
Interviewee: **Celicia Seranta**

Interviewer: **Lebone Malele**

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**LM:** And now that we have started with our storytelling session we will say every story has a beginning.

**CS:** Every story indeed does have a beginning.

**LM:** And what was your beginning?

**CS:** So I worked in the Ministry of Health, I started in the Ministry of Health in 1993 before the advent of democracy and in 1994 I was asked to change, to change where I was working to work with a special advisor to the, sorry, to work with a Special Advisor to the DG at that time, Dr Tim w\Wilson and so that sort of put me on a very different career path within the Department of Health before the network of family planning and so I had worked with Dr Wilson in various capacities working various programmes for about five years and then the DG at the time Dr Ayanda Ntsaluba asked me if I would consider moving to the HIV and that, which I did in 1999, so the end of 1999. And virtually the first thing I got involved in, in 1999 was working on the new National Strategic Plan, the one for 2000 to 2005. So it was like the baptism of fire I suppose to come into the HIV programme at that stage. But it was also a very solid foundation into the HIV world because the National Strategic Plan is a very consultative process. It was really the process that involved me and introduced me to a lot of the stakeholders, so that is where I met Mark Heywood and you know a lot of the people who are prominent to this day in the HIV response. Though I have to say at that stage you know there was a still a lot, you know the time that I worked in the HIV programme, which was essentially in 1999 to 2004, was also the time when there was you know, the civil society and government didn't have the best relationship. This was during the time when we had moved over from President Mandela to President Mbeki from Dr Dlamini Zuma to Minister Manto Tshabalala-Msimang, I don't why I blanked on it there for a second. And so in many respects it was a difficult time to come into the HIV Response, because the sense of collaboration that had been created in the sort of mid 90's after 1994 changed by that time because it was seen as obviously the time of more denial some obvious tensions between civil society and government, and so at times it was tense, you know it was, it wasn't always being easy cast as, you know, evil government who doesn't have the interest of people at heart when of course that was completely the opposite. I mean we were people who felt very deeply about the work that we were doing. I worked very closely with Dr Nono Simelela who was then the Chief Director for the HIV Programme and we worked very closely for the full five years, we had a very good relationship. Which will cement that I was involved in a lot of the policy issues and policy decisions that I would say more in a sort of a backroom way than, you know, being the person in

front, because that was really what she was really good at, was being the face of the HIV Response from the government's perspective. We had a tremendously close and professional working relationship, you know, built on trust and mutual respect for each other and you know I think she had a tremendous vision but it was an incredibly emotionally difficult time to work in the HIV Programme, because of all the tension, not just within the country but also all the criticism coming from the outside world about South Africa's response or lack of it. You know this was the time when we had the PMDCD court case, you know, this was the time of the 2000 Durban AIDS Conference. You know the Barcelona AIDS Conference; you know these were all pivotal type of events that always seem to cast government as, you know, as sort of the evil doer and as I said not having the interest of South Africans at heart, but also an incredibly exciting time. So despite all the stress I have never regretted having had that five years working in the HIV Programme and you know I am still working in HIV today, working with the Clinton Health Access Initiative's, so you know, HIV has become my life and health has become my life even though that was not the trajectory I saw, you know, I saw myself doing …

**LM:** Yes.

**CS:** You know my dream job was to go into the diplomatic core and work for what was then called Foreign Affairs, so this is very different from where I had envisioned my life going but I have not regretted it I love HIV.

**LM:** That is great. Let's rewind a bit. So you say you first started in 1993?

**CS:** Yes.

**LM:** And 1994 there was like a cause of strategy that was accepted?

**CS:** Yes.

**LM:** How were you involved in that?

**CS:** So I was not involved at all at that stage so when I joined the Ministry of Health in 1993 I started off working in the family planning unit. In 1994 I was asked to worked with Dr. Tim Wilson who was the special advisor to the DG and we had focused on a range of issues at that point you know this was clearly the time in 1994, when there was major health policy reform happening and so, major policy reform happening during that time and so we had worked on a range of issues together. So for instance when I started off working with him, we were focusing on the district house system development, we worked for a while on the clinic upgrading and building programme which was part of the RDP programme, we progressed and worked on issues relating to hospital services. So for instance with the introduction of the intern programme I was involved in that process because that was what we worked on and Dr Wilson

eventually moved from being a special advisor to becoming a Chief Director and he was the Chief Director for hospital services. So in that time I worked, not just on the intern programme, on the community service programme, but also organ donation and lots of other fascinating programmes and then moved into HIV in 1999. So before 1999 I didn't really have much of any contact with HIV, very tangential, so the department at that stage had already set up, or the government, I am sorry, had already set up an inter departmental committee on HIV. So I was part of that committee, so I was part of little bit of the AIDS Response but at that stage it really was focus on internal HIV policy like how does the government department respond to HIV. And that was really more focus on workplace programmes than anything else.

**LM:** Okay what do you recall being the most important thing that came out during the Inter-Departmental committee meetings?

**CS:** I think the most important point at that stage was for government to understand that HIV was not just a health issue, but it affected society much broader. Unfortunately as I said at that stage the focus was really a lot more internal. You know this was the beginning of the AIDS Response. In many respects we were feeling our way a long this epidemic and trying to figure out what the role of government beyond the health department was. And so it was a much more inward looking process at that point. About trying to determine how agriculture needed to respond to it, but instead of looking at how agriculture needed to respond to it in terms of its constituency, it really looked at, I have a department of agriculture with X number of staff members how am I going to deal with HIV for my departmental staff members. Whereas of course, you know, over time we have progressed to a much more outward looking strategy where agriculture had to think of how is this going to impact on farm workers and the agricultural sector who produced, you know the food that we eat and export etcetera. But yes at that stage it was really a bit more of an inward looking process.

**LM:** And what key lessons came out from the moving forward into looking at strategies and policies?

**CS:** I think if I had to say something that I find still a little bit frustrating to this day is that, I think in many respects the HIV Response, it has definitely grown and so certainly I can see how government has matured in understanding that HIV is not just a health issue, but the reality is this, that HIV manifests itself much, you know, most prominently within the health sphere. But I do think that there are still missed opportunities within government broadly, to really look at HIV from its multi-faceted developmental perspective and I think if you look at the last NSP, the one for 2012 up to 2016, you will see it trying to capture a lot more specifically the developmental nature of HIV because up to now there

has been a lot of criticism that we are dealing with HIV as a purely bio-medical issue. I think the reality though is that as much as I am in one hand criticizing government for not fully embracing its developmental nature, on the other hand the reality is that it is so much easier to respond to something with a bio-medical intervention. Give a pole, do a test, you know these are the easy things. Dealing with HIV and its components as it relates to things like sexual violence and violence generally in our society, gender based violence, you know no one has easy solutions to any of these issues. So in a way it is easy to understand why people shy away from addressing those broader developmental issues because they are so in meshed not just within our society, but they are so deeply difficult to effectively address.

**LM:** It involves, you know complex systems that work together?

**CS:** Exactly.

**LM:** Being isolated?

**CS:** Exactly.

**LM:** So let's go to 1999 ….

**CS:** 1999, an exciting year.

**LM:** Yes.

**CS:** As I said I think I believe I joined them in a brown July of 1999, if I recall correctly. I was just finishing up my MBA and I always say thank goodness I finished up my MBA before I joined the HIV unit because I never would have survived. Because it was you know, it was a lot of hard work, late nights, long hours, lots of demanding, lots of demands on time and energy during that time. First of all as I said when I joined, the first priority was really looking at the NSP for 2000 to 2005 and so I was very engaged in the righting process of this, pulling together meetings, bringing stakeholders together, taking minutes, trying to take those minutes, translated into what the final document was, get the inputs from everyone, so I did end up as more sort of I would say the editorial of it which meant that I put the document together, I would have the final version so that we could maintain version control so that we didn't have, nobody knew which version was the correct one. Oh and then really towards the end of it working with a small group of people, you know to finally bring the document together and do the final edits and writing. We did it, you know around the table in the department of health just sitting and just cranking it out, you know one page after the next. So a very exciting time as I said, the time when I was really introduced to the world of HIV very rapidly you know, if there is a way to do it I actually think this was the best way to do it than you know a sort of more of a slow emersion you know this was like the deep end of the pool immediately, go, swim or sank, you know there wasn't really any other option but really a very exciting

time. And I would say that there was a lot of positive energy around the creation of the NSP, it was really after the NSP that some of the, some of the more negative elements that I have preferred earlier to came into play, you know that when there was the whole issue about how fast PMTCT would be rolled out in the court case, you know that was, there was a lot of tension around that time. When it was felt that South Africa was not aggressive enough in both its prevention efforts as well as considering the treatment issues, you know for a long time prevention really consisted of you know, giving condoms and you know some messaging, you know some communication messaging, but really nothing more should I say aggressive. You know today, if you look at what prevention is we have such a wide array of prevention interventions it was a very different time then and as I said the condom programme was essentially the mainstay of the prevention response. This was also the time of the Presidential panel on HIV that included the AIDS dissidence. So again as I, you know as I am pointing out it was just an exciting but difficult time at the same time. You know you are sitting in a meeting with dissidence who doesn't believe that HIV is real or that you know AIDS is a legitimate concern and that this is, you know all sorts of views around you know HIV, as I said, it doesn't exist that the drug companies are doing this to push their own drugs. You know and it is hard to sit in these meetings when you have such deeply held convictions of your own.

**LM:** Yes.

**CS:** And sit there and not want to just explode and physically attack someone sometimes. Yes it was an interesting difficult time. The court case was very dramatic, traumatic as well because again, you know on a, there is always the tension when you work in government around your personal believes and what the government position is and because you are employed by the government there is a certain obligation to be the spokesperson for that position and as I said that doesn't always jell with what your personal, with your personal ideals and personal philosophies and believes so, and I think that was probably the most difficult part for me and when I eventually left the government it was really because of that, because I felt that I was no longer able to, shall I say to the party line and how that jelled with my own believes. But I also felt that I left at the right time. For me the best activity I was engaged in and there were lots of highs and lots of lows in the time I worked in the HIV programme, but when I started working in 2003 with the, at that stage, the Clinton Foundation that was brought in by President Mbeki, after a meeting that he and President Clinton had, to start developing what eventually became the comprehensive care management and treatment of HIV plan, which is you know, shorthand the ART implementation plan, that was the most exhilarating time of my life because finally we were moving

forwards to implementing a programme which we all knew we needed for such a long time. I was involved from day one in that process especially because unfortunately Dr Simelela fell ill during this time period for, you know for quite several weeks and in many respects I sort of played the role of not just being part of drafting the documents and writing it, but the Clinton Foundation people who came into South Africa obviously knew very little about the country, the health system, how things are organised, so in many respects my role was to provide some of those insights. You know this is how the provinces are structured, this is how decisions are made, this is how training happens, you know whatever the question was. And that was several weeks and several months of very, very long hours, you know twenty hour days easy, all sitting in the Sheraton Hotel in Pretoria because that is where the Clinton Foundation people stayed and just working non-stop. Meeting with people, going to provinces, visiting facilities, to pull together at the plans for how this programme would be implemented. You know and as it was envisioned originally it would be this phased implementation we would start at least with one facility per district and move on. Of course as we had, I think personally and sort of quietly amongst ourselves predicted, and of course as we had hoped provinces were much more aggressive in general and rolled out much faster. And so of course the pace after the implementation started was also crazy to try and maintain that, but yes that was the most exhilarating time in my entire history of working in HIV was working on that plan. It was the most exhausting but an experience I will never forget. Working with a small group of very dedicated people and I have mentioned the Clinton Foundation a few times, but the Clinton Foundation was matched up with people from within the government so people who worked in the HIV unit, people who worked in the health economics unit, people from the Lab services, which now is the NHLS, from the drug procurement unit, so everyone we matched them up with government so that this wouldn't become a plan written by the Clinton Foundation for South Africa, it was really a plan written by us as a collective with the Clinton Foundation providing you know, the sort of man power to write the subs so it would be a discussion and they would end up, including myself and a few others, essentially formed a task team and we would write those documents. But by no means was it someone who just came in, wrote a plan for us and say here you go, now go do it. It was a very collaborative process. Sorry, lots of editing you would have to do with all this coughing I am sorry let me just get some more water. It was an incredibly collaborative process and I think that, that is also what is the success of it. There were certain very ambitious components to that programme around training, around how facilities would be accredited etcetera and we really had the ability by not just using all of the local people, but also by tapping into these experts from the US and other countries. To tap into their expertise

and experience of how to implement treatment in South Africa because, you know at that point we had some people on treatment through mainly research activities, but we didn't have the experience of how you would do a large scale implementation of treatment, so we really did need that expertise. And it is just a process I will never forget you know, when the document finally went to Cabinet and was approved, it was approved on my birthday and so that is why I will never forget when the plan was actually approved, but I will say that in all my years it was the best birthday present I had ever received because, I have to tell you that frankly we were a little bit nervous about it being accepted that day. We put it through to Cabinet and deep down we were convinced that they were going to come back and ask us to make changes to it and that we would have to redo things, so in a way when I got the call from Dr Simelela saying they have just approved it, you could have knocked me over with a feather, it was completely unexpected but as I said the best birthday gift of my life. And then there was of course that mad rush, wow, now they have approved it on the 19th of November and 1st of April is a mere five months away, or four months I am sorry, you know and in between that we have the December holidays

**LM:** Oh yes.

**CS:** So it was a mad scramble to get everything ready. So you are looking at guide lines changes, training, you are looking at tools, you are looking at making sure the lab systems are ready, you need to make sure that the drugs have been ordered, that the drugs are available. There is the whole community mobilisation aspect and for people to understand what this treatment programme is, it was an incredible amount of things that needed to happen in a very short time. And of course the burden of that preparation was really carried by the provinces. So in a way the workload shifted from us at the national level to the provincial level, but the one component in the plan that was still a national activity at that stage was the accreditation process. So I was involved in going to facilities and assessing whether they were ready to start patients on treatment. So again you know, long days, flying, driving, going to facilities that I never would have seen outside of this process because I think one of the drawbacks of working at the national level is that you lose the connection with facilities, because generally you are at a different level and you don't engage at the facility level. But that was an amazing process to be able to do the accreditation process because the reality is this, that at a national level, often we plan for an ideal health system, whereas through the accreditation process you really could see what the reality was. And you know sometimes adjust some of your thinking. So in your ideal world you would have said I need these five things to be in place whereas when you go to reality you sort of come to realise that far maybe four of

them are enough and I don't need all five, you know so there was a lot of learning in that process. And so the program was implemented you know the 1st of April of 2004 and I left the Department of Health in July, mid-July of 2004, so that is what I meant by when I earlier said that I think I left at the right time. You know in some ways I was a little bit saddened by the fact that we now finally have this programme and we are starting to implement it and just as we are implementing it I am leaving, but I think it was, it was the right thing not just for me professionally to leave at that point but it was also a time to let others come in and drive this programme and so I was happy to be able to step aside and move on to something else which at that stage was to work for the US centres of disease control and prevention on the prep files programmes. So essentially what it gave me the opportunity to do, is by using the prep file resources which was then directed to these various NGO's, being able to harness that funding to assist the government to implement this programme, so I didn't, I have never felt like I missed out on anything. I just approached the implementation from a different advantage point.

**LM:** …and we had stopped at 2004.

**CS:** Yes.

**LM:** Go back to the NSP that you were fully engaged in and you mentioned that you were responsible for the stakeholder engagement what diligence do you foresee there?

**CS:** So the main challenge was really just getting everyone in the same room at the same time, I mean that is a challenge hey, every time. So just to add that I was involved in the NSP at that point, I have been involved with the NSP when the one was done for 2007 to 2012. I was involved in this last one 2012 to 2016 and I think I see with each of them it is the same issue its getting everyone in the room and agreeing to priorities. Because what inevitably happens in every single one of them and I don't say, for me they have all been pretty similar. You get everyone in a room and you start off saying okay let's focus on the big strategic priority issues, but you always end up with a shopping list, you know like a long list of what people see as priorities and so the most difficult part of any NSP is how do you pull out the communal priorities as opposed to the individual priorities. And when I say individual priorities I mean so a priority for the academic sector is very different than the priority for let's say the woman's sector. So if you have all these different sectors each one coming up with their list of five very important things to do, you know you will end up with a list of two hundred priorities and no NSP can be built around two hundred priorities and that is the most challenging part of it. It's, it's, it's trying to understand that without invalidating those individual priorities and giving credence to it, how do you still pull out what is it that we strategically need that we need to focus on. But by doing that, because sectors or individuals have

such deeply held believes about these list of priorities, you always end up in this compromise where there is all this tension but what about this, what about that. And having that conversation about saying it is not that is not important but it is not a priority and like dealing with that tension is probably the most difficult aspect of doing any NSP. And in the three that I have been engaged in that hasn't changed at all it has been the same one with each one of them.

**LM:** What do you remember being the key successes during the first NSP you worked?

**CS:** So I think the first NSP the 2000 to 2005 really did bring people together. The government and civil society in writing that document, because in many respects of course and a co-supply was written not so much in collaboration with government, so this is one that brought people together. I think the, the shall I say the failure of that initial NSP is that we had not put enough thought into how we would implement it. And when I say how we would implement it, I mean collectively implement it. So in many respects the NSP 2000 to 2005 became a health department document, here is what you have to do. And not enough focus on what is the responsibility of education what is the responsibility of civil society and how do you collectively implement something. When you say we need to prevent HIV it is not a health department responsibility, it is a collective responsibility. And I think the failure, if I can call it a failure of that original NSP, was not having a clear implementation plan. And I would say that, that in some respects is the failure of most NSP's. It sets out the framework for what needs to be done, but accompanying it you need an operational plan that says you are responsible for these three things and this is how you are going to implement them over this five year period. And I would say that the other failing of the initial NSP and again, you know these documents, I call them failures but they are not real failures because every time you have them you learn something and you build on that for the next one. But it wasn't fully casted. Because it wasn't fully casted you really didn't have much of a resource mobilisation framework for it, but you would have noticed in the two subsequent NSP's there has actually been quite a bit of focus on the casting elements of it. So in many respects the 2000 to 2005 NSP was the, shall I say the guinea pig sphere in some respects you know, it brought everyone together, let's have a collective vision and I think it definitely succeeded on the visions thing. You know at no point was there any sort of indication that people felt that the NSP did not reflect what we should be doing but where there was frustration is in the implementation of that NSP. And that is the frustration with any strategic document.

**LM:** Yes.

**CS:** We are fortunately a country who excels at writing strategic documents, we just don't always put them in practice.

**LM:** … implementation.

**CS:** Exactly. So we don't have a lack of vision we have a lack of implementation. But I do think that the NSP 2000 to 2005 was fundamental to create that framework for at least starting to talk to each other. And if you remember correctly the NSP also was the basis for then creating the National AIDS Council. So again something I was very much involved in from the beginning and you know SANAC was this idea that said let's not just work together on the NSP let's actually work together on an on-going basis and that was really the genesis of it. Again you know one of the unintended consequences I think of that, is in trying to make it so inclusive as it is, it is lots of ability to be strategic and focused. You know because it is the same thing. When you have sixteen sectors and sixteen government departments how are you ever going to agree …

**LM:** Right.

**CS:** On five things to do, when the months that it do, you have, each one has their own priority. And so I think that was one of the key issues is, it did bring people together but it wasn't focused enough. But again it was a time of exploration and I think SANAC was the time of exploration. It was trying to see how conceivably government and civil society could work together. But in being as big as it was as I said it lost some of its strategic vision and in many respects, because if you look at how SANAC was originally constituted it was supposed to be advisory to government and I don't think that ever really happened. Government made the decisions and informed SANAC that SANAC didn't really have that advisory role. And so it was never really fully constituted the way it had been envisioned which is how a small group of experts, have them be in an advisory capacity to say this is the direction we should be moving in and so I think in some respects it became a little too formally, you know, you have this agenda item you do it you move on, it didn't become at times that real discussion forum where you could thrush things out, argue it out and come to a decision. And I wonder sometimes whether some of that was influenced by the fact that SANAC was always being shared by the Deputy President. And when you have anybody that has a lot of senior politicians in it, there is certain protocol issues that I think come into play and maybe people aren't as open and as, I wouldn't say argumentative, that is not really the word I am looking for, but critical and really questioning I suppose is the word I am looking for is that because of some of those protocol issues I wondered sometimes whether that wasn't part of the dilemma.

**LM:** …on history, but now we look at 2000.

**CS:** Yes.

**LM:** During the time when you have already now worked on the document in saying let's get this going and then we have the trend.

**CS:** Yes.

**LM:** The President of the country does not believe in HIV causing, it has part of what effected your work?

**CS:** You know it was, I think in some ways I was probably shielded from a lot of that by virtue of the position I was in. I think if you had to ask Dr Simelela that question you would get a very different response because she would be the one in meetings with the Minister and the President as I would be the one back in the office and I would basically have to deal with the follow up of what happened in such a meeting or event or whatever the case may be. So it was more about how do we deal with any decision, how do we deal with any question. So I would say in a way I could deal with it in a much more practical way. We have to prepare this document or you know sometimes it was about just giving some emotional support etcetera, but as I said not having been in those meeting it was easier to cope with it because I wasn't the one who was being directly confronted with beliefs that weren't my own. I had never had to sit in a meeting and had to feel I needed to stand up to the Minister or the President to say but why, why do you believe this when all the evidence show something different. So that is what I mean by it was easier for me and I was more shielded from that time, but an incredibly confusing time as well. So I think that sometimes there is a lot of confounding events in that time. So the same time as the President expressed all these views about doubting whether HIV exist etcetera, you know he is the same President who brought in the Clinton Foundation to work with government to prepare the treatment plan. So you see what I am saying by it was a confounding time because it is hard to reconcile someone saying HIV is not real with develop a plan to treat people.

**LM:** Exactly.

**CS:** It was a really difficult time as I said I didn't have to bear the brunt of it because I wasn't engaged directly with the President and the Minister, more importantly, but that didn't mean that I didn't have to deal with the fall outs from that. You know and the most difficult part for me at that stage I will say is that I was sharing something called the donor co-ordination forum. It is something I specifically established when I was working in the HIV programme because we would have you know a donor coming to us so let's say the British government and they would have bilateral discussions with us and next month it is Germany and the month after it is the French. And frankly I just sort of said hang on I can't be having all these different meetings and saying the same thing over and over again. Why don't we

create something that we can all get together and I can give the same message to everyone at the same time. So no one is privileged and has more information than anyone else. So I started that forum I believe in, wow I now I am going to have to have the back of my memory right, I believe we started in 2002 or 2003, no 2003 sounds too late, it is probably 2002 and we met on a monthly basis and that was the most difficult part, is sitting in these meetings and engaging with donors and one need to make sure that we, you know have a positive relationship with the donor community and this was a donor community who really did want to support South Africa, but they themselves couldn't understand what was going on. And so you have to sit in these meeting and despite the fact that you know that the Minister and the President is questioning HIV, your role is to say but that is not quite what they are questioning. So you sort of have to, you become a sin doctor and I am afraid that was the part I hated the most about my life was being the sin doctor when I myself couldn't understand what this, what I was having to, how I would defend some of these things and statements. And again as I said it was so confounding because as much as Minister Manto and the President would come out in one interview or one event saying one thing and then in another meeting ask you to go ahead with a policy direction or some piece of implementation which defied the internal logic, let's put it this way, and so it was exiting, exhilarating, but also confusing in a lot of respects.

**LM:** And let's go back a bit, look at that Durban AIDS Conference in 2000 were you one of the delegates at that conference?

**CS:** I was, I was actually helping out Gustaaf and Petra and them receiving the dignitaries and all the Ministers who were arriving at the airport. You know there was a group of people from what now is the Dira Sengwe, you know that was to such as to try and make sure that people get off the plane and get to their hotels etcetera, so as part of that team helping out with this you know as part of you know just governments contribution towards this process. So mainly I remember that conference for being chaotic, because of you know the Minister had essentially said at a WHI meeting that you know she wants people to attend the conference. Unfortunately several Ministers took that as I am inviting you please come, which of course was not true but they would arrive without having had any hotel reservations, so you are sitting with a Minister and his or her entourage of four or five people and you know I would be phoning up Peter or Gustaaf saying okay so where do I take them what do I do with them. So I know that conference is most known for the statement that came out from the scientific communities in strong reaction, but on my very personal level I just remember it as the conference with chaos. But of course an incredibly exhilarating time as well to have all of these thousands and thousands of people coming to

South Africa and for the first time having an AIDS conference on the African Continent and in South Africa specifically to debate the issues of HIV. You know that was also the conference that followed after I believe Gugu Dlamini's death or I might, I am not quite sure, I might have the time lines a bit off but you know there were marches and you know it was just thousands and thousands of people and session after session and debate and interaction it was an incredible engaging process. But also of course being a government employee at the time you know the government came under a lot of criticism so again it was fielding all of these issues and writing media responses and drafting responses to questions. There was no rest during that conference let me put it that way there was no time to just take a deep breath and I think unfortunately that is what often happens with conferences like these. So even if I think about the Barcelona conference, you actually end up attending very few of the sessions, because you are just dealing with media requests and this meeting and that meeting. So you end up engaging in very little of the debate and in the sessions. And that is the one thing in all times I have attended the AIDS conferences when I had been part of the government delegation, is that because of all these, shall I say events around the conferences and meetings because everyone who thinks oh, everyone saying let's have a meeting on a specific issue, but because there is only so many hours of the day, those meetings end up happening during the sessions. So you end up paying a lot of money to go to a conference that you are barely attending at all. And so I think that is the only frustrating part for me around the conferences. So yes dealing in the 2000 conference was really just dealing with the chaos of people arriving without reservations and dealing with the chaos of media responses.

**LM:** But let's look at what happened because basically these interviews relates to the conference as the turning point.

**CS:** Yes.

**LM:** What do you recall happening what encounters did you have during the, apart from the chaos of course.

**CS:** The arrivals.

**LM:** So let's look at the dialogue that happened between government and civil society.

**CS:** So in a way I don't think the dialogue was that progressive at that point it was really scientist and civil society needs to have an aggressive response against government. I really don't think of the 2000 conference as one of positive engagement. It really was about government, I am sorry, civil society and especially the scientific community coming out with this very strong statement. Which of course is an amazing opportunity to bring civil society together around a specific cause, but I don't think it was a time

of engagement between government and civil society. I think it pretty much was the event that you know where the line was drawn in the sand. And I think in any conflict situation whether in personal or professional life, you have two options, when someone attacks you can either engage and try and resolve the conflict or you can attack back. And I think in many respects that is what happened. You had two opposing attacking forces, who were focused on defending their own positions and not enough on having dialogue and having constructive engagement. And if I have to be very fair about it obviously I think it was more the government response that was lacking in its ability and willingness to engage more than anything else. So whether I personally felt we needed to engage, you know when the Minister tells you we are not talking to these people your instruction as a government official is, you don't talk to these people. And that is why I say working for government you know it takes a lot out of you because what you do and what you believe, are not the same thing. So I think that for me was the sadness of the Durban conference.

**LM:** And moving forward, in partners related let's put, in 2002 when government was ordered by the High Court to make Nevirapine available, then there was also some delays like you mentioned we struggled implementation.

**CS:** Yes.

**LM:** What do you think was lacking in the department was it just a political will or?

**CS:** You know I think with a lot of these things there is always two, there is always two levels of barriers. There is this always this political barrier or you know, there is something that could be a political barrier if a decision isn't taken quickly enough. But in all other HIV policy issues I have seen its, the major barrier is the ability to implement and implement quickly and in some respects that has to deal with the structure of how government is structured. So you have the national level that sets policy and then you have the nine provinces, who essentially function in many respects autonomously. So the challenge of any new policy whether it PMTCT, anything, it is about the ability to translate that policy into proper implementation in a very short space of time because that is always the issue. You never have twelve months to do it. You have three weeks or at best three months but never sufficient planning time to actually role out things. And so the biggest barrier always in all of these things is having the co-ordination required to do this and in many respects that is what we saw. If you look at the HIV counseling and testing campaign that happened two years ago, if you had to ask me what the reasons of success for that campaign was, there are a few things, common vision. And you have that in most policy documents I mean there are very few policy documents where people feel you are on the completely wrong track. So

commonality of vision is usually not the barrier. Bringing people together to work together that was another of the success of the HCT campaign, but again that is not unique to the HCT campaign you have had it in many other situations. Here is why I will say the HCT campaign was very different. It was the level of micro planning and micro management. So the micro planning is that at the national level they actually set targets per facility so non per province, per district, but per facility and those achievements against targets were monitored per facility. So you didn't say that Francis Baard District is behind on its targets, you said these five facilities are not reaching their targets. So you could go to it with a very targeted approach. You go the those higher facilities and you figure out why they are not meeting their targets. Is it a training gap, is it that the commodities aren't there, is it that community doesn't want to be tested. But you know you deal with the issue right there and I think that is generally what is missing is that you have the policy level but then the planning for implementation happens at a different level. So you are sitting over here in theory in charge of the implementation, but you are not really in charge. You are in charge of co-ordinating other people who are planning and implementing. And I think that is really where some of the implementation then, that is the roadblock. It is not, it is not the intellectual power, it is not the capacity, it is none of those, it is the micro planning and micro management.

**LM:** Just translating it to the littlest unit?

**CS:** Exactly, planning to the micro level and making sure that you follow up that is the biggest difference.

**LM:** Thank you so much unfortunately we …

**CS:** We are done.