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Health Minister Barbara Hogan delivers landmark speech at HIV Vaccine Conference

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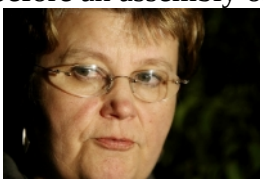
The following landmark speech was delivered this week by Health Minister Barbara Hogan before an assembly of leading HIV scientists, clinicians and activists. Her opening address to the International HIV Vaccine Research Conference, Minister Hogan?s speech below, in which she acknowledges the causal link between HIV and AIDS; commends the efforts of the scientific, medical and activists communities; recognises the depth and severity of the HIV/AIDS crisis in South Africa; commits Government to achieving the targets of the National Strategic Plan; and lauds the Cape High Court for its recent judgment against notorious quack AIDS denialist Matthias Rath, marks an historic turning point in the South African government?s response to the HIV/AIDS epidemic. TAC salutes Minister Hogan for her openness and honesty as well as for the leadership she has shown on HIV/AIDS since taking office last month.



SPEECH BY THE MINISTER OF HEALTH MS BARBARA HOGAN AT THE HIV VACCINE RESEARCH CONFERENCE: CAPE TOWN ICC; 13 OCTOBER 2008

"*Scientists, Clinicians and civil society advocates present, Ladies and Gentlemen.*

It gives me great pleasure to be speaking at this opening ceremony of one of the most important meetings happening in the world today; a meeting about international exchange of information on HIV vaccine research and development.

To the South African government and its people, there can?t be any other more important meeting at this point in time. I congratulate you on the decision to hold the conference in the African continent; in the Sub-Saharan region; in South Africa. This is the Continent, the Region and a Country in most need of evidence-based intervention to the HIV and AIDS epidemic. Why is your presence so important?

The right to access health services including reproductive health services is guaranteed in our Constitution. This right to health is indispensable to realising the rights to life and dignity for all people. From my understanding this means that the right to health is a global public good.

The barriers to realise this right include the need for new scientific technologies to prevent, diagnose and treat all illnesses, the strengthening of public health systems through investment and support and the need to ensure access to clean water, nutrition, decent shelter and evidence-based public education. The increasing costs of private health care places burdens on everyone including the pensioner, the person with cancer, chronic depression, asthma, arthritis, diabetes or hypertension.

The HIV crisis and the exacerbation of the TB crisis as a consequence represent the primary health challenges in the context of dealing with growing epidemics of chronic conditions in our country, region and continent.

Your presence is great honour to our country. The Cape is beautiful and it won?t fail to provide you with an environment appropriate for this kind of meeting. But it is your deliberations here that must change the public discussions on the need for vaccines. Our scientific community has already provided you with world-class researchers, mostly women, to ensure that the objectives of the meeting are met.

This meeting will surely instil hope in the majority of people in South Africa who are looking to science for evidence ?based prevention interventions for HIV such as a vaccine or microbicide.

We know that HIV causes AIDS. The science of HIV and AIDS is one of one of the most researched subject in the medical field. The social science of the epidemic is still to catch up to this level. Since its discovery as the cause of AIDS in the early 1980s, the end is still not near in the road towards the discovery of an effective vaccine against HIV.

As the basic and medical science of HIV and AIDS evolved, the epidemic continued to grow rapidly in South Africa. In 1982 the first person with AIDS died in South Africa. The Annual National Surveys on HIV and Syphilis that we started conducting in 1990 suggests that we had at least ten years of rapid spread of this disease in our communities ? especially among the most vulnerable groups in society ? women and the youth. We have also seen its most tragic consequence over the last decade a dramatic increase in mortality among children and adults of reproductive age reducing life-expectancy to about 52 years. Our government agencies in particular Statistics South Africa and Medical Research Council Burden of Disease Unit have outlined these challenges to us. The introduction of HIV to a society in political transition was one of the most peculiar vulnerability factors in this country. The transition from apartheid comprised undoing years of one of the most systematic and cruel forms of oppression of a people seen in the world ? It is this history that has rendered the majority of the population, who had poor access to information and resources, at risk for HIV infection.

Our people also did not have adequate resources and means to deal with established HIV infection in their communities. This was indeed the perfect environment and formula for the spread of HIV in our communities. We also wasted time despite having one of the best plans to cope with the epidemic adopted by Cabinet under Dr. Nkosanzana Dlamini-Zuma. So indeed we saw this fastest rate of spread of HIV during the first decade of our hard-earned freedom and democracy.

The Health sector bears the brunt of this epidemic, with more than half of hospital admissions in the public health system presenting with HIV and AIDS related complications, increased mortality in the general population but particularly affecting pregnant women and children under the age of five, increased incidence and mortality of Tuberculosis and recently the development of extremely drug-resistant TB, emergence of uncommon opportunistic diseases and malignancies, diversion of no less than a quarter of the total National Health budget to the fight against this epidemic.

The household in the poorest communities (especially in the many informal settlements) are the worst affected by this epidemic. Women, especially because of their role in the family and society, are the most affected. One of the greatest challenges is to reach our young men to protect themselves and those they love and to take care of the health when they are infected. Even as we are confronted with this challenge, there are great stories of human strength to overcome the human tragedy associated with AIDS. The fact that we have volunteers to participate in HIV trials alone cannot be underestimated.

Before I continue with a further discussion of HIV and because of its importance of dealing effectively with AIDS, I

The diagnosis of TB has a similar profile and the medicines used to treat and cure TB are more than 40 years old. We urge you to advocate for these technologies because without them the rights to health, life and dignity for millions of people globally cannot be realised.

The initial National responses were premised on understanding of race, class, gender and sexual orientation inequality, migrant labour and poverty as the driving factors of the HIV epidemic, stressing the importance of a multisectoral approach.

Our experience has taught us that there are no easy solutions to this complex epidemic which will be with us for generations. Medical solutions are an essential element of a comprehensive and effective National response to the epidemic. I invite you study the current National Strategic Plan for HIV and AIDS where we define our challenge in a detailed manner and wherein we outline some relevant interventions towards significant reduction of new HIV infections and mitigation of the impact of the disease on individuals and society.

With all our partners in the South African National AIDS Council including researchers, the country is committed to implement this Plan but we must become organised and demonstrate urgency. With our partners, we concluded that in order to break the back of this epidemic, we have to reduce the rate of new infections by half during the NSP period. Ladies and gentlemen, I am sure we all agree that an effective HIV vaccine has to be found. This may not happen for many decades but it is essential. We are looking up to you, with much optimism in achieving this.

We are however encouraged by the observed tendency towards stabilisation of the epidemic in many countries in the African continent and possibly in South Africa. It is not time to celebrate yet, because even our epidemic is stabilising at the very highest rates of prevalence. The report of the United Nations Secretary General to the recent HIV and AIDS High Level Meeting of the General Assembly asserts that in many parts of the world, for each person enrolled started on anti-retroviral therapy (ART), three to four people are newly infected with HIV. A substantial proportion of our significant HIV and AIDS budget is allocated and used for the implementation of our large ART programme. With about 550 000 thousand people enrolled on ART to date, the largest number in any country in the world, we have experience with this and we must improve our approach to a community-based one with nurses leading initiation of treatment as the NSP shows. We also have to consider new and safer treatment options at significant budgetary implications to the State. We have to make HIV prevention to work better and faster. This is why health has to be recognised by every government, corporation, civil society body, faith-based organisation and individual as a global public good. We urge the global community to increase its support for the Global Fund for AIDS, TB and Malaria and similar initiatives.

The past ten years of HIV prevention activities are beginning show some modest outcomes and impacts. This is far from enough, far from the NSP target, we need to see a convincing and significant decline in prevalence that is not caused by mortality or out migration, but is a real and substantial decrease in the rate of new infections ? the fifty percent that the country is aspiring to by 2011. I want to emphasise that we will scale-up mother-to-child prevention programmes and specifically address the personal health needs of HIV positive pregnant women.

Ladies and gentlemen, it was imperative to get ahead of the curve of this epidemic ten years ago. We all, for various reasons, have lost ground. It?s even more imperative now that we make HIV prevention work; we desperately need an effective HIV vaccine.

We have to do all that is necessary to get to an effective HIV and AIDS vaccine in the shortest time possible. I?m told that it could take anything from fifteen years to a century to get to an effective vaccine, and that it?s at least twenty-five years since the scientific community started looking for an HIV vaccine. I challenge you to look harder and faster, in the responsible and professional manner that I am aware you are capable of.

We need to Through the South African National AIDS Council we will build essential dialogue between scientists, policy makers, people living with HIV/AIDS and the affected communities to understand that science copies life and only progresses through error. It is all our duty to ensure that such necessary error protects people

There is consensus about the complexity of the science of HIV and AIDS. Scientists, Clinicians and policy makers are now geared to deal with the problem in its complexity. There are no simple solutions to HIV and AIDS.

My advisers tell me that we now know that a simple gp120 monomer failed to neutralise the viral envelope, because the envelope actually occurs as a trimer and is more complex than previously thought. We could not have reached that point in understanding if we didn?t try the gp120 monomer ? the highest point of knowledge at the time that this hypothesis was considered. The explanations for vaccine failure should inform further work in this area. It is important to know that which does not work.

Let me take this opportunity to congratulate Dr Francois Barre-Sinoussi and her colleagues on the Nobel Prize that is to be awarded for their efforts in the field. This is a global recognition in the scientific community of the primacy of HIV as one of the illnesses that affect the most vulnerable in the world.

Chairperson, my address to this conference cannot be complete without reference to the South African AIDS Vaccine Initiative (SAAVI). The SAAVI HIV Vaccine Development Programme is a part of the African AIDS Vaccine Programme and the Global AIDS Vaccine Enterprise. It is recognised especially in developing countries and by the World Health Organisation.

With active Clinical Trials sites in the provinces of Mpumalanga, Kwa-Zulu Natal, North West, Gauteng, Western Cape and Eastern Cape, a lot of expertise and infrastructure has been developed through SAAVI activities in the country, regulatory expertise has improved, and clinical trial capacity expanded. I hope that you?ll make time from your busy schedule to visit one more rural clinical trial sites in the country.

We actually have developed and manufactured multiple candidate HIV Vaccines and these should enter human clinical trials soon. Partnerships with the International AIDS Vaccine Initiative, the Centre for HIV & AIDS Vaccine Immunology, the HIV Vaccine Trial Network, and the NIH have specifically been indispensable in this regard. Please allow me to single out specifically the support that we receive from the Executive Director of the AIDS Vaccine Enterprise, Professor Alan Bernstein and the Director of the National Institute of Allergy and Infectious Diseases at the NIH, Professor Anthony Fauci in this regard. We commend the scientists of SAAVI and are committed to strengthen the operations of this initiative. We also recognise the efforts of every scientist in South Africa working on vaccine efforts for HIV and TB.

The Department of Health welcomes the Department of Science and Technology -led South African AIDS Prevention Research Evidence Network. It is encouraging to know that we can always count on our local and international partners for assistance. Friends and colleagues, we all have to respect the invaluable contribution to knowledge development of the peoples of South Africa in this regard. Whilst we acknowledge that the clinical and scientific expertise and infrastructure in the country, we are also mindful of the potential risks to vulnerable people such as women, sex workers and gay men in South Africa and the Sub-Saharan region. Doing research amongst these groups presents a huge responsibility on the part of those who have the expertise and government. Communities where research is done are often poor and vulnerable. Adherence to ethical requirements is even more important because of this.

This responsibility is acutely important for the elected representatives of research subjects ? the local councillors, members of provincial legislatures, members of national parliament as well as the administrative arm of government ? we have a duty to educate ourselves about the science and we have to be engaged in a meaningful way in this important search for knowledge and solutions with you. s We will work with you to ensure that every protocol and the constitutional guarantee of informed consent is promoted to protect the most vulnerable. I want to draw your attention to a decision of Justice Dumisani Zondi of the Cape High Court to declare an unethical experiment with vitamins on vulnerable people living with HIV unlawful. This decision is now on appeal but the order is still in force. This demonstrates the seriousness of our Courts to protect the right not to be experimented upon without appropriate protection. I will uphold this commitment articulated by Judge Zondi.

In South Africa, the Medicines Control Council is responsible for the authorisation and monitoring of clinical trials. International protocols often have to be adapted to fit the local environment. Our regulatory system is one of the most

research is supported without delay.
Chair of conference, in concluding, let me take the opportunity to once again express our immense pleasure to host this conference. We salute the local organising committee, distinguished guests, and representatives from various backgrounds. International guests are particularly welcome. I wish the conference well as it progresses. May the novel presentations and debates liberate new ways of pushing the field forward.

South Africa is committed to working towards the development of new technologies and we will provide the necessary support to scientists and clinicians for this purpose. We are looking to a time when an effective HIV vaccine will be available.

I thank you for this opportunity to spend time with you".

- South African Government

- South African Government

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