

Madeleine Hicklin - Debate on World AIDS Day: Community response to overcome the spread of HIV and the impact of AIDS interventions

HIV/AIDS in South Africa – a record not to be proud of

House Chair,

Every year, on 1 December, people across the world come together to pay homage to the multitude of people who have succumbed to the greatest preventable health epidemic the world has ever known, AIDS. We honour lives lost and celebrate the medical advances that enable us to continue living with this manageable chronic illness due to the dedication and commitment of millions of people on whose shoulders we stand in gratitude.

It's a lot like politics. We stand here to honour fallen heroes, people who shaped our lives by their courageous actions – many of which happened years, if not decades, before some in this house were born.

People like the current president and CEO of the South African Medical Research Council, Professor Glenda Gray; the late Dr Ruben Sher, former director of the South African National AIDS Training and Outreach Programme; the late Dr Dennis Sifris; Dr Steven Miller; Dr Clive Evian; Dr James McIntyre; Dr Ashraf Grimrod; and Dr Dave Johnson to name just a few. All of these incredible human beings treated HIV/AIDS patients when no one else would, when there were no real treatment options available. They dedicated themselves to putting patients on the frontline of this disease first, irrespective of what potential risks it might have had to their own well-being and health.

I stand here today as one of the proud South African pioneers who wrote the very first AIDS Awareness brochures ever produced in this country in 1984.

I am proud of my activism, and of my commitment as a member of the then Progressive Party – the precursor to the Democratic Alliance. We fought for the rights of people suffering from the Gay-related Immune Deficiency Syndrome, the gay plague, as AIDS was referred to, as we helped educate people on how to protect themselves against catching a preventable but life-threatening disease. You see, House Chair, even in 1984, every life mattered to the Democratic Alliance, because we care about South Africa and all her people.

Unlike the ANC who pays lip service to caring, we have cared about enabling real people to get access to appropriate healthcare even when it was almost impossible under a National Party government. The same National Party that did not join the Democratic Alliance post the 1994 elections, but were absorbed into the ANC.

Back in the 1980s and 1990s, education against this disease was key. As was the provision and access to AZT – the only anti-retroviral drug on the market to try and treat the disease.

In 1995, the ANC's Quarraisha Abdool Karim was tasked with putting into action a National AIDS Convention plan. But she didn't get the support she needed. It was just a tick-box exercise. A decade later, the almost mind-numbing statistics revealed the depths of the failure. By 2003, an estimated 40 million men, women and children were infected with HIV worldwide, and in 2004, 4.9 million people acquired HIV in one year alone. UNAIDS reported that South Africa had the highest number of people living with HIV in the world.

HIV prevalence in pregnant women rose from 4% in 1992 to 39% in 2002. KwaZulu-Natal was the worst affected province. In 2004 over 300 000 South Africans died from AIDS. The death rate for women rose from 28% in 1998 to 48% in 2004.

All of this took place under an uncaring, selfish, unsympathetic ANC government.

Between 1999 and 2008, Thabo Mbeki was ANC president of South Africa and HIV/AIDS denialism reached its peak. He criticised the scientific consensus that HIV was the cause of AIDS and based this on his presidential advisory panel's 'scientific advice'. He proceeded to deny patients access to ARVs and withdrew support from clinics that had started using AZT to prevent mother-to-child-transmission of HIV. AZT was extremely expensive, and now this option to access life-saving medication, was removed by the ANC government in State-owned hospitals and clinics. In addition, the use of nevirapine - known to reduce HIV transmission to babies during labour – was restricted to only two pilot sites, despite the drugs being donated to South Africa.

The drugs were simply not made available. Access Denied. By the ANC.

International pressure forced an implementation programme for PMTCT during labour, and by 2005 nevirapine had reduced PMTCT by in South Africa. Botswana and Namibia received much wider coverage over the same period. House Chair, 35 000 HIV-infected babies' lives could have been different – if the ANC had only cared enough.

Instead of providing support, appropriate intervention, and access to ARVs, Thabo Mbeki appointed Dr Beetroot as Minister of Health. Manto Tshabalala-Msimang earned her nickname when she promoted garlic, beetroot, potato and lemon juice as herbal treatments to treat AIDS, saying ARVs were harmful and poisonous. House Chair, this appointment has the blood of at thousands of AIDS victims as its legacy.

For eight years, the ANC endorsed the Mbeki government's decision to label science as 'unscientific, dangerous and ineffective'. In 2003, Thabo Mbeki claimed he never met or knew anyone with HIV/AIDS. He must be the only one in South Africa who can make this claim. And again, only last year, in his capacity as Chancellor of UNISA, he addressed a gathering where he continued his AIDS denialism

How insulting. How demeaning. How degrading to the 7.5 million people currently living with HIV and the 5.5 million taking live-saving anti-retroviral drugs in South Africa every day.

But 2024 is around the corner. And the ANC will see how much your arrogance, selfishness and lack of caring will cost you. At the ballot box.