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## Meeting Summary

# South Africa's Health Policy and HIV

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Chair: Merle Lipton

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**Dr Motsoaledi:**

In 2009 the South African Department of Health chose four key outputs:

- Increasing life expectancy
- Decreasing maternal and child mortality
- Combating HIV and AIDS and decreasing the burden of diseases from tuberculosis
- Strengthening health system effectiveness

Most of the countries in sub-Saharan Africa are struggling to meet these key outputs, and the goals are significantly impeded by the prevalence of HIV and AIDS.

In 2009 South Africa was experiencing four pandemics: HIV/AIDS and tuberculosis (TB), violence and injury, non-communicable diseases and maternal, newborn and child health (MNCH) issues. South Africa has the highest health burden per capita of any middle-income country – its HIV/AIDS rate is twenty-three times the global average and its TB rate is seven times the global average.

By exploring the prevalence of HIV/AIDS in more depth, it can be seen that since 1990, HIV prevalence among antenatal women has increased by 28.6 percent. In 2008, KwaZulu-Natal was the province that had the highest HIV prevalence (25.8 percent) among 15-49 year olds, and the HIV prevalence among antenatal women in the same region was 38.7 percent (with the national average standing at 29.3 percent). From 2005 to 2007, 59 percent of maternal deaths were tested for HIV and 79 percent of those tested were HIV infected.

This high rate of HIV/AIDS is resulting in more South Africans dying at a young age. This has contributed to South Africa experiencing an extremely high mortality rate of infants and people dying between the ages of 20 and 50 years old. Specifically, 57 percent of deaths of children under the age of 5 during 2007 were as a result of HIV/AIDS. These rates have increased significantly from 1997 to 2007. During this ten year period, annual mortality rates have increased overall, standing 250,000 deaths higher in 2007 than in 1997. Whilst recognising that HIV/AIDS is not the only cause for these figures, it is one that dominates in causing South African premature deaths. Looking specifically at HIV prevalence by sex and age, it can be seen that women in their twenties and thirties are accounting for a huge percentage of the total HIV/AIDS deaths.

Figures 1 and 2 below clearly depict the health burden Africa carries with regards to the prevalence of HIV/AIDS across the continent and the globe:

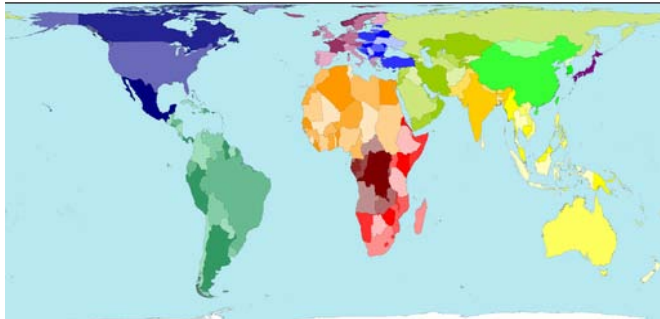


Figure 1: World map showing global land mass



Figure 2: World map weighted according to the distribution of HIV/AIDS

This disparity is even more shocking when compared with the proportion of all doctors that work in the region as shown in Figure 3 below:

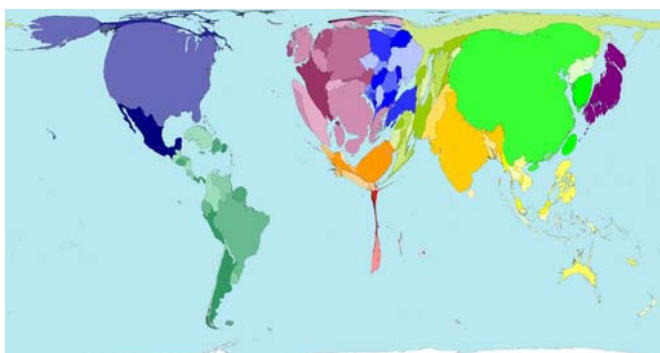


Figure 3: World map weighted to show number of doctors working in the world

In 2006 the United Nations Population Division's (UNPD) World Population Prospects estimated that life expectancy stands at 56 years for South African women and 51 years for South African men. The Actuarial Society of South Africa estimates life expectancy in South Africa to be 13 years below what it would be without this high prevalence of HIV/AIDS.

Since starting an HIV/AIDS Counselling and Testing (HCT) intervention, the Department of Health has achieved significant results: 13.96 million people have been tested for HIV; 12.96 million people have accepted their HIV test results (88 percent); 2.04 million people certified as HIV positive have been linked to healthcare; 1.38 million people have been provided with antiretroviral drugs (ART); 7.47 million people have been screened for TB; and 994,000 people have been referred following a TB diagnosis.

South Africa has a problem with its healthcare because there are two healthcare systems. There used to be two healthcare systems under the regime of apartheid, when the division was based on colour, but now the system is split between those who can pay and those who can't – private and public. South Africa's healthcare system experiences double standards, as the huge level of commercialisation has driven up the costs of private healthcare meaning many people cannot afford it. At present, certain employers subsidise the cost of healthcare, but those who are poor and do not have a job cannot receive subsidies in this way and become further marginalised in the healthcare system.

South Africa wants to introduce a national health insurance system like the NHS in the UK, so that everyone has the opportunity to be covered with the same level of care. At present, South Africa's national healthcare has a low cost but also low performance. We would like to move towards a system maintaining a relatively low cost but with significantly higher performance, as the UK offers. South Africa adheres to the mindset that basic healthcare is a right, and if available finance is a deciding factor in gaining access to healthcare then it is not a right. Hence, South Africa believes that a form of national health insurance will provide the right to healthcare. The Department of Health is asserting that the service would be free at the point of use and would become the rational choice provider of care.

## **Q&A SESSION:**

### **Question 1:**

From the 19 – 23 September 2011, the UN General Assembly has decided to hold a UN Summit on Non-Communicable Diseases. What does this Summit mean for South Africa?

### **Dr Motsoaledi:**

This Summit is important for South Africa, just as the first UN Summit which took place in 2001 related to health on HIV/AIDS was. For the second time ever the problem of global diseases will be taken to the UN. South Africa's view is that these issues need to be addressed at the global level. Heads of state need to be dealing with these global issues.

### **Question 2:**

How will you transform human resources from the private to the public sector within the next year?

### **Dr Motsoaledi:**

The South African Department of Health recognises that it will not be able to achieve its entire ten point plan in its first year. However, within a five year period the government aims to build this health infrastructure. The present system of medical aid in South Africa only covers approximately 16 percent of the population, leaving 84 percent without access to healthcare services. At present we only have an expensive system. The key aim is to lessen the cost of the private sector healthcare prices through establishing a public system that can offer lower costs. Once this has been achieved South African citizens will have the choice.

### **Question 3:**

How do you control the intellectual property that is associated with HIV? What happens when some of the patented drugs cannot be afforded by South African people? What are the thoughts of South Africa on compulsory licensing?

**Dr Malebona Precious Matsoso, Director-General of Department of Health:**

South Africa's laws allow for an option of looking at other measures that can be used – recently South Africa has reduced the price of pharmaceuticals. HIV/AIDS medicines were expensive from both generic and non-generic suppliers. Even after the recent global reduction in prices, South Africa was still was paying a very high price for such medicines. In the last year the South African government has reduced the cost of TB and HIV/AIDS medicine, and it will continue to try and reduce this cost further and for other medicines that counter more diseases. At present the government is trying to negotiate a fixed price for the second and third bouts of treatment of HIV/AIDS, as typically patients need different combinations of treatments as their bodies becomes accustomed to the first round of drugs.

**Question 4:**

The Canon Collins Trust is currently assessing scholarship applications from individuals who want to study in South Africa. It has narrowed down to approximately 100 individuals who would like to study medicine and 100 individuals who would like to study public health: who would the Health Minister rather the scholarships were granted to?

**Dr Motsoaledi:**

South Africa needs both! It is impossible to choose because South Africa needs to deal with both the prevention of HIV/AIDS and treating it. The South African Department of Health is working towards having health specialists placed in teams at the rural district level, school health nurses in all schools, and a municipality ward system. Both prevention and treatment are prioritised in these plans, so scholarships for both would be most welcome.

**Question 5:**

There was no mention of the prevention of HIV/AIDS in this presentation; prevention in itself is an effective method of combating HIV/AIDS. Does the Department of Health have any strategies to help the prevention of contracting HIV/AIDS?

**Dr Motsoaledi:**

There was not enough time to go through all of the slides concerning all of the Department of Health's aims on this issue, but there are nine prevention strategies that we are trying to achieve and encourage:

- Safe blood transfusions;
- Widespread provision of condoms;
- 'Know your status' HIV testing and counselling;
- Medical male circumcision;
- STI detection and management;
- Post-exposure prophylaxis;
- Prevention of mother to child HIV transmission (PMTCT);
- Information education and mass mobilisation;
- Life skills education.

**Question 6:**

A number of these prevention methods are sensitive subjects, even being seen as taboo in some communities. What practical processes are the Department of Health undertaking in order to encourage citizens to adopt these preventive strategies?

**Dr Motsoaledi:**

There used to be a lot of stigma surrounding HIV/AIDS testing in South Africa, so the Department of Health is encouraging significant public figures such as union leaders and Members of Parliament, to go and get tested in public in order to encourage South African citizens to also get tested and to reduce this high level of stigma. For example, a high profile union leader announced at a large construction site that he was going to get tested for HIV/AIDS and held a talk on it. Over the course of that whole day nine hundred workers from that construction site also went and got tested.

**Question 7:**

There is a great deal of Sino-Africa research concerning the herbal treatment of HIV/AIDS. Is South Africa working with China on herbal remedies at present? Are you involved in this project?

**Dr Motsoaledi:**

At present, the South African Department of Health is not involved in projects on herbal remedies for HIV/AIDS. If there is sufficient proof and scientific evidence of its benefits maybe it will be explored, but medical proof is needed from the Medical Council before South Africa will explore such a project.

**Question 8:**

There appears to be a renewed interest in community care workers in South Africa. Do you think this will reduce access to skilled healthcare workers?

**Dr Motsoaledi:**

No, the South African Department of Health does not feel that way. Community care workers are important because they will encourage people to go out and access healthcare that they may not have known was available to them. South Africa still experiences people coming into hospitals for the first time at the age of eighty because they did not know of the services available or accessible before.

**Question 9:**

How do you ensure South African policy makers are engaged with academics and research workers?

**Dr Motsoaledi:**

The South African Department of Health places a large emphasis on engaging with both academics and research workers. The South African National AIDS Council (SANAC) makes sure that businesses, health groups, woman's groups, researchers and so on are all represented in order to gain a holistic approach to tackling this important issue.