the journey to HIV control will not be fought and won only by SANAC or the Department of Health. The journey will require many partners.

We shall not rest until women have power over AIDS, control over their own bodies and power over their lives.

Together we can minimise the impact of this dreadful pandemic and ensure that we create conditions for HIV free generation.

Thank you.