Speech by the Minister of Health, Dr Joe Phaahla during 11th South African AIDS Conference Closing Ceremony – Durban ICC

23 June 2023

Premier of KwaZulu Natal Province, Hon. Nomusa Dube-Ncube

KZN MEC of Health, Hon. Nomagugu Simelane

MECs in present,

Major of eThekwini Metro, Your Worship Clr Mxolisi Kaunda,

Co-chair of South African National AIDS Council, Ms Steve Letsike,

PEPFAR Ambassador John Nkengasong,

The CEO of South African National AIDS Council, Dr Thembisile Xulu,

Co-Chairs of the 11th SA AIDS Conference, Dr Gloria Maimela and Dr Thato Chidarikire,

Our Developmental Partners UN Agencies (WHO, UNAIDS, UNICEF, UNPFA), PEPFAR Agencies (USAID, CDC) and Global Fund,

Civil Society Organizations and Implementing partners,

Ladies and gentlemen.

Good Morning

As we wrap up the 11th SAAIDS Conference 2023 which was held the over the past 3 and half days, I would like to applaud the conference chairs and the organizing committee for hosting a successful conference. Most importantly, I would like to applaud and commend the entire HIV community, all the delegates and speakers and participants, because without you all, we would not be talking about the success of this conference.

However, I wish to express my deepest apologies to the people with disabilities. I have been made aware of the lack of sign language interpretations during the opening ceremony and some subsequent glitches encountered that affected the disability community. I humbly apologize on behalf of the conference organizers, and the country for how this may have affected the confidence that the people with disabilities may have felt a sense of exclusion. This is not what we are about in relations to the sector, and be rest assured that you are important to us and your contribution in ending the epidemic is equally invaluable.

This conference was held under the theme “ACT, CONNECT AND END THE EPIDEMIC” for a good reason. This was a very powerful theme because it challenged all of us, throughout the conference to be held accountable in the Actions we take, so that we all play our part. We must connect because each one need another, civil society needs partners, government needs private sector, industry needs users of services. We indeed used the opportunity to connect because we don’t want to leave anyone behind. I am convinced that we will in this way, end the epidemic, because it is only when we work together that we can end the epidemic. We have demonstrated this joint efforts when were confronted by the COVID-19 pandemic. The togetherness of purpose during the painful times of the COVID-19 pandemic has taught us the invaluable lessons that are enough to carry us as we march towards ending the epidemic in 2030.

During the opening ceremony, I gave you some of the key highlights of the achievements that we have registered since the last face to face conference. I did not have an inkling that the conference was going to reveal a lot more of the great advancements that we have made towards the 2030 target. I never knew that we have been able to firstly, unite the sectors towards a common goal, which had almost looked illusive for many years. I did not feel or even hear of any confrontations that the naysayers would have predicted. This is a sign of oneness of purpose which is required if we are to reach our goal.

During opening session, Prof Kholeka Mlisana made it very clear for us to understand the journey this epidemic transcended. The journey we have travelled does get reflected in the way we have adopted an integrated approach finalising our 5th generation NSP 2023-2028, especially that it includes and puts focus on communities, hence it is called the People's NSP. The visibility of STIs interventions in the current NSP is a game changer, even though the rise in Syphilis is a concern which requires our attention to reduce. As the conference has shown best practices, especially using data for decision making, there is a need to relook into the Syndromic Approach for optimization.

I listened to the professionals, starting with the scientists, who shared with us the new innovations, the ordinary community members who shared their lived experiences of living with the virus and still enduring it to this day. I have listened to the development partners who are ready to walk the full and perhaps the final miles with us till the end.

Whilst the conference has reflected on a myriad of positive attributions from the 7 tracks, plenary sessions, satellite sessions, symposiums, posters presentations and exhibitions that were show-cased, we need to indeed ACT now more than ever, to end this epidemic that has been a part of our lives for so any decades.

We strongly believe and are encouraged by the fact that your participation, and the deliberations have paved the way to the next steps towards an AIDS free generation in 2030 which the rapporteurs of the 7 tracks will present to you in detail later today. The highlights and feedback shared are the cornerstone and instrumental to turn the tide and contribute towards reaching our 95 – 95 – 95 goals in the next 2 years as we eagerly await to reflect on the performance.

While I listened to these heartwarming stories and the commitments made, I remained scared when I am reminded of the fact that there is under 10 years before 2030, but worse when I realise that the target 95-95-95 will be revised in 2025. This is what got me hot under the collar because I realised just much little time we have. It is for this reason that I am calling on all of us to spare no effort or energy to ensure that we reach this feat.

It will not take one sector but will require our collective effort to reach it. Every one of us has a responsibility to make this happen. While we have reached 94-77-92, I am certain that with renewed focus and higher speed, we should be able to reach the target of 95-95-95. We are going to rely to all of us to mobilise those who have fallen of our treatment to return to care, because if that fails, it makes reaching the 3rd 95 a pipe dream. This means that every resource must be spent on the 2nd 95, because our win there will mean a win for the rest of the war. The war on the 95-95-95 will be won or lost on the 2nd 95.

Ladies and gentlemen, let me pronounce the critical areas to enable all of us to Act, Connect and End this Epidemic.

- A lot has been discussed and deliberated on bridging the gap between the Policy and Practice. It is now more than ever that all our policies, guidelines, strategies, and strategic plans must be put to practice.

- We have developed a well costed 2023 – 2028 National Strategic Plan HIV, STI and TB which provides the strategic framework for a multi-sectoral approach. This conference has just affirmed our view that the NSP must be measured in implementation for it to be lauded, as indeed a People's NSP. It is now the time to facilitate finalisation of the provincial plans and ensure that resources are solicited and the NSP becomes fully optimized with people-and communities in the centre of the approach. This calls for everyone involved to play their critical part. We cannot fail.

- Our 2023 ART Clinical Guidelines which are newly revised and consolidated to include integrated approach on Vertical Prevention Program (used to be PMTCT), TBHIV and Differentiated Model of Care minimum package of interventions needs to take a centre stage in our immediate implementation. We know that training has begun, however, we need to move with speed to ensure that everyone is orientated, and implementation takes place, because our people cannot wait any longer.

- The Director General for Health, Dr Buthelezi spoke widely about the NDOH 10 Point plan and the 100 facilities prioritizations. The implementation of these critical plans must be accelerated because our people's lives depend on how well we plan and execute the plans. We are happy that there is already progress made. More work lies ahead of us to ensure we facilitate the improvement especially in our 2nd and 3rd 95 respectively.

- There is still a notable gap to case finding especially men, children and adolescents, and mostly key populations which contribute over 65% of HIV burden. HIV self-screening, and index testing remain critical to assume this goal. We need to ensure our demand creation is driven by our communities to ensure right people are diagnosed. This will take us to begin to optimize and redefine the status neutral approach (engage and re-engage clients into care irrespective of the status) to ensure that we are intentional in ensuring active referral to either treatment pathway engagement or prevention pathway engagement to those who test negative but remain at high risk of HIV exposure.

- Our HIV Combination Prevention interventions such as PrEP, CAB LA, Dapivirine vaginal ring, PEP, Condom Promotion, integration of family planning and SRH and STI management need to be scaled up.

- The implementation of the NSP will require serio adjustment of the clinical guidelines such as changing from Prevention of Mother To Child Transition (PMTCT) to Prevention of Vertical Transmission (PVT). This will result in the increased access to optimised ART regimens, provision of better therapeutic for pregnant women. In this way, there will be lesser risks for neural tube defects and will focus strongly on achieving and maintaining maternal viral load suppression.

- Through this programme, all babies will receive dual prophylaxis at birth until the results of the delivery viral load are known. Once delivery viral load is known, the threshold for defining “high-risk” would have been achieved.

This will lead to prevention of more babies born infected and thus reduce the expenditure on the treatment. From these developments, it is evident that a focus will be on preventing HIV infection, thus achieving, and maintaining maternal viral load suppression; keeping HIV-exposed infants in care with PCR testing as per guidelines, and ultimately ART initiation in the small proportion of children who do become HIV infected.

- We have also heard of how we will move our patients to 3 multi-months dispensing (3MMD), in a way that it will reduce the pain of travelling to health facilities on monthly basis to access treatment. The reality is that some of the clinics don't operate over the weekend, and as such becoming very difficult to the patients that are working during the week.

- We need to move with speed to ensure that inclusivity creates an enabling environment for HIV prevention and ending the epidemic amongst the key populations. The human rights aspect needs to be upheld and not violated at any given point, because we don't want to put our feet wrong while executing such an important mission, for which may have shed tears and sweat.

- Let us continue to ensure that in our health facilities there are full Differentiated Service Delivery approach to decongesting our facilities by decanting clients that are stable on chronic treatment. This will provide opportunity to re-organizing our facilities specially to ensure quality clinical care and reduce clinic visitations for our stable clients and optimize the medicine pick-ups, through multi-month dispensing programme.

- I would like to echo Ms Steve Letsike's commitment to the support the palliative care services within our programs to reduce unnecessary deaths.

- There is a need to scale up Community ART services with guidance from the Community ART SOP as one of the strategies to reach the hard to reach.

- The Central Chronic Medicines Dispensing and distribution (CCMDD) programme has demonstrated ability to dispense and distribute treatment to clients receiving chronic treatment at their convenient pick-up points (facility pick up points, adherence clubs and External pick-up points). Let us find ways to align our guidelines and plans to scale up and capitalize on innovations it brings.

- The role of the Ward Based Primary Health Care Outreach Teams is thus significant in mobilising for the community-based interventions including tracing and re-engagement in care to enhance retention in care. Therefore, this platform must be used to achieve our intended goals.

I am alive to the reality that the attainment of the 2nd 95 hinges more on the collaboration between HIV and TB, because we can't manage HIV without managing TB. It is for this reason that we held a TB indaba on the same day of our opening of the conference. In this indaba, we focused achieving the following objectives: Regenerating the TB community through in-person interaction of academic, governmental, non-governmental and civil society stakeholders.

Allowing the delegates to understand setbacks in TB control and management due to the COVID-19 epidemic and to discuss the recovery plan; and finally, deliberating on key challenges facing the National TB Programme and develop a strategy and roadmap to address these.

The TB Indaba focused on four key areas: TB in the Mines and workplace; Private sector TB Care and Management; Civil Society support for TB Programme; Cross Border issues in the TB Programme and finally the TB Clinical innovations. These thematic areas were developed based on the known challenges that have been experienced in the management of the TB programme. It is my firm view that these thematic areas will support the TB recovery plan and thus give is great return on investment. This is all about ACT, CONNECT AND END EPIDEMIC.

Ladies and gentlemen, a lot has been said from the rapporteurs of the 7 tracks on specific highlights and recommendations. I wish to end by calling on the people living with HIV, our global and local policy makers, public and private sector officials, research scientists, donors, academics, clinicians, and civil society to continue the meaningful conversations, to jointly plan, act, share new evidence and innovations that will help us end the HIV epidemic once and for all. Travel safe to your respective journeys back home.

I thank you!!!!