



Office of the Premier

North West Provincial Government
REPUBLIC OF SOUTH AFRICA



SPEECH BY NORTH WEST PREMIER, PROF TEBOGO JOB MOKGORO, AT THE CONSULTATIVE MEETING FOR THE RE-ESTABLISHMENT OF THE PROVINCIAL COUNCIL ON AIDS HELD AT THE MMABATHO CONVENTION CENTRE ON WEDNESDAY, 14 AUGUST 2019

Programme Director,

The MEC for Health, Rre Madoda Sambatha

The Chairperson of the Portfolio Committee on Health in the North West Provincial Legislature, Mme Priscilla Williams

The Chief Executive Officer of the South African National AIDS Council, Dr Sandile Buthelezi

The Representative of UNAIDS, Dr Mbulawa Mugabe

The Administrator at the Department of Health, Ms Jeanette Hunter and the Senior Management team

Representatives of various civil society, religious and health sector formations,

Distinguished guests,

Ladies and gentlemen,

Dumelang Bagaetsho.

I am pleased to be part of this historic occasion to re-establish the North West Provincial Council on AIDS following its disbandment just over three years ago by the previous administration.

One of the first key priorities following the Sections 100 (1)(a) and 100 (1)(b) national intervention in June last year, was that there is a serious need to re-establish the Council as it was glaringly clear that we had become the only province in this country that had disbanded that structure and as a result, the Deputy President, Mr David Mabuza, instructed the North West Provincial Government to immediately rectify that matter.

Therefore, it is both an honour and a privilege to be addressing this gathering today in realisation of the implementation of that instruction to the province.

Let me just remind you that then Provincial Council on AIDS was established in terms of the PCA Act, Act 1 of 2001 to coordinate our multi-sectoral response to HIV, Tuberculosis (TB) and Sexually Transmitted Infections (STIs) in the North West and for a solid 15 years, the PCA made significant strides in the multi-sectoral response to the fight against HIV and AIDS in the Province.

I must, at the outset, state that we are very much pleased with the consultative work done so far to re-establish the PCA as ably led by MEC Sambatha and we are confident that before the end of this year, we will have a fully- fledged, fully functional Provincial Council on AIDS that will be:

- Coordinating the multi-sectoral response to HIV/AIDS, TB and STIs in the province,

- Coordinating the National Strategic Plan/ Provincial Implementation Plan on HIV/AIDS, STI's and TB,
- Mobilising and managing resources for the National Strategic Plan and Provincial Implementation Plan,
- Managing government allocated funds designated to PCA to fulfil its functions in terms of the multi-sectoral HIV and AIDS response,
- Ensuring collection and analysis of periodic activity reports from various sectors in the provinces, and
- Ensuring preparation of annual situation analysis and progress reports.

Ladies and gentlemen, TB has become one of the most seriously neglected and underestimated health, human rights and poverty problems of our times.

Therefore, it is indeed appropriate and timely that we begin to address, collectively and multi – sectoral, this dreadful scourge for the benefit of future generations and ensure a TB free society as a legacy for those will come after we had long left the public service.

There were 500 000 recorded TB deaths among people living with HIV in 2007 worldwide; this is because TB accounts for nearly one quarter of all AIDS related deaths.

In other words, TB and HIV have become inseparable twins, and if the virus and the bacteria are working so well together—it begs the question—why aren't we?

Collaboration between TB and HIV programmes is well advanced in some countries.

HIV testing for TB patients has increased dramatically in recent years, with one million TB patients knowing their status in 2007, up from 22,000 in 2002.

Countries such as Brazil, Kenya, and Malawi are testing over 70 percent of all TB patients for HIV and as part of the global village, we should be going that route as the North West Province; with immediate effect.

Ladies and gentlemen, when HIV and TB services are combined, it has been proven that they save lives.

Therefore, this means that we will have to move from our comfort zones, go beyond our clinics to reach the people who have been unreachable.

Our programmes must reach the most vulnerable and those at the most risk including the poor, prisoners, drug users, migrants, indigenous people, and women made vulnerable by poverty, violence, stigma and discrimination.

This we must do to protect their rights and their right to health.

According to statistics, Asia has the greatest number of TB cases while Africa has the highest rates of TB primarily due to rampant HIV/AIDS.

In all parts of the world, the urgent danger of inaction is the main and potential threat of an explosive increase in multi-drug resistant TB.

The impact of tuberculosis on overall health status and socio-economic well-being, especially of the most-vulnerable, is extensive.

As a country and the global community, we face an even greater humanitarian and epidemiological disaster in the rise of multi-drug resistant TB (MDR-TB).

We cannot be complacent.

It has been shown by experience in other parts of the world facing multi-drug resistant TB that it costs, on average, \$US 50,000 to successfully treat one MDR-TB patient.

More worrying, ladies and gentlemen, is that TB has become a major threat to the rights of the child, adolescents and their families.

Its potential negative impact on the survival, growth and development of our mandated populations is, without question, extremely grave.

The social impacts affect our mandated population disproportionately – the stigma faced by TB infected women and young people; which is a rapidly growing affected group, is devastating.

Fellow citizens, stigma disenfranchises the deeply affected and adds to the grave potential risks from inadequate treatment.

The combined stigma of HIV/AIDS and TB represents virtual ostracism for those concerned.

None of us can afford to ignore this gross violation of the right to health and the right to a just livelihood.

Yet parents with HIV/AIDS who become sick with TB can actually extend both their longevity and quality of their lives with proper TB treatment, postponing their children's orphan hood.

The social and economic impacts of this joint disease scourge will drive many into new poverty and more deeply impoverish those already marginalized and vulnerable amongst our mandated populations.

It then becomes very important that there is a political will, by us as elected public representatives, to fight the combined threat brought about by TB and HIV/AIDS in society.

To demonstrate that will, we have heeded to the call to re-establish the Provincial Council on AIDS as a matter of urgency and priority.

Without that political commitment to fighting TB, all the other assets that will be brought to bear – be they financial, technological or social – will not succeed in defeating TB and reducing HIV/AIDS.

It is political will that will mobilize other sectors of society to join in this global fight.

It is that political will, which will ultimately empower the private sector, communities and all sections of Government to fight this problem.

We must not underestimate the complexity of fighting TB – it will require a level of stability of political will that we know is possible but which remains untested.

I want to urge all of us on behalf of the millions of people already suffering and the millions under potential threat from TB not to fail in our commitments and our duty in fighting the devastating scourge of TB and related HIV/AIDS.

Much worse and painful, is that the lethal combination of TB and HIV/AIDS compounds the poverty cycle.

Worse yet still, this combination compounds the burden on health finance, and has the ability to put the entire public purse under an enormous pressure.

To simply illustrate that this is not a figment of my imagination; in India, for instance, the average treatment expenditure per year on one HIV/TB case costs more than educating 10 primary school students.

Health expenditure to fight such epidemics will, one day, force very hard trade-offs in public finance.

I do not wish such nightmares on anyone, especially political leaders of developing nations.

But, they will be the reality one day, if we do not act now.

The multi-sectoral collaboration and responses become very critical yardsticks in ensuring coordinated efforts in the fight against HIV and TB and holding one another accountable in attaining a vision of eliminating HIV and TB from society.

As I concluded, I wish to thank and congratulate all of you for your inputs throughout the Provincial Stakeholders Consultative Sessions in the four districts that make up the North West Province as well as your dedication to having a Provincial Council on AIDS in place as per the commitments made to the people of this Province in our policy statements for the 6th Administration.

This is further proof that we, as the North West Provincial Government, are moving in the right direction towards our resolve to implement our electoral mandate and change the lives of the 4,05 million residents of this province for the better.

I thank you for your audience.

Ends