**OPENING ADDRESS BY HEALTH MINISTER, DR JOE PHAAHLA ON BEHALF OF H.E. SHIPOKOSA PAULUS MASHATILE, DEPUTY PRESIDENT OF THE REPUBLIC OF SOUTH AFRICA AND CHAIRPERSON OF THE SOUTH AFRICAN NATIONAL AIDS COUNCIL, DURING THE OPENING CEREMONY OF THE 11TH SOUTH AFRICAN AIDS CONFERENCE, INKOSI ALBERT LUTHULI INTERNATIONAL CONVENTION CENTRE, DURBAN**

**20 JUNE 2023**

Our hosts Premier of KwaZulu-Natal Province, Ms Nomusa Dube-Mncube, MEC for Health, Ms Nomagugu Simelane and members of the Provincial Executive Council of Government and our Executive Mayor of eThekwini Metropolitan Municipality, Mr Mxolisi Kaunda and Members of the eThekwini Mayoral Council;

Conference Co-Chairpersons, Dr Gloria Maimela and Dr Thato Chidarikire;

Members of the National Executive of Government here present;

SANAC Co-Chairperson Ms Steve Letsike and all members of SANAC Civil Society Forum;

Members of the SANAC Private Sector Forum;

Chief Executive Officer of the Foundation for Professional Development, Dr Gustaf Wolvaart;

United Nations Resident Coordinator, Mr Nelson Muffuh;

UNAIDS Country Director, Ms Eva Kiwango;

All our Development Partners present;

Director-General of Health, Dr Sandile Buthelezi, HODs and senior government officials

Our SANAC CEO, Dr Thembisile Xulu;

Esteemed Guests and Conference Delegates,

Members of the media,

***Programme Director,***

We are privileged for the opportunity to speak at this the 11th South African HIV/AIDS Conference, which is being held this year under the theme ***"Act, Connect, and End the Epidemic!"***

This gathering is taking place a few days after the National Assembly of our Parliament passed the introduction of South Africa’s first ever National Health Insurance Bill.

This work is a reflection on the progress that we are making as a democratic government, in ensuring quality and equitable access to healthcare in line with our Constitutional imperatives.

As we will be marking thirty years of having attained democracy in 2024, the introduction of the NHI Bill sets us on a path of reflecting on the progress that we have attained to date as a country in efforts of fully emancipating the people.

While counting the progress on the improvement of material conditions, we also acknowledge some of the moments and events which have led to setbacks in our developmental agenda.

Amongst these is the Covid-19 pandemic that prevented this conference from taking place fully in the physical format, since the last biennial conference that took place in June 2019.

In line with the theme of this conference, we acknowledge that indeed, it is time to act, connect, and end the epidemic of HIV and AIDS by continuing with efforts toward the Global Agenda 2030 ambition of ending AIDS as a public health threat.

It is also imperative that we keep in mind that in 2025, it will be the deadline year for the 95-95-95 targets, which are outlined in the current Global AIDS Strategy.

A new set of ambitious targets calls for 95 percent of all people living with HIV to know their HIV status, 95 percent of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 95 percent of all people receiving antiretroviral therapy to have viral suppression by 2025.

As a result, Ladies and Gentlemen, in the remaining two years, we have to accelerate our efforts in order to meet the targets. Though we have made great strides towards achieving the first 95 percent of the UNAIDS 95-95-95 targets, we still have a long way with the second and the third 95 percent.

We are currently at 94 percent of people living with HIV who know their status; 77 percent of those who know their status and are on antiretroviral treatment; and 92 percent of those on treatment who have a suppressed viral load.

We are also lagging behind as a country when it comes to meeting all of the set targets in respect to men and children under 15 years of age.

More effort is needed to place and retain more people with HIV on treatment. In order to achieve the 95-95-95 targets, we must initiate an additional 1.4 million people on treatment.

As we said during in Kempston Park this year that we need to double our efforts, and raise awareness about the disease and its terrible health, social, and economic implications, as well as to reinforce the message and efforts to prevent the further spread of disease.

Our commitment to the task is in accordance with the realisation of the goals of the Global AIDS Strategy, we are ensuring that 95 percent of people at high risk of acquiring HIV have access to and use effective combination prevention options.

Further we have embedded many of the 10-point actions of the 2025 Prevention Roadmap in our recently launched National Strategic Plan.

The 2025 Road Map identifies ten priority actions that countries must take to resolve the remaining gaps and rebuild momentum to end AIDS as a public health threat by 2030. The following are the action points:

* Conduct an evidence-driven assessment of HIV prevention programme needs and barriers
* Determining the country investment needs and working to ensure sustainable financing of HIV prevention.
* Adopting a precision prevention approach for key and priority populations, including differentiated national prevention targets.
* Reinforce HIV prevention leadership entities for multisectoral collaboration, oversight and management of prevention responses.
* Strengthen and expand community-led HIV prevention services and set up social contracting mechanisms
* Remove social and legal barriers to HIV prevention services for key and priority populations.
* Promoting integration of HIV prevention into essential related services to improve HIV outcome.
* Set up mechanisms for the rapid introduction of new HIV prevention technologies and programme innovations
* Establish real-time prevention programme monitoring systems with regular reporting.
* Strengthen accountability of all stakeholders for progress in HIV prevention

Building on these, let us continue to work together, to successfully implement the Prevention Roadmap and guide our HIV investments, and collectively reduce new HIV infections by more than 80 percent by the year 2025.

***Programme Director,***

The HIV/TB prevention and treatment programme was severely disrupted by the COVID-19 pandemic. The coronavirus further compromised our healthcare system and jeopardized decades of development.

It challenged our plans and compelled us to embrace new methods, some of which have been advantageous. It afforded us the chance to expedite the use of technology in delivering quality health services to our citizens.

Through the numerous Plans designed to mitigate the effects of COVID-19, we continue to investigate innovative approaches to healthcare, thereby progressively transforming our nation's healthcare system to accommodate the Fourth Industrial Revolution.

Moreover, to compensate for the disruption created by the COVID-19 epidemic, you will remember that Government has implemented Catch-up plans for HIV and TB, allowing for acceleration and better integration of services and care.

The implementation of the Catch-Up plans has helped us to move a step further towards meeting the new 95-95-95 targets by December 2025.

Programme Director, we are further comforted by the fact that this conference is taking place at an opportune time following the recent launch of South Africa’s fifth National Strategic Plan for HIV, TB and STIs for the period 2023 to 2028.

The strategy places people and communities at the centre of the country's efforts to overcome inequities in the response to HIV, tuberculosis, and sexually transmitted infections, as well as to end AIDS, hence, dubbed “The People’s NSP”.

The five-year plan provides a strategic framework for a multi-sectoral approach that is people-centred to eliminate HIV, TB and STIs as public health threats by 2030.

This NSP emphasises the need to break down barriers and maximise equitable and equal access to services through resilient and integrated health systems to guarantee the health and social protection of all South Africans.

It is a game-changer in many respects. It was created to be pandemic-ready, and it delves deeper into social and structural drivers of the epidemics.

***Programme Director,***

The inclusion of mental health services and social support in the NSP, is based on the strong association between HIV, TB, STIs and gender-based violence and femicide, human rights violations and inequalities.

The Plan also features an expanded scope for the management of sexually transmitted infections, including viral hepatitis which has been identified to have a strong link with the spread of HIV.

As we forge ahead with the implementation of the new NSP, we cannot over-emphasise the importance of continued multisectoral collaboration in the HIV response.

We believe that we can do more by leveraging our combined strengths and resources. The active role of civil society, private sector, development partners, research institutions, social justice activists, as well as People Living with HIV, remains paramount.

One of the biggest lessons we learnt from COVID-19 is the importance of integrating health and other related services, hence the importance of multisectoral collaboration in all our endeavours.

***Programme Director,***

Social behaviour change communication, treatment literacy, and adequate resourcing are some of the interventions we need to scale up.

We also need to improve access to treatment and prevention commodities such as Pre-Exposure Prophylaxis, especially for key and vulnerable populations inclusive of sex workers, the LGBTQI+ populations and young people, particularly adolescent girls and young women.

On that note, in honour of June being recognized as Youth Month and International Pride Month, allow me to say a few words in this regard.

I would want to stress again that the South African Constitution forbids any form of discrimination on the basis of a person's sex, gender, or sexual orientation, whether on the part of the state or a private citizen.

Because of our firm belief that LGBTQIA+ (lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual) rights are human rights, our government will continue to defend and advance these rights.

Ladies and Gentlemen, as we move towards the 2030 agenda, we need to strengthen self-care interventions and differentiated models of care to ensure that we leave no one behind, especially key and vulnerable populations.

This approach further promotes interventions that are critical to ensure service provision, which also helps with facility decongestion. These interventions include ensuring that patients who are stable can access their treatment at pick-up points nearest to where they stay.

We commend the Department of Health and our civil society partners for developing and implementing the Welcome Back Campaign Strategy to bring back and retain in care those patients who have discontinued treatment.

***Programme Director,***

Ladies and gentlemen, as part of the Global Alliance to End AIDS in Children by 2030, South Africa is sharpening the focus on pregnant and breastfeeding women, children and adolescents, in our HIV prevention efforts.

Another project underway is the Treatment Literacy Framework, which aims to improve treatment adherence, eliminate stigma and prejudice, encourage health-seeking behaviour, and increase treatment uptake.

This is important to make sure that people on antiretroviral treatment keep having their virus under control so they can live a healthy life. Most importantly, HIV cannot be passed on to a sexual partner when the amount of virus cannot be found.

If we all pull in the same direction, we have a chance of achieving our goal of 95-95-95 and, in the long run, making South Africa free of HIV/AIDS.

May this week be fruitful as you spend the remainder of it sharing lessons, learning from one another, reflecting on the voyage we have travelled, and plotting the path forward for our collective response to the HIV epidemic.

We are confident that your discussions will contribute substantially to the global HIV scientific movement, which continues to produce innovative HIV management interventions.

Solutions to South Africa’s HIV burden lie in this room.

You are the embodiment of the nation's aspirations for a South Africa and Africa that is free of AIDS.

***I thank you.***