

**XV International AIDS Conference:
Interview: Zackie Achmat, South Africa AIDS Activist
July 12, 2004**

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INTERVIEWER: Zackie, thank you so much for joining us. As you know, the theme of the conference is "Access for All". One of the events here asks, is that just a slogan? In your view, is it just a slogan?

ZACKIE ACHMAT: Well, I think the world has come very far in the last 3, 4 years. We have managed to change the WHO's intervention. It has put antiretrovirals on its essential drug list. It has prequalified antiretroviral drugs. It has called for a target of treating 3 million people by the year 2005. It has the full support of UN AIDS in doing that. The prices of antiretrovirals have come down significantly. Many, many governments have approached WHO for technical assistance, more than 50 governments have approached WHO for technical assistance in developing their program. This is a unique opportunity to turn around the epidemic. Both to reach people for new prevention with new prevention strategies and also to treat people, but it is not going to be realized if we don't understand what the barriers are.

INTERVIEWER: Before we get to the barriers. You're talking about the 3x5 program and the World Health Organization announced this week 440,000 people in the developing world are on ARVs that is far short of the 500,000 they had wanted. So how much concern does that cause you that the ultimate goal will be reached?

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ZACKIE ACHMAT: Well, let me put it differently to you. Access for All, what do we speak about? We talk about access to prevention. We talk about access to testing. We talk about access to, when one speaks of prevention it's mother to child a prevention, it's condoms, it's female condoms and so on. Take South Africa as an example. Our government has done an enormous job in getting condoms up from 1 million under the previous regime under apartheid to 350 million male condoms last year and 4 million female condoms. That is still only 10 condoms per sexually active person per year. So the whole continent has an enormous shortfall of 3 African men who are sexually active. One African man, every 1 African man who is sexually active has only 3 condoms per year. So that means there's an enormous shortfall. Everyone talks about prevention. Everyone talks about condoms. They get condom fatigue, it's actually condom talk fatigue, but there aren't enough condoms. So what's happening is we're not getting to the areas we need to, both with our prevention and with our treatment as yet. And so that is what I'm extremely worried about. In our own country there's an enormous lack of leadership, but also a lack of urgency. In our country if you're talking about the WHO's shortfall, in our country today there are more than 400,000, between 400,000 and 500,000 people who need antiretroviral treatment. Since November last year, fewer than 6,000 people have been put on the public sector antiretroviral program by our government and

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that speaks to me of an enormous lack of leadership and also of urgency.

INTERVIEWER: It also seems from your earlier comments that I heard you make here a problem of logistics. Because you said that so much of the treatment program is centered in hospitals. People can't get to the hospitals, so they can't get the drugs.

ZACKIE ACHMAT: South Africa has 2 of the best examples. Not two, but 3 or 4 of the best examples of where and how to treat people. If you take the Emis of Kilitta Program [misspelled?], it's at community level in community clinics. More than 1,000 people on antiretroviral treatment and more than 6,000 people at community level coming to community level for treatment. In Gubolettu [misspelled?] a few kilometers away, a few hundred patients on treatment, on antiretroviral treatment because they started a little bit later. More importantly, in one of the poorest districts in our country in the eastern capital of Siki Siki, [misspelled?] there have now looking after 3,000 people living with HIV and more than 250 including men, women and children on antiretroviral treatment. So it shows to us that where government has to start, of course hospitals are important and they should start right at the beginning because that's where most of the people with advanced cases of AIDS are. People who have meningitis. People who have TB. People who have pneumonia and so on, and that is where

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government should start. But it should also simultaneously ensure that where there is capacity at community level that nurse driven programs start.

INTERVIEWER: Let's talk about politics for a moment, which you mentioned earlier. You say that there is a lack of leadership. Are you speaking about President Mbeki specifically?

ZACKIE ACHMAT: Well, our cabinet took it upon itself to reverse a policy of no treatment last year in August and finally with the operational plan in November. Now that speaks to us of a commitment of government, both resources have been committed, billions of rounds have been committed to ensure that people are treated, that there's prevention, that they're nutrition in a comprehensive way.

INTERVIEWER: So then why would you say that there's a lack of political will?

ZACKIE ACHMAT: However, our government, our President yet has to visit an antiretroviral program. Our President yet has to visit a clinic where people with HIV attend. Our President yet has to openly speak to people living with HIV publicly. More importantly, our Minister of Health is doing everything she can to speak to confuse science, to confuse issues of nutrition and treatment and so on. She's using nutrition as opposed to ARV treatment as an example to often cause confusion. So that level, very importantly in our

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country, we don't have a Director General of Health as we speak. We do not have a National Director of our AIDS program. She, Dr. Sime Lela resigned. We do not have a Deputy Director. We don't have a Director of TB at our national level. And that shows of a serious lack of leadership in Provinces. And that's not bad for Provinces with capacity like the Western Cape, Gauteng [misspelled?] and so on, the richer provinces.

INTERVIEWER: But there's more today than there was a year ago. Would you acknowledge or concede that?

ZACKIE ACHMAT: There's no doubt. All of us concede that there's been a dramatic change in policy, but the queues of people waiting and dying weighs more heavily in on our side to say that there's not a lack of urgency. And if we do not address that with leadership, then all the progress that the government has made up to now will be undermined. And so what we are speaking, the reason we speak critically and the reason we are speaking and saying, do something, is to ensure that the progress that the government has made so far is not undone.

INTERVIEWER: I need to ask a final question bringing it back to Bangkok. At the end of this week what would you define as success?

ZACKIE ACHMAT: I would define as success if the Secretary General of the United Nations commits to keeping governments accountable to UNGASS and to Abuja. I would see a success if there is urgency to give WHO and UN AIDS resources

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to a country level ensure that 3x5 becomes a reality so that there is technical assistance for poor countries. I would like to see a commitment or a demand from the Secretary General and all the people at the conference a demand that the rich countries ensure that money is available to fully fund the Global Fund on AIDS, TB and Malaria and simply to take this as the greatest challenge and the ability to create a public health care system in poor countries. Because if we don't do that we won't reach our targets with antiretroviral treatment.

INTERVIEWER: You raised the bar very high.

ZACKIE ACHMAT: We have to. We have to. Otherwise we won't succeed.

INTERVIEWER: Thank you very much, Zackie Achmat. I appreciate the time.

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