## Speech by the Honourable Minister of Health, Dr Aaron Motsoaledi at the Launch of the Clinical Trials of South Africa's First Locally Manufactured Vaccine

Perinatal HIV Research Unit, Chris Hani Baragwanath Academic Hospital

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Programme Director: Dr Michelle Mulder from SA Medical Research Council

Deputy Minister of Science, Technology and Innovation, Dr Nomalungelo Gina

My colleague and MEC for Health and Wellness, Mme Nomantu Nkomo-Ralehoko

Dr Morena Makhoana, Chief Executive Officer of Biovac

Dr. Jerome H. Kim, Director General for International Vaccine Institute

Professor Glenda Gray, SAMRC Chief Scientific Officer and Distinguished Professor at the Faculty of Health Sciences, Wits University

CEO of Chris Hani Baragwanath Academic Hospital Distinguished Guests

Members of the media,

## Ladies and gentlemen,

## Good morning

It is indeed a great honour and privilege to join you today for this historic occasion to witness the launch of the Oral Cholera Vaccine clinical trial for South Africa's first fully manufactured vaccine- from end to end in more than half a century. I stand here filled with pride and optimism for what this moment represents to our nation and the African continent as a whole.

This is indeed a momentous day. For the first time in history, a vaccine ready for a pivotal clinical trial has been developed and produced from start to finish right here on South African soil. This milestone is about reclaiming our country's capability to innovate, to manufacture vaccines, and to protect the health of our own people, the people of Africa, and global recipients through global procurement processes.

In the past, South Africa had limited capacity to produce vaccines locally, and this still continues, with our country relying on imports from other nations. The COVID-19 pandemic exposed the dangers of this dependence where access to lifesaving vaccines was often

determined not by need, but by geography and global inequities. Today, we take a decisive step towards changing that story.

Building local vaccine manufacturing capability is not a luxury; it is a national necessity. It strengthens our sovereignty, enhances our health security, and ensures that our people are not left behind when the next global health crisis strikes.

When we can research, develop, and manufacture vaccines locally, we reduce our vulnerability to supply chain disruptions, geopolitical pressures, international market competition and Vaccine hoarding or Vaccine nationalism, which was apparent during the height of COVID-19 pandemic. Local production of oral cholera vaccines will enable our country and the continent to respond swiftly, decisively, and equitably for our citizens and our neighbours.

This development is perfectly aligned with South Africa's G20 priorities of Solidarity, Equality, and Sustainability, which call for distributing, manufacturing, fair allocation mechanisms, and global cooperation frameworks that embed equity at every stage of responding to a health issue amongst others.

We firmly believe that strong local and regional science and innovation ecosystems are vital for being prepared to handle outbreaks such as cholera. To be truly ready, every country must have access to all three critical tools: diagnostics, therapeutics, and vaccines.

- Diagnostics allow for early detection and containment.
- Therapeutics save lives by reducing the severity of the disease.
- Vaccines provide both prevention and protection, stopping outbreaks before they spread.

The more we innovate in these areas, the more resilient we become as a nation and as a continent. This aligns fully with the Pandemic Agreement adopted by the World Health Organization Member States during the 78<sup>th</sup> World Health Assembly which was held in May this year, which emphasises vaccine equity as a cornerstone of global health security.

Programme Director - the focus of this pivotal clinical trials for the Oral Cholera Vaccine could not be more timely. Cholera is a severe diarrhoeal disease caused by Vibrio cholerae, often linked to unsafe water and poor sanitation. It can spread rapidly, causing serious illness and death if untreated.

Although Cholera is not endemic in South Africa, but the country occasionally experiences sporadic cholera outbreaks triggered by imported cases of this preventable disease from neighbouring countries.

In recent years, South Africa has faced periodic cholera outbreaks, including tragic loss of life in some communities. These outbreaks remind us that cholera is not a disease of the past. It remains a public health threat that demands preparedness, prevention, and resilience.

If we have a locally manufactured oral cholera vaccine it would mean that we will be better equipped to protect vulnerable populations, respond quickly to outbreaks, and save lives.

Cholera continues to threaten many countries and constitutes a major global public health problem. According to World Health Organization an estimated 1.3 to 4 million people around the world get cholera each year and 21,000 to 143,000 people die from it.

Cholera outbreaks in South Africa date back to the 1970s, often linked to natural disasters and poor sanitation. The first confirmed case was reported in 1974, followed by annual outbreaks from 1980 to 1987, leading to over 25,000 cases and 348 deaths.

After the 2023 deadly cholera outbreak in South Africa, the Department has reviewed the 2014 version of the National Cholera Guidelines to align them with the Global Task Force on Cholera Treatment (GFTCC). The GTFCC is a global strategy on cholera control, which was launched in 2017 focusing on Ending Cholera.

The local vaccine production will also boost economic growth of our country through job opportunities, reduce import costs, and the development of a skilled workforce. We believe this initiative will also attract foreign investment and create more opportunities for government support and export.

I wish to congratulate Biovac on this remarkable achievement. This milestone is a testament to South African excellence, to scientific dedication, and to the power of partnerships between government, academia, and industry.

I also wish to recognise the South African Medical Research Council (SAMRC) for its longstanding and proven leadership in clinical research. The SAMRC's impeccable record in managing clinical trials ensures that this important study will be conducted with the highest scientific and ethical standards.

To Biovac, the SAMRC, and all partners, congratulations once more. May these trials be successful and pave the way for a safe, effective, and proudly South African vaccine that will benefit our people and the world.

Thank you.