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**Remarks by the Honourable Dr. Joe Phaahla
Deputy Minister of the National Department of Health, Republic of
South Africa**

**SADC Secretariat Session
27 July 2026, 11h30, Room 202, IAS 2026**

“Sustaining the HIV Response in Southern Africa Beyond 2030”

- Session Chair/s
- Your Excellencies
- Distinguished guests and esteemed delegates
- A special acknowledgement to Team South Africa led by myself, Deputy Minister Kekana, and the provincial MECs present

It is a privilege to join you today as we reflect on the future of the HIV response in our region and consider what sustainability will mean in the years ahead.

As we gather here, it is important to recognise that the HIV response is entering a new era – one characterised not only by our ambition to end AIDS as a public health threat by 2030, but also by our collective responsibility to sustain those achievements well beyond 2030.

This is a pivotal moment. The progress we have made over the past decades has been remarkable, but the true measure of our success will be our ability to preserve and strengthen those gains for future generations.

Southern Africa remains the epicentre of the global HIV epidemic. Yet it is also the region that has demonstrated some of the world's most significant achievements in the fight against HIV.

Through sustained political commitment, substantial public investment, strong community systems, and effective regional cooperation, SADC countries have transformed HIV from a crisis marked by despair into a story of resilience, innovation, and progress.



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Millions of lives have been saved. Access to treatment has expanded dramatically. Communities once devastated by the epidemic are now leading the response. Across our region, we have shown that meaningful progress is possible even in the face of enormous challenges.

Perhaps most importantly, we have repeatedly demonstrated that African leadership, African solutions, and community-led action deliver results.

These lessons are particularly important as we look toward the future and align ourselves with the vision articulated in the Global AIDS Strategy 2026–2031.

The new Global AIDS Strategy calls for a fundamental shift in how HIV responses are designed, financed, and sustained. It moves us away from donor-led approaches and toward country-owned and country-led responses.

This is not an abstract concept. It is already happening across our region.

South Africa, for example, has demonstrated leadership through its multidomain National Sustainability Framework, which is helping to inform country-led transition planning for HIV and tuberculosis responses. This approach recognises that long-term success depends on strengthening national ownership and ensuring that countries themselves shape the future of their responses.

In line with the Global AIDS Strategy, the focus is shifting from intervention-centred programming to people-centred and rights-based systems. It is also moving from short-term emergency responses toward long-term sustainability, resilience, and national capacity.

The Strategy identifies three central priorities that should guide us moving forward.

First, strengthening country leadership and ownership of HIV responses.

Second, reducing inequalities and protecting human rights.



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And third, strengthening community leadership at every level of the response.

These priorities reflect an important truth: sustainable progress cannot be achieved through programmes alone. It requires strong institutions, empowered communities, equitable systems, and accountable leadership.

When we speak about sustainability today, we must recognise that the concept has evolved.

Sustainability is no longer simply about replacing donor funding or filling resource gaps.

Rather, sustainability is about ensuring that countries have the institutions, systems, financing mechanisms, workforce capacity, governance structures, and community partnerships required to maintain HIV gains for generations to come.

In the same way, we are increasingly discussing the importance of health sovereignty.

Health sovereignty means that African countries determine the direction of their own health responses. It means mobilising domestic resources, strengthening public health systems, building national capacity, and shaping partnerships according to national priorities rather than external agendas.

Health sovereignty does not mean working alone. Rather, it means engaging in partnerships from a position of leadership, ownership, and shared accountability.

South Africa's experience provides valuable insights in this regard.

The **National Sustainability Framework** was developed precisely to support the transition toward a more sustainable and country-led HIV response.



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The Framework recognises that sustainability must be built across six interconnected domains.

- The first is epidemic control.
- The second is financial sustainability.
- The third is service delivery.
- The fourth is governance and accountability.
- The fifth is the strengthening of critical social and community enablers.
- And the sixth is resilient systems for health.

Together, these domains acknowledge that sustainability cannot be achieved through isolated interventions. It requires integrated programmes, capable systems, and strong institutions that work together to maintain epidemic control through domestic leadership and financing, complemented by predictable external support.

While we celebrate progress, we must also acknowledge the challenges that remain.

Across many SADC countries, treatment programmes have become increasingly strong and resilient. However, important vulnerabilities persist.

Prevention programmes continue to face funding pressures.

Services for key and vulnerable populations remain at risk.

Community-led responses often struggle to secure sustainable financing.

Social enablers and human rights interventions frequently depend on external support.

And as the global financing landscape continues to evolve, these areas may face increasing uncertainty.

These realities remind us that the journey toward sustainability is not yet complete.



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They also highlight why regional collaboration is more important than ever before.

No country can achieve sustainable epidemic control in isolation.

The challenges we face are increasingly interconnected, and so too must be our solutions.

Regional solidarity is one of Southern Africa's greatest strategic assets.

Through collaboration, countries can strengthen cross-border continuity of HIV services, ensuring that people remain connected to care regardless of where they live, work, or travel.

Regional cooperation can also support joint procurement and supply-chain efficiencies, helping countries maximise limited resources and improve access to essential medicines and commodities.

It enables shared learning, knowledge exchange, and innovation.

It strengthens our ability to mobilise both domestic and international resources.

And it allows us to coordinate responses to emerging public health threats that do not respect national borders.

SADC provides an important platform for advancing these collective solutions and for translating regional solidarity into practical action.

As we look ahead, the challenge before us is not simply maintaining existing programmes. It is transforming our systems so that they remain effective, equitable, and resilient for decades to come.

The Global AIDS Strategy challenges us to think beyond programme continuation and toward long-term transformation.

Our collective goal should be to build HIV responses that are domestically led, community-driven, financially sustainable, integrated within primary health care and Universal Health Coverage, and resilient enough to withstand future shocks.



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If we achieve this, we will not only preserve the gains made against HIV, but also strengthen our broader health systems and improve health outcomes across our societies.

Let me conclude with this thought:

The future of the HIV response in Africa will not be defined solely by the resources we receive, but by the systems we build, the partnerships we strengthen, and the leadership we demonstrate.

Through sustainability, regional solidarity, and health sovereignty, SADC has an opportunity not only to end AIDS as a public health threat, but to create a lasting model of African-led health development for generations to come.

I thank you.