



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



## Remarks by the Minister of Health Dr Aaron Motsoaledi Speaker Notes on World AIDS Day, 01 December 2024- Sisa Dukashe Stadium, Mdantsane Eastern Cape

Programme Directors

Honorable Deputy President Mr. Paul Mashatile

Premier of the Eastern Cape Province, Hon, Mr Oscar Mabuyane

MEC for Health in Eastern Cape Province, Ms Ntandokazi Capa

Executive Mayor of Buffalo City, Ms Princess Faku

Councillors in attendance,

Members of the Royal household in attendance,

DG for Health Dr. Sandile Buthelezi

Ambassador PEPFAR

SANAC CEO Dr Thembisile Xulu

Leadership of the Civil Society Forum representatives

Ambassador Rueben Brigety, US Embassy Pretoria

Peter Sands, Global Fund

Winnie Byanyima, UNAIDS

Yogan Pillay, BMGF

Senior Management and Technical Lead for GoSA,

Other developmental partners present, Implementation partners

Ladies and Gentlemen, Good Morning.

It is always an honour to participate in the commemoration of World AIDS Day. Together with the rest of the world, today we are participating on the 36<sup>th</sup> Anniversary of the World AIDS Day since its inception on 01 December 1988.

It is my privilege to be part of this gathering in Buffalo City, Eastern Cape to commemorate the National World AIDS Day under the theme: “**Equal Rights, Equal Care**”, which we launched in Rustenburg 15 November 2024.

This theme resonates within the context where HIV epidemic has had a profound impact on the lives of People Living with HIV (PLHIV) and their loved ones in the country. Furthermore, this theme calls for a renewed commitment to addressing inequalities and ensuring equitable access to quality healthcare services within the human rights-based approach, with special focus on vulnerable and marginalised communities.

WAD 2024 theme exposes challenges and presents opportunities. Emanating from the “**Zero discrimination**”, theme, established by UNAIDS in 2014, the 2024 World AIDS Day Theme “**Equal Rights, Equal Care**”, was adopted by the country. The attack on rights is a threat to freedom and democracy and this is harmful to health. “Stigma and discrimination obstruct HIV prevention, testing, treatment and care, and hold back progress towards ending AIDS by 2030”, (*Winnie Byanyima, Executive Director of UNAIDS.*)

Attacks on the rights of women and girls, of LGBTQ+ people, and of other marginalized communities are on the rise. And when laws, policies, practices or norms enshrine punishment, discrimination or stigma for people because they

are women, or are LGBTQ+, or are migrants, or sex workers, or use drugs, the results lead to failing public health as these communities are pushed away from vital health and social services. **“Equal Rights, Equal Care”** theme advances equality and fairness for everyone regardless of gender, age, sexuality, ethnicity, religion or HIV status.

Honourable Deputy President, I must highlight that we have made significant strides in our fight against the spread of HIV epidemic in our country. The following ranked among positive strides made since the dawn of democracy in our country:

- This year marks 20 years since the ART roll-out in the country. We have transitioned from 3 tablets to one tablet per day of ART.
- In 2010, we embarked on a massive HIV Testing Campaign, where we were encouraging individuals to know their HIV status to be linked to appropriate packages of care including ART initiation.
- As PLHIV individuals understand the benefits of ART adherence and viral suppression, we have observed reduction in new HIV infections and HIV Prevalence rates.
- PLHIV on ART are living a long, healthy and productive lives. This is evident in the improved life expectancy among South Africans.

However, I must mention that the battle against HIV in our lifetime is not yet over. We still have a lot to do to ensure that we achieve the UNAIDS 95-95-95 targets by 2025 and eliminate HIV as a public health threat by 2030. The UNAIDS 95-95-95 targets, together with the primary prevention targets, aim to bridge inequalities in treatment coverage and outcomes, and to reduce new HIV infections by focusing on progress in all sub-populations, age groups and geographic settings.

I am happy to report that the team in my department did very well by tracing and linking over 300 000 PLHIV to care in 12 months, which is why we are at 96-79-94. I am convinced that if we were to be joined by many role players, we would be able to achieve even greater results.

It is in view of this understanding that in collaboration with other actors under SANAC, including Civil Society sectors, PLHIV, Development Partners, and communities, we are making renewed commitments to fast-track our HIV response.

In preparation for this commemoration, the South African National AIDS Council (SANAC) brought together various sectors to conceptualize and organize this campaign. South Africa's multi-sector response to HIV, AIDS, and STIs is highlighted annually through a call to action on World AIDS Day, underpinned by various National Strategic Plans (NSPs): HIV, AIDS, and STIs, since 2000. The NSPs have evolved through several generations, and now we are in the second year of the fifth generation NSP 2023-2028, which you launched, Mr. Deputy President, on 24 March 2023.

2024 marks a critical milestone in the South African history, not only because the country celebrates its third decade of democracy, but also because this coincides with 20 years of accessibility and availability of anti-retroviral treatment across the health sector. It is, therefore, critical that strides made in the political, economic and social spheres of society must find expression and be extended to the empowerment of people infected with and affected by HIV and AIDS.

To address this theme, the country's response must continue to be embedded in a multisectoral and multidisciplinary framework and must continue to be driven with the unity, vigor and resilience of the past 20 years. The world is working

towards achieving the UNAIDS 95–95–95 targets for HIV testing, treatment and viral suppression by 2025, and we would also stand to be counted among those nations that are making progress, hence our renewed approach in this regard.

Mr Deputy President, my office convened a meeting, with US Global AIDS Coordinator, the Ambassador of PEPFAR, Dr John Nkengasong, on 03 October 2024 to relook at the progress we are making and to come up with new commitments. We called the outcomes of this meeting, the “Accelerator Part II”. This was a second time that both PEPFAR and the Department met to seek ways of accelerating our actions towards attainment of the 95-95-95 targets. This was called Accelerator II because it was building on the Accelerator I, which was started by my Predecessor, the Deputy Minister Dr Phaahla in February 2024. along with the,

This meeting was attended by the principals from the development partners and civil society communities to discuss the progress made under the agreed **Accelerator I** principles and agreed on the way forward. We have noted, sadly, that the current trajectory of the program will not lead us to reach the goals set forth with the UNAIDS 95-95-95 target for 2025. From this observation, we agreed unanimously that we must change the gears, and get into the overdrive to accelerate towards the attainment of the targets, and that is why it is called Accelerator II.

We decided that firm and strong action is needed, through bold commitments if we are to reach our targets.

**These bold actions require all stakeholders to ensure that the following happens in the next 12 months:**

- **Accelerator II Commitment 1. Reduce Frequency of client visits.**

This will be done through full optimization of 3 Multi-Months Dispensing (MMD). We have committed to put 90% of eligible clients on ART put on 3MMD by March 2025. We also agreed to conduct the rapid assessment for the readiness to implement 6 Multi-Months Dispensing (6MMD). This assessment will create a learning opportunity to inform the country on the feasibility for implementation of 6MMD. We are working with Health Care Providers (Doctors, Nurses, Pharmacists, Data Capturers), PLHIV to meet all the requirements for 6MMD.

- **Accelerator Commitment 2 - Closing the gap in the cascade** especially for men, youth and children by ensuring the existing structures, interventions that works to track and re-engage the client back to care. **Closing gap on cascade will include us adding 1.1 million people** to long-term ART support, by December 2025. This bold move will include that the following targets for treatment are scaled over time:
  - 100K PLHIV added to long-term care/on ART by March 2025,
  - 300K PLHIV added to long-term care/on ART by June 2025,
  - 600K PLHIV added to long-term care/on ART by September 2025
  - 100k PLHIV added to long-term care/on ART by December 2025

### **Accelerator Commitment 3 – We need to Improve our efficiencies.**

**This will be achieved** by ensuring that our Human Resource for Health (HRH) Mapping is done to inform better planning and foster effective and efficient use of resources in the HIV response. We need to share data amongst the existing funding mechanism in the country enable re-alignment and re-assigning of the HRH in line with the needs identified from the commitments we have made.

- **Accelerator Commitment 4 – Increasing demand for HIV Testing and Treatment Services.** Whilst we celebrate the achievement of the 1<sup>st</sup> 95%, we are equally reminded of the need to recognize the renewed engagement and reengagement approach

to foster HIV prevention, testing services and Antiretroviral Therapy. The cyclical cascade shows that an estimated 7% of the PLHIV are undiagnosed and over 35% clients are disengaging on ARVs either upon linkage, early ART or long-term ART. The treatment interruption affects the viral load coverage and suppression and may have a bearing on new HIV infections, vertical transmission and STIs.

- **Accelerator Commitment 5 –**

**Implementation Monitoring of our mutual Accountability** remains the cornerstone of holding each other accountable, foster partnership and collaborative efforts to ensure progress on our acceleration.

With regards to the treatment of children, the department has prioritised early initiation of adolescents and children on Anti-Retroviral treatment and ensuring adherence. Paediatrics ALD (pALD) which is a combination of abacavir-60mg, lamivudine-30 mg, dolutegravir 5-mg, was recently registered and launched in South Africa and it will be made available soon. This is the first fixed dose combination to treat HIV-1 infection in children who are at least 3 months of age and weigh 6kg to less than 25kg. It being a fixed dose combination it improves adherence. It is dispersible and can be stored at or below 30 degrees Celsius, which makes easier to transport and easy to administer to children. It contains Dolutegravir the “go-to” and robust antiretroviral treatment, offering rapid viral suppression while being a well-tolerated ART. This will sure improve the treatment cascade for children as well.

South Africa adopted the Undetectable equals Untransmittable (U=U) as the strategy to increase the demand for HIV testing, treatment services and the drive to attain viral suppression. For us, Mr President, to eliminate HIV and AIDS as the health threat in the country, the biggest weaponry remains prevention, adherence and viral suppression. We support and have endorsed U=U, but the

messaging U=U without a prevention agenda can potentially undermine the gains achieved over decades. It is for this reason that we continue to advocate for correct condom use, dual protection, to prevent other sexually transmitted diseases such as Syphilis, Adherence to treatment, and Utilizing treatment as prevention through Pre-Exposure Prophylaxis (PrEP and Post Exposure Prophylaxis (PEP) remains essential.

The role of stakeholders remains critical if we are to meet our targets of getting 1.1 million patients back to treatment. We therefore call on SANAC to bring everyone together to ensure that the intended targets and goals are met. This includes mobilising other government departments, Political Organizations, Trade Union Movements, Student Organizations, Transport industry (Taxis, Buses and Trains), Traditional Leaders, Religious Leaders and Sporting Bodies. We believe that if we mobilize the whole of society and the whole of Government to know their health status, to start treatment if they are positive, and to remain on treatment, we will be able to reach the 95-95-95 targets sooner than planned.

SANAC remains the key convenor and coordinator of the stakeholders to ensure that we find HIV to stop HIV, Find TB to stop TB throughout the short and concentrated phase of our Accelerator II.

Honourable Deputy President, we are focusing on Eastern Cape this year because the province has not yet reached the 95-95-95 target. Eastern Cape data show that results for each of the sub-populations vary in terms of performance against the 95-95-95 HIV cascade, with adult females at 94-84-93, adult males at 92-73-93, and children under 15 years at 83-75-71.



Case finding, anti-retroviral therapy initiation and retention have all underperformed, and should be addressed through focused interventions on sub-populations. The province is performing poorly on the management of male and children's indicators, however, performance on children's indicators has shown a slight improvement in the second quarter of 2024/2025 financial year. The focus pre, during and post World AIDS day is on Men, children and youth

To achieve 95-95-95 targets, the Eastern Cape province needs to find and initiate 134 949 People Living with HIV on anti-retroviral treatment, and several strategies need to be employed in this regard. The province has historically reported a year-on-year decline of HIV positivity yield, with 11,114 people testing HIV positive against the target of 12,708 in the second quarter of 2024/2025. The province is at 91% treatment initiation rate; more work on linkage to care is needed. Adult remaining in care rate is negatively affected by the high lost-to-follow up rate of 30.2%. The province has improved children remaining in care rate from 74.8% to 77.6% in Quarter 1 of 2024/2025. Orphans and Vulnerable Children project implementation to be replicated in other districts currently not supported in this regard.

Most districts performance is indicative of gradual implementation of the Differentiated Models of Care circular released during the 2023/2024 financial year, on recording and reporting on the strategy. Further improvement is expected as the programme has collaborated with District Trainers and Mentors to bring identified poor performing facilities on-board. Viral suppression rate for both adults and children are low, with only Alfred Nzo, Buffalo City Metropolitan Municipality and Sarah Baartman reaching the targets for children.

Ladies and Gentlemen, whilst we commemorate this year World AIDS Day, we all need to work together to accelerate the plans and commitments that we make. We equally recognize that each one of us has here and beyond has a significant role to play for these commitments to become a reality.

Ending AIDS is possible and together we can achieve it. Holding each other accountable, our political will, planning better, coordinating better, partnering for change, driven by data to maximize our impact are the essential attributes for foster the realization of these ambitious goals. Let us operationalize these commitments and let us allow the communities to lead the course.

In conclusion, it is critical that I emphasise that as the Department, we have taken a conscious decision that stipulates that combination prevention strategies should be embedded within our treatment, care and support interventions to reduce new HIV infections and ensure that individuals who are HIV negative remain negative. Let it be our constant reminder that ending HIV epidemic requires collective action, equitable access to healthcare services, and unwavering dedication to human rights principles.

Together we can achieve more.

**As I am about to take my seat, Programme Director- allow me to introduce and invite our Keynote Speaker, the Deputy President of the Country and Chairperson of SANAC.**

I thank you!!!!