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South Africa AIDS Conference
Plenary 2: "Challenges of HIV and the Public Sector in South Africa"
Dr. Ayanda Ntsaluba
August 5, 2003

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MALE VOICE: Thank you very much Professor Jim Mullins. The next presentation is going to be given by Dr. Ayanda Ntsaluba. Dr. Ntsaluba is well known to many of us here. He is the Director General for Health in the National Department. Welcome to Dr. Ntsaluba.

DR. AYANDA NTSALUBA: Good morning and – good morning everybody. Well, I'm going to - in making this presentation I'm going to take into consideration that there was a satellite session on Sunday that many people attended. There was a session yesterday co-Chaired by Dr. Simelela and Helen Schneider (misspelled?), which reflected on some of the issues. And I'm also going to take into consideration that the presentation just immediately after mine will be a presentation by Faheed Abdullah, which will deal with experiences in the Western Cape. But I'm sure quite a lot of those would be consistent with the challenges related to the ARV program. I think those challenges would be similar to many elements of the public sector. What – what I thought I would do is to really start by highlighting some points that I think we should take as given for the rest of the presentation that I will make. Thereafter I would look at some of the more broader issues that I think we should reflect on as we talk about challenges to implementation, the HIV/AIDS program in South Africa, and later I'll be very more specific to pick up three or four very key issues that I believe are important. Now amongst the issues

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that I think we should take as given, is first of all the fact that we are dealing with a major challenges – a major challenge in South Africa, which covers an affects all sectors. It therefore needs a multisectoral response, but that the focus and slant of the presentation I'll be making particularly when highlighting the challenges we face, would focus specifically on the health sector challenges. Not because of a non-recognition of the challenges that we face at the sectors. Secondly I think it is fair to say that all that work that we have done, including some work the Department did two years ago, which were commissioned – which was done by ABTS AIDS (misspelled?), shows that this epidemic is having a disproportionate impact on the public sector. And we know that the current reality of South Africa is that 75 to 80% of South Africans entirely depend on the public sector for their care. And – and looking ahead that picture is unlikely to change in the immediate and the reason for that is the high levels of poverty and the reality that once there are some positive elements in our economy performance, it's unlikely that will generate the number of jobs that are necessary to then open up scope for a significant number of people to access the private sector. So the public sector will still remain a very important delivery platform. Thirdly I think we need also to reflect a bit on the impact of the TB epidemic, because again the same way that we did with ABTS (unintelligible) clearly

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indicates to us that one of the key determinate factors in terms of the composite of the public health sector to cope with the HIV/AIDS epidemic will largely relate to its capacity to deal with the TB epidemic. Now this is work that we have recently done, which shows this work that we did over the past 18 months, which shows the prevalence of multi-drug resistance reflected in red. And clearly as you can see, that in most of the provinces we've exceeded the critical 1% prevalence of drug resistance in new patients. This is even more significant when you look at new treatment cases in South Africa. And I think you would look particular the province of Mpumalanga, which has exceeded the 10%, which in terms of WHO is therefore qualifies it to be regarded as a hot spot in terms of multi-drug resistance. This shows the general our estimate of the burden of multi-drug resistance, again coming out of this study which we did together with MRC, looking at both the best and worst case scenarios. Our onus estimate is that we're probably closest to the worst-case scenario, and that we estimate we have somewhere region of about 10,000 patients currently with multi-drug resistant tuberculosis. And this slide, again coming out of the same piece of work, shows basically the coincidence of HIV positive status in patients also confirmed to have tuberculosis. Now people who recall that the MRC some time back had done some work, probably about five or six years back, which shows this at about 50% - four or five years back.

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So we are somewhere in that region. Now this is a slide which is similar to the slide that was shown by Quarrisha yesterday. And it essentially shows that there – we have seen an overall increase in the total burden of TB patients, which seems to follow very closely the overall HIV sort of prevalence as – as we detected and as we follow it from the antenatal surface. Now towards the end of this presentation I'll be making a range of observations as challenges, but let me stress at the beginning that we will not be raising these challenges as excuses. Certainly not to raise them as justifications for failures in implementation, which may be of a subjective nature. And equally we will not be raising them as evidence of insurmountable problems, but rather raise them in the context that they are key challenges moving forward that we have to concentrate our minds on because our success critically depends on our ability to resolve those challenges. The other point I'll take as given is that it is quite clear, and I'm sure part of what Fareed will refer to will highlight this point, that any decision to expand treatment options to include antiretrovirals for treatment purposes in the South African public sector will have to be clearly linked to a coherent and deliberate strategy to strengthen the public health infrastructure, and I will refer to this point a bit later. The last point I want to take as given as we proceed with this presentation is that the public sector can only fully make a

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solid contribution to our mounting a comprehensive national response to the issues of HIV and AIDS if three other factors simultaneously are taken into consideration. The first one is that there has to be a greater contribution of the private sector in dealing with this issue. And it is in that context therefore that I think we have a positive appraisal of the initiatives currently going on with major employers in the industry to begin to broaden treatment options for their employee – for their employees. I think also it has to be understood in that context that the only logical thing that we will do sh – at any point when government proceeds on to scale up ARV usage in the public sector for treatment purposes, that we would have simultaneously to include those treatment modalities as part of the prescribed minimum benefit package so that all medical schemes in South Africa would have to be fully mandated to provide that. And the third element related to this private sector contribution is that – talking about the private sector I think we are talking here about both the for-profit and the not-for-profit component of the private sector. The second issue that I think is very important for us as a critical success factor to enhance the possibilities for the public sector, is for us to generate a strong movement, which is united in the fight against HIV and AIDS. Now I think sometimes in our public discourse we tend to forget that what defines, or what characterizes the differences that may exist

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amongst the people in his hall in respect of our response to the HIV/AIDS epidemic, is the scale and speed with which government introduces antiretrovirals in the public sector for treatment purposes. That is the singular defining differences. Now, it is an important difference which we have to deal with, but the point I'm trying to make is that sometimes we forget that there are many other things where there's a complete coincidence of use, where we can marshal our forces and work far much more together to try to advance the goals of ensuring that there's affordable care to everybody. So I think we have to overcome. And the – and the last point I think I will take as even so much has been said about it, which is really the fact that again the public sector can only survive given the profile of the patients that depend on the public sector. If we anchor our responses and look at treatment – expansion of treatment options as but one element of the broader national response, which is anchored on a strong development agenda. And here specifically it is quite clear to us and I think it is quite clear to anybody who is in this room, that the profile of patients that the public sector by and large would have to primarily concern itself with, which is amongst the poorest of the poor in South Africa, are the same individuals who for peoples of success and ensuring effectiveness of treatment modalities that are made available, require other elements of support as part of a broad social security net. So I think we

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must bring that – keep that in the back of our minds. Now I think it's fair to say that given that sort of broad background, the way HIV/AIDS has evolved over time it's clear it's become a global issue. It's clear that there's a consensus around the need for multisectoral responses. I think it is also clear that what it has done is to unearth and bring to the surface major inequalities that characterize our society. I don't think HIV and AIDS is predominately the cause of those. Yes, it will contribute to acerbating that, but I believe it has played a very significant role in unearthing some of those inequalities and bringing them sharply to focus. And I think it's also important for us to look because this relates to the challenges. That was we're talking about a global issue and talk about an issue that has got strong national dimensions, that the strongest impacts are actually felt at the household level. And therefore when we were talking about broad support for people, we have to focus on supporting people primarily at the level of the household. And this is particularly important because we know that HIV and AIDS affect everybody, but we know it hits with greater ferocity amongst those who do not have other support systems to make and enable them to cope. And therefore any responsible response has to factor that. Now I think it's common cause that in South Africa one of the unfortunate things is that the discourse around HIV and AIDS has become an issue that we seem

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to have a propensity for generating more of the animosity and differences, rather than focusing on some of the things that we can do together without – without removing the importance of critical debate, which in any case is necessary to underpin a democratic dispensation of the nature that we're trying to build. Now Jerry Coovadia has made the point previously that one of the tragedies of the HIV/AIDS epidemic in South Africa is that in a sense it hit South Africa with the greatest ferocity just at the time of the dawn of the democracy. Now that raises a number of problems, precisely because we're talking about a period where we are building institutions, where we are taking a very broad agenda, where there are many unmet needs and there are invariably many competent priorities. And I think therefore it's important for us in that context to always locate our response and try to understand some of the tradeoffs that have then of necessity be necessary as we try to deal with that. Now coming back to the point I've made, even relatively simple interventions like, for example, prevention of mother-to-child transmission, I think have brought to the surface the major discrepancies in capacities in different areas of the South African public sector. And I do think HIV and AIDS has again highlighted some of those limitations and capacity in our system. Again I want to make the point that HIV and AIDS is currently fundamentally not the cause. It may – obviously it is a contributor and it's importance in

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contributing to that will grow over time. But it is not responsible for the capacitic (misspelled?) pressures that we face today. I think the capacitic (misspelled?) pressures today are a product of both the growing impact of HIV and AIDS, but also years and years of failure to invest in the development of people as well as the harsh policies which governs the lives of the majority of the people, which I think all of them conspire now and – and make us to face a major challenge of this nature. Acknowledging this factor, however, is not important only from the dimension of making us complacent today, or rather to shift the blame. That's not the purpose of raising that. But it's far much more to say to us that as we try to grapple with the national response, we also have to understand that some of the systemic things that we'll have to unravel if we want, indeed, to have a sustainable response, will take time to materialize. Now I would like to then proceed on and look at some of the challenges that we face largely at the global scale. Now I think it is – all of us would accept that the challenge facing the globe at the level of HIV and AIDS is perfectly within the capacity of humanity to deal with. I think our globe, our planet, has enough resources for us to mount a successful response. We're beginning to see very important initiatives to try to support nations and nation states to better respond to these challenges. But there are many traits, however, that I think we need to consider and look

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at as we proceed moving on and making better use of the opportunities that arise. And of course needless to say one of those promising initiatives would be the programs associated with the Global Fund. But I also want to suggest that in having a vaccine of whatever (unintelligible) efficacy, that that vaccine would not be affordable and available to the people in the developing world. Now the other point I really want to make is that it is also important for us to understand that the for - some of the forces that we'd have to contend with in that process, particularly the institutions that pursue, or the institutions that (unintelligible) in the process of globalization, themselves unearth a number of contradictions. Now, which requires of us as a country – as a nation, to try to marshal the necessary instruments to enable us to mount, on a sustainable basis, an effective response. And one of the points particularly I want to deal with in this context is really dealing with the fact that in the context of South Africa where we're having imagined democratic institutions, and in the context of a country that is in transition, and in the context where the general global trend is a widening of inequality, it is important for us to invest on the institutions of democracy that we have established. The importance of that is that it is quite clear to us that those institutions are the only credible weapons that we have to intervene decisively, to ensure that the benefits of economic

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growth, the benefits of scientific and technological advances are also felt by the most marginalized by the poorest of the poor. I think there's always a danger sometimes when we deal and confront very difficult issues -- HIV and AIDS being a very important one amongst them -- that in the process of dealing with that we forget that we can be critical today but critical in a manner that strengthens, that entrenches our own democratic institutions. Forget about the individuals (unintelligible) democratic institutions, but to strengthen the democratic institutions so that the creditability of those democratic institutions to intervene as appropriate to make sure that indeed we can benefit and address the needs of the poorest of the poor, indeed (unintelligible). Now amongst the challenges I thought that I should very specific – I think I should highlight, and I'm saying this conscious of the fact that many things have been said here representing some of our thoughts within the – within the government. The first point I would like to deal with is really some of the constitutional challenges. Now, we've got a constitution that is celebrated in the world. I want to believe that is a constitution that we as South Africans actually by and large do not understand. And I think there are many things that we are doing every day that enriches our own understanding of this constitutional dispensation that we've created. And I think every day we get very complex interplay between some of the constitutional

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provisions, particularly about the entrenchments associated with economic rights, the role of the judiciary, the importance of civil society, and the role of the executive in the legislature. Now I think this is a very healthy thing to happen. At any given point most of us have to confront the reality that perhaps some of our own decisions were insensitive to a good understanding of this constitutional dispensation that we've created. Now I'm raising this point as a challenge, but not as a challenge that says that there's a problem with our constitutional dispensation. But I'm saying that it is a challenge. As we respond we must be guided by the need to strengthen this constitutional dispensation that we have. Instead of us when we suffer temporary setbacks to be aggrieved, we should celebrate the triumph and the growing understanding that we have of what this constitution that we ourselves voluntarily have put together actually means for us, in particular in the area of – of (unintelligible) associated economic rights. Now I believe this calls for responsibility, this calls for maturity from all of us. There are major challenges also that are of a governance nat – nature that we need to look at, which have a major impact on our ability to deal and to confront the challenge that we have. One of the challenges relates, for example, to clear weak links within our system. If you look at our system and this differentiation into provinces and loc – and local government, it is quite

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clear to us that these elements are not pooling with the same degree of coherence. Now any health system we know is as strong as its weakest point. And I – and I think particularly when we are dealing with issues like HIV and AIDS and TB, largely communicable conditions. No matter how much Gauteng can do or Kwazulu Natal can do, if there's a weak link in one of the other provinces there remains significant chance for significant refer – reversal of gains that have been achieved. One of the things those of us working in health have come to realize is that for every victory, for every sense of forward movement, there will be two horror stories that give you all a sense of desperation. And I think we need to accept that. We also need to accept that our system of government – of governance is characterized by very complex financial arrangements. Particularly I want to refer to the issue of fiscal federalism. As you know we've got a system that gives monies to the provinces and then the provinces then reallocate basis of identified priorities. One of the tragedies – tragedies and consequences of that is that our system is characterized by very high levels of inequities across provinces and within provinces. But I think it is fair to say that the poor in Gauteng is better off than the poor in the Eastern Cape and Limpopo. We also need to recognize that our general average per capita spend on health is 900 drens (misspelled?) per annum. But that hides again, as I said,

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major inequalities across the provinces and across geographical areas within the same provinces. What – what also is of concern for us is that if we look also at the patterns of health spending as a percentage of the provincial budget, on average health spending in the country is about 24% of provincial spend. But again there's a major variation across provinces, and one of the things that worries us is that consistently there's a general pattern that most provinces that are under-resourced are also the provinces that allocate less and are the provinces where the poorest of the poor stay. Now these problems we've known for some time. We've tried to deal with them. And one of the interventions that we've tried to do is to establish conditional grants and I'm sure my colleagues in the presentations that have taken place, people have heard about the conditional grants, particularly the presen – presentation that was yesterday, the session that Nono chaired. And the beginning focus on use of conditional grants as a way of making sure that there's some consistency between policy priorities as well as what really happens in the world of practice. Now – but there are problems with that, and one of the major problems with that is that if I were to take some of the – if the conditional grants work well, but I think if I were to take one of the grants, for example, that we used for Central Hospitals, which is used to fund major referral hospitals across the country. The work that we've done in the

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department clearly reflects that facilities in Gauteng, 70% of the budget -- that is in those facilities -- is used for residents of Gauteng, in spite of the fact that the funding of those central major referral hospitals is meant to benefit people from across the country. Now there are major issues that determine, apart from funding and apart from saying that you are free to go to that hospital, there are major things that determine the capacity and capability of someone in the Eastern Cape to move to a major referral center. Now we know about these problems. We're trying to deal with them. But what they do in effect is they continue to secure our patterns of resource allocation and therefore acerbate the issues of inequality. An area that is well known to everybody, which is a major challenge is the area of human resources. Now a lot of this is self-explanatory, but one point I want to refer to, which I raised recently – about a few days ago in a meeting with a delegation of nursing staff from Barra (misspelled?) – a meeting that I had with Barra (misspelled?) and some representatives from Tahp (misspelled?). And it was this – what amazes me constantly is to find people in our teaching institutions continuing to say government must train and update nurses and doctors for them to be better able to identify the AIDS defining illness so that our interventions at the institution level can be effective. And yet in 2002/2003 we continued to graduate from our institutions nurses and young

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doctors who've got no sense of dealing with one of the major challenges that faces us. We can't understand why they have to be courses that have to be pursued and advanced by the state in order to deal with the reality that a number of the workers that we have might have left their formal process of training before the major manifestations of the epidemic in our country. And the reason I'm raising that is because it is very important for us as we try to move forward, that each one of us understand exactly what is the contribution that they can make and begin to make that contribution in that regard. And clearly one of the issues I think is very important for us has been the issue of looking at how we can support health workers. And we've been working together with such organization for example as – as the unions, because we believe that the unions working with us would probably be able to add a dimension to the support of our health workers that we as the health – as the Health Administration would not be in a position to do. Now some of these challenges, as I say we're dealing with, and amongst their responses that we have, is that in the process of establishing regional training centers in each of the provinces because one of the things we've picked up is that this high mobility of staff – we train individuals, the same individuals that have been trained and then reallocated or reassigned to perform other functions. And there's no consistent mechanism within the provinces to follow that and make sure that the

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training translates into changes in patterns of service delivery. All of us know about the recent initiatives announced by the treasury and our Health Minister about incentives for attracting people particularly to the rural areas. I think we have to strengthen partnerships between the public and the private sector. I think there's a lot we are doing on the legislative intervention to improve access basically, particularly to pharmaceuticals, and of course the issue of better integration of the services. But the last point I really want to make since I realized my time is over, is – is really to reiterate the point that I believe that there is a lot we are doing. True, there are many weaknesses at the level of implementation. Those weaknesses cannot be addressed only by consistently pointing a finger at government. We need to build partnerships across the public/private divide. We need to continue the history of the (unintelligible) debate about the challenges that we have. But I think we must make sure that the debate itself contributes positively to us advancing what we are trying to do. And I believe that we must all demonstrate the true commitment to working together. I sincerely believe that we have it within our capacity to do quite a lot that is positive, that can turn the tide in terms of our own response to the epidemic. But again I want to underpin that for us to do that we need to build bridges to (unintelligible) closer together and understand that the road

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ahead will still confront us with areas of difference, but those areas of difference can only be resolved by us working together, particularly if we begin to work together today. Thank you very much.

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