

REMARKS BY THE MINISTER OF SCIENCE AND TECHNOLOGY, DEREK HANEKOM, AT THE LAUNCH OF 4TH SOUTH AFRICAN NATIONAL HIV PREVALENCE, INCIDENCE AND BEHAVIOUR SURVEY REPORT BY THE HUMAN SCIENCES AND RESEARCH COUNCIL, PRETORIA, 1 APRIL 2014.

Minister of Health, Dr Aaron Motsoaledi,
Professor Olive Shisana, CEO of the HSRC, Principal Investigator
Professor Thomas Rehle, Principal Investigator
Professor Leickness Simbayi, Principal Investigator
Professor Demetre Labadarios, Principal Investigators
Dr Nancy Nay, Center for Disease Control
Dr David Allen of the Bill and Melinda Gates Foundation
Ms Mariette Brink, UNICEF
Dr James Maloney, the PEPFAR coordinator in SA,
Dr Fareed Abdullah, the CEO of the South African National AIDS Council,
Programme Director, Mr Sello Hatang, CEO of the Nelson Mandela Foundation;
Members of the media, and
Distinguished guests

It's a great pleasure to be here with you this morning.

As the Minister of Science and Technology in South Africa, I am entrusted to ensure that statutory research councils that report to my Department, such as the Human Sciences Research Council (HSRC) undertake research that has policy impact at national, provincial, local and societal levels.

This study certainly has relevance in our country, and you can be quite sure that so-called policy makers will take the study seriously. The HSRC, as one of the top-performing statutory research councils in the country, undertakes both basic and applied social sciences and public health research to help inform and implement work programmes by relevant national and international stakeholders.

The ground-breaking nature of some of the HSRC's research work is exemplified yet again by the release of this seminal report on HIV and AIDS, to address the priorities of the South African National Strategic Plan for HIV/AIDS, STI and TB. I have no doubt that this report will be extremely useful as we assess the state of the South African HIV epidemic.

In the research report, the authors find that South Africa has been most successful in rolling out treatment to people living with HIV/AIDS. However, they also report that there are still high rates of new HIV infections occurring in the country. This requires that we double our efforts to prevent new infections. The high incidence among young women aged 15-24 years is particularly troubling and calls us to address the associated social determinants. The researchers also show us that people in informal areas of the country continue to be most at risk of contracting HIV. This suggests that a strong multi-sectoral approach is necessary to effectively address the socio-economic challenges that continue to fuel the epidemic.

If there is one word that captures the essence of why this epidemic is so difficult to battle, it is 'complexity'. The HI virus presents an extremely complex challenge to public health, as well as to medical science; we have gained considerable ground regarding treatment, but we still have further to go in developing robust preventative interventions.

The epidemic raises issues of belief systems, gender asymmetries, access to and use of information and services, and family structure, to name a few. A renewed focus on creating awareness about risky behaviour and measures to strengthen the HIV testing campaign must be undertaken. This will however require sociological knowledge on how communities understand and react to interventions, and adapt their behaviour according to new awareness.

This report brings to light the worrying realities of HIV infections in South Africa, while emphasising the human and social dimensions of the epidemic. The information from the report can be used to improve social and behavioural change

campaigns, and help in identifying structural aspects that deserve priority attention. In short, the report alerts us to the continuing need to be vigilant in addressing this epidemic, to monitor the impact of our programs, and to constantly find new and better ways of reaching especially those most at risk through both prevention and treatment interventions.

Of course, the value of your report is amplified by the fact that it is the fourth in a series. Thanks to your sustained attention to the critical issue of HIV/AIDS, we now have a time trend of HIV prevalence and incidence that spans a decade. This is an enormous achievement, but more to the point, it represents a significant service to our country.

We now have a sequence of datasets that bring together biological information, on the one hand, with attitudinal and behavioural variables, on the other hand. This provides for an extremely powerful combination, from which we know, for instance, the sobering fact that in 2012, 62% of HIV-positive males and 45% of HIV-positive females were not aware of their status.

I offer my sincere thanks to the Human Sciences Research Council for leading the impressive consortium that undertook this study and produced the report you are launching today. I also extend my thanks to the other consortium members, namely the Medical Research Council, the University of Cape Town, the National Institute for Communicable Diseases, the Global Clinical & Viral Laboratory, and the United States' Centers for Disease Control and Prevention for contributing to this endeavour.

I would further like to thank those who funded this initiative, namely the United States President's Emergency Plan for AIDS Relief (or 'PEPFAR'), the Bill and Melinda Gates Foundation, the South African National AIDS Council, the United Nations Children's Fund (better known as UNICEF) and the Human Science Research Council.

In the words of Nelson Mandela:

We need bold initiatives to prevent new infections among young people..... In the face of the grave threat posed by HIV/AIDS, we have to rise above our differences and combine our efforts to save our people.

Let us all remain vigilant and committed to the fight against HIV and AIDS.

Thank you.