

**SPEECH FOR HON MINISTER Dr ZWELINI MKHIZE**

**WORLD AIDS DAY 2020**

**Deputy President, Honourable Mr David Mabuza**

**Deputy Minister of Health, Honourable Dr Joe Phaahla**

**The Premier for Gauteng Province, Mr David Makhura**

**Acting MEC for Health Gauteng, Mr Jacob Mamabolo**

**SANAC CEO Dr Thembisile Xulu**

**Executive mayor of Johannesburg, Counsellor Makhubu**

**Deputy Chair of SANAC, Ms Steve Letsike**

**Her Excellency US Ambassador Lana Marks**

**United Nations Representatives**

**Implementing Partners and Donor Funders**

**All representatives of SANAC sectors**

**People Living With HIV and AIDS**

**All Stakeholders**

**Members of the Media**

**Ladies and gentlemen**

World AIDS Day was first observed as a commemorative campaign on the 1st December 1988 when Ministers of Health from around the world met under the auspices of the World Health Organization and agreed on the concept of the day as creating an opportunity to pay special attention to the global fight against HIV and AIDS.

Today, World AIDS Day is commemorated as we find ourselves in the midst of a global COVID-19 pandemic. Under normal circumstances, this multi-sectoral outreach event would have taken place on a larger scale with communities throughout the country in an effort to encourage health seeking behaviour.

But I also just want to appreciate the work done by civil society. Earlier we were deeply moved by presentations made by the youth. Their courage and activism as they relayed their stories of hardship and triumph was inspirational. Were it not for their expression and how they told their stories there are many things we could have missed out on. So today I say thank you for opening our minds to the realities of those who live with HIV. Today we have got youth who reflect our dreams when, many years ago, we targeted the elimination of mother to child HIV Transmission. We are now witnessing this youth themselves becoming parents and activists, advocating for continued advancement in the combat against HIV.

As a country, South Africa adopted the UNAIDS 90-90-90 targets in 2014, with the aim of ending AIDS as a public health threat by 2030. As we know these targets state that 90% of People Living with HIV (PLHIV) must know their status; 90% of those, must be on ART; and of those on ART, 90% must be virally suppressed.

The country has witnessed significant progress towards these targets and is currently at 93-73-88. ART coverage remains highest among adult women, at 69%, whilst ART coverage in adult males is at 55%. ART coverage in children is the lowest at 46%. At a district level, certain districts have been able to achieve their 90-90-90 targets ahead of the deadline. Three districts in KZN, Ugu, Umzinyathi and Umkhanyakhude, reached their 90-90-90 targets at the total population level in December 2019, 1 year ahead of the original deadline.

Due to the impact of COVID-19, it has been a difficult task to maintain HIV program performance whilst dealing with the pressing urgency of this unprecedented crisis on. It is therefore encouraging that 2 additional districts, Harry Gwala, in KZN, and Thabo Mofutsanyane, in Free State, have achieved 90-90-90 targets at the total population level, during the first 6 months of 2020. We congratulate these districts for defying the odds and pushing against the current towards our shared goal.

Allow me, Programme Director, to now elaborate on the government's partnership with SANAC and Civil Society in fighting the HIV pandemic. Cheka-Impilo and SheConquers are the 2 major campaigns that we have been driving together in a multi-sectoral manner to bring health services closer to the people.

We introduced the National Adherence Guideline (AGL) for HIV, TB & NCDs in July 2016 to address linkage to care, adherence to treatment and retention of cases, particularly those that are difficult to manage. With the issuing of 2019 New Clinical Guidelines, the National Adherence Guideline had to be revised. The revised Standard Operating Procedures for the guidelines were endorsed in March 2020. In addition, the National Department of Health (NDoH) adopted a Differentiated Model of Care as the overarching terminology for differentiated service delivery.

This enables delivery of services across the care cascade, while recognizing the importance of integrated chronic care service

provision. These interventions also provide guidance on facility decongestion by referring stable patients for multi month dispensing at 2, 3 and 6 months. Implementation of the Central Chronic Medicines Dispensing and Distribution (CCMDD) program has enabled stable patients to collect their repeat medicines for free, from a convenient collection point near their home or place of employment. These services came into high demand during the COVID-19 pandemic, highlighting their utility now and into the future of public health medicine.

As at September 2020, the programme boasted over 2 million active patients on ARVs referred to a differentiated model of care; over 1.3 million patients utilising external pick up points, 1,2 million patients utilising Facility pick up points and 301 395 utilising Adherence Clubs. This model will enable us to close the treatment gap, especially for adults. Meanwhile, to address the children treatment gap and 90-90-90 respectively, the matrix of interventions Standard Operating Procedure has been developed and approved.

We also know that prevention is better than cure: condoms remain the cornerstone of prevention and hence consistent and correct use of male and female condoms will reduce HIV and other sexually transmitted infections as well as unplanned pregnancies. Furthermore, both male and female condoms, MAX and MAXIMA and compatible lubricant are distributed for free in public health facilities and through other organizations and departments.

Now we have given you the numbers, but ultimately it is the ability to work together as government, civil society, labour and communities that allows us to achieve these things and continue to forge ahead towards our goals.

We also continue to expand Pre- Exposure Prophylaxis in public health facilities. This is a pill that is taken daily orally to prevent acquisition of HIV for everyone at substantial risk of acquiring HIV.

In addition to PreP and condoms, our public health facilities continue to provide services for other sexual reproductive health

and rights interventions such as other contraceptives, Antenatal Care and Termination Of Pregnancy.

For all men out there we also provide Medical Male Circumcision for free in facilities and selected sites. We know from research that men who are circumcised are less likely to contract HIV by 60%. However, this does not render one immune to contracting HIV and other sexually transmitted infections. This is why we still recommend consistent and correct use of condoms even in circumcised men.

We must call on men to desist from engaging in sexual activities with young girls- we know that very often young girls acquire HIV from older men who take advantage of the power imbalance in these relationships.

We would like to take the opportunity to thank our global partners such as PEPFAR and UNAIDS as well as the World Health Organisation for the unwavering support as we have fought the HIV/ AIDS pandemic over the decades.



Before I have the honour of introducing the Honourable Deputy President, Programme Director please allow me a final word to the people of South Africa: anyone who still does not know their HIV status is encouraged to test for HIV and TB. I would also like to challenge you to encourage and call on your sexual partners, friends, family and children to get tested, and to support and embrace those who are initiated on treatment. Together we can reach the 90-90-90 goals and eliminate HIV by 2030.

It now gives me great pleasure to introduce the Honorable President

The Honourable Mabuza matriculated at Khumbula High School and studied at the Mngwenya College of Education and later at the University of South Africa. He earned a certificate in education and Bachelor of Arts in the respective institutions.

Hon. Mabuza was a secretary of the Azania Student Organisation (AZASO) from 1984 to 1985, chairperson of NEUSA from 1986 to 1988, treasurer of FEP from 1986 to 1990, a co-ordinator of NECC from 1987 to 1989, and chairperson of the South African Democratic Teachers Union from 1988 to 1991. He taught at KaNgwane Department of Education from 1986 to 1988 and he was a Principal of Lungisani Secondary School from 1989 to 1993.

Hon. Mabuza served as a Member of Executive Council (MEC) for Education in Mpumalanga from 1994 to 1998, as a regional Chairperson of the African National Congress (ANC) from 1994 to 1998, member of the Provincial Executive Committee of ANC from 1998 to 2006, MEC for Housing from 1999 to 2001, member of the Mpumalanga Provincial Legislature from 1999 to 2001, member of Parliament from 2001 to 2004 and as a member of Mpumalanga Legislature from 2004 to 2007. Mabuza served as Deputy Chairperson of the ANC Mpumalanga Province in 2005, MEC for Road and Transport from 2007 to 2008, chairperson of the ANC Mpumalanga in 2008, and MEC for Agriculture and Land Administration from 2008 to 6 May 2009. He also served as a

leader of government business in the Mpumalanga Legislature in 2007.

In the same year, he became a member of the ANC National Executive Committee (NEC). On 10 May 2009 he became Premier of Mpumalanga.

On 18 December 2017, he was elected Deputy President of the ANC. On 26 February 2018, he was selected by our president, the Honorable Cyril Ramaphosa as Deputy President of South Africa. On 20 March 2018, Mabuza gave his maiden speech in Parliament and for the first time responded to questions from MP's as the Deputy President of South Africa.

Ladies and Gentleman, may you rise as we welcome our Deputy President, the Honourable David Mabuza, to address the people of South Africa on this World AIDS day.