

Remarks by Consul General Frances Chisholm DUT Annual Research Awards Evening Hilton Hotel, Durban Nov 30 2016

- Thank you for the opportunity to be here with you this evening and to offer a few words at this wonderful ceremony. It is a great pleasure to be able to join you in recognizing and honoring excellence in research.
- It goes without saying, and especially to this audience, that research is critical to the development work that throughout the world, we do and especially here in South Africa.

 Whether it relates to the environment, agriculture, business, medicine or human behavior, research is what we look to for the evidence to inform our planning, especially when it comes to investing precious resources, like government and donor funding. In an era of intense competition for a limited pool of development resources globally, due diligence and proper stewardship require us to invest wisely.
- As stewards of the US President's Emergency Fund for AIDS Relief (PEPFAR), at the U.S. Mission to South Africa we carry the responsibility for significant donor resources for public health in Africa, especially in the field of HIV, AIDS and TB. We are grateful for the benefit of high quality research that helps drive us toward an end to the dual epidemic that has claimed the lives of so many South Africans.

- Research has brought us all together in many ways, as we recognize that scientific
 findings are reliable indicators of where we really are, and what can change that reality.
 Scientific facts are just that facts without bias, without an external agenda, and
 something we can come together to discuss and acknowledge as a true foundation and
 starting point for moving forward.
- evening South African vision and leadership in supporting research. Scientific research is a shared priority for the United States and South Africa, and our partnership in this field continues to bear fruit. I know, based on the strength of this remarkable partnership, we will continue to identify priority research questions, develop the capacity of research institutions and particularly young researchers, and sustain the research programs that have been underway for many years.
- I also want to commend the South African government for leading the way in adopting international guidelines and developing best practices and evidence-based innovations.

 For example, in September, South Africa launched "universal test and treat" for HIV, which means all South Africans with HIV are eligible for HIV treatment. This advance is a milestone in our HIV response, and the evidence supporting this policy results from carefully conducted research, including research done here in South Africa.
- The United States has long supported HIV programs in South Africa through PEPFAR.

 It gives me great pride to be able to say that through PEPFAR, and with our South

 African partners, we have saved countless lives. Since 2004, the United States has

 committed over \$5 billion (that is 70 billion rand) to HIV programs in South Africa. And
 the results have been dramatic: Millions of South Africans living with HIV now have the

expectation that they can get access to life-saving treatment. The South African government has more than 3.5 million South Africans on ART - the largest HIV treatment program in the world. Mother-to-child transmission has fallen to less than 2%. And there has been tremendous success in increasing HIV testing and in rolling out voluntary male medical circumcision across the country. These achievements are truly astounding, and are perhaps most apparent in the increase in life expectancy in South Africa.

- Through research, the South African and U.S. governments have also been able to take strategic action to focus PEPFAR resources in the communities that bear the highest burden of HIV/AIDS, saving lives and preventing the spread of HIV in communities already hard hit by the disease. This strategy is called "Focusing for Impact". It is a collaborative approach between South Africa and PEPFAR to focus our investment in order to achieve results. And based on research findings, it directs us to where the virus is (both geographically and in terms of key populations) and it enables us to be guided by the UNAIDS 90 90 90 Fast Track strategy.
- This 90 90 90 strategy tells us we can bring the HIV epidemic under control by 2020 and end it by 2030 if we work closely in partnerships to make sure that 90% of people living with HIV know their status, 90% of those are on life-saving treatment, and 90 % of those on treatment are virally suppressed. Wide-spread viral suppression is expected to have a massive impact in breaking the cycle of new infection. Treatment suddenly becomes a means of prevention across communities. But achieving this impact will require a lot of commitment, innovation, and sheer hard work to find, test, and treat all those who are living with HIV.

- While the fight for an AIDS Free Generation continues, it is appropriate to acknowledge the great strides and significant results achieved toward HIV prevention and treatment, and to celebrate the fact that we are actually able to "Focus for Impact" because of science and because of outstanding research, much of which has come out of South Africa.
- We are fortunate here in South Africa to have an outstanding environment for research. There are world class universities, brilliant researchers, and eager students, coupled with government support. The HIV response globally would not be possible without the scientific advances achieved right here in South Africa. PEPFAR as we know it today would not be possible without the advances that have led to better treatment, better testing, and better prevention programs.
- PEPFAR and the U.S. National Institutes of Health stand behind South Africa scientists and researchers because they are leading the world in the development of new technologies and new approaches. The U.S. National Institutes of Health partners with South African institutions to train the next generation of South African and U.S. scientists. USAID and the U.S. Centers for Disease Control and Prevention (CDC) also support important HIV and TB research in South Africa.
- In the field of HIV, South Africa researchers have been at the forefront of research that has changed the way we treat and prevent HIV. It was only 30 years ago that we had very little understanding of HIV, or how to treat it, or how to prevent it. Look where we are now.
- Of course many are familiar with one of the world's most important HIV research institutions based right here in Durban – the Centre for the AIDS Program of Research in

- South Africa (CAPRISA). That organization was actually started with funding from the US National Institutes of Health and it has produced a wealth of incredibly important research in the areas of HIV, TB, and STIs.
- We are proud of our ongoing relationship with CAPRISA and continually appreciative of the scientific information CAPRISA generates every year to assist in the effective prevention and treatment of HIV and TB, both locally and globally. CAPRISA's research on the successful treatment of HIV and TB co-infection has helped to determine optimal treatment policies and even resulted in WHO recommendations for management of co-infection, highly important in South Africa where TB is the leading cause of death and where the vast majority of TB patients are also co-infected with HIV.
- The United States is committed to supporting the South African HIV/TB research agenda
 through strategic planning, capacity development, dissemination, and execution of
 rigorous, impactful and ethical research activities. These activities are coordinated by the
 South Africa HIV and TB Implementation Research Advisory Committee, which is cochaired by the National Department of Health DDG and the US Embassy Health Attaché.
- In addition, the South Africa Government and PEPFAR have established a collaboration to disseminate best practices and innovation in HIV and TB program implementation. Through a series of four thematic workshops to date, key leaders and implementers have shared innovations, best practices, and lessons learned about high impact HIV/TB program implementation strategies, including focus on adolescent girls and young women.
- A few of the other key contributions to HIV/TB research in South Africa include:

- o A research study that will determine the impact of a package of HIV prevention interventions on community-level HIV incidence. These prevention interventions include universal household voluntary HIV counseling and testing, and linkage of HIV infected individuals to care and early initiation of antiretroviral therapy (ART) for all who test positive. The study is being conducted in 21 communities in the Western Cape, and in Zambia" https://www.hptn.org/research/studies/137
 o We are also supporting the 5th national HIV household survey conducted by the Human Sciences Research Council. The survey will be conducted in 2017 and will provide data required to track trends in the South African HIV epidemic, particularly regarding HIV prevalence, incidence, behaviour and communication.
 o We are also supporting a household HIV research project that provides detailed HIV, STI, behavior and program impact data from uMgungundlovu, one of the most highly affected districts in South Africa.
- And today in Gauteng our Deputy Chief of Mission joined the Deputy President and the
 National Minister of Health to launch a new HIV vaccine trial being conducted by the
 South African Medical Research Council. This vaccine trial is designed to determine
 whether the regimen is safe, tolerable and effective at preventing HIV infection among
 South African adults.
- The United States supports this vaccine research project because an effective HIV vaccine would be a game changer for the HIV response in South Africa and worldwide.
 We are all looking forward to the results of the clinical trial launched in South Africa today to see just how effective this vaccine will be. Like you, we are hoping for the best.

- We are hoping that this will lead to the most important goal that we all share: an AIDS-free generation in South Africa.
- All of this demonstrates how far we have come, but the work is far from done. To control the HIV epidemic, we must sustain and expand our collective gains. There are still far too many new HIV infections in South Africa. Young people, especially young women and girls, continue to be at great risk of HIV.
- Through PEPFAR, we continue to support South Africa to test and treat individuals with HIV, and to reduce new infections. We were stunned to learn that more than 2300 new HIV infections occur among adolescent girls and young women every single week in South Africa, and approximately 450 of those new infections are in KZN each week.
- These sobering statistics have caused leaders across the globe to pledge support to finding a solution. President Barak Obama reacted on World AIDS Day 2014 with a commitment to fund a program aimed at addressing the particular vulnerability of adolescent girls and young women. That program is called DREAMS which stands for Determined, Resilient, Empowered, AIDS Free, Mentored, and Safe, and this is what our girls must be to overcome the threat that HIV poses to their promising young lives
- we need to use every tool at our disposal to address this urgent issue. We need more options that place control over HIV prevention in the hands of adolescent girls and young women themselves. Again, thanks to the research of organizations like CAPRISA and the Medical Research Council, we know that "one size does not fit all" when it comes to prevention, and women, especially, need options. Oral pre-exposure prophylaxis, vaginal

- rings, and many other possibilities are constantly being explored through vigorous research to help women, and especially women here in South Africa, and even more particularly here in KZN, realize an HIV free future.
- We also need to study the data we access and the results we achieve through interventions to better understand the realities of the epidemic on the ground and the impact of our programming to address them. To that end, we are supporting two evaluations to determine the impact of new programs designed to provide specific HIV prevention programs for at-risk adolescent girls and young supported in 14 districts.

 Additionally, one of our PEPFAR funded implementing partners is also conducting a "male characterization" study to determine which men are driving new infections amongst adolescent girls and young women. We are hopeful that such investigations and analysis will help us answer the all- important questions of where HIV prevention resources should be focused to move us toward epidemic control.
- Please know there are also studies underway on improved HIV treatments, better TB drug regimens, new prevention technologies, and HIV and TB diagnostics.
- In fact, there are over 300 studies funded by the U.S. National Institutes of Health in South Africa right now. These studies will help provide the tools and the evidence to reach our goals of HIV epidemic control. They will also help to advance health programs in infectious diseases such as TB, non-communicable diseases such as cancers, maternal health, and mental health.
- In conclusion I want to emphasize that the United States is very proud to partner with the South Africa government and outstanding South Africa scientists and clinical researchers within organizations operating here in KZN to continue this fight.

- With strong leadership coming from various stakeholders, the future for research in South
 Africa is bright. And the United States looks forward to continuing to partner with South
 Africa on these important objectives.
- As I look at the audience tonight and those with whom I share this podium, I feel incredibly optimistic. Research and partnership go hand in hand, and I know that by South African and The U.S. working together, we can make sure we are doing the right things, in the right places, at the right time to bring an end to this epidemic and usher in an AIDS Free Generation.
- Thank you.