



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



## **PRESS STATEMENT ABOUT THE STATUS OF THE HIV/AIDS AND TB CAMPAIGN IN SOUTH AFRICA.**

**Date: Thursday, 15 May 2025**

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MINISTER OF HEALTH**

Over the past three weeks there have been numerous media statements, articles and claims by prominent South Africans who are well known in the space of HIV/AIDS sector. The general thrust of their narrative since announcement on 20 January 2025 by President Donald Trump to withdraw funding, is that the HIV/AIDS programme is on the verge of collapsing.

It is rather unfortunate that the belief seems to be that the fight against HIV/AIDS can only happen in offices and government buildings, public or private. If the campaign is not seen there, then it is not happening. We want to confirm that the fight against HIV/AIDS is in villages, communities and townships, and even on the streets of this country, and that is where our focus is as it should.

Many here might have forgotten the real crisis brought by HIV/AIDS which was the biggest crisis globally happened in South Africa around 2010

where death was everyday occurrence. We were burying in large numbers every day, there was large absenteeism from work, children were being orphaned, women were dying. By that time, maternal mortality driven by the pandemic was 249/100 000. The number of children born HIV positive was sky-high.

As a response we launched the world's biggest HIV counselling, testing and treatment campaign. We had then announced that we are going to test 15 million South Africans, in one year as part of massive campaign. I want to remind you that we were never given a chance, experts from all walks of life including the media never gave us any chance because they thought we were going to continue with the then Voluntary Counselling and Testing which relied on passive self-reporting where people would come into health facilities to ask to be tested. They attacked our target as an unattainable pipedream. They said the best that we would do was to reach 3 million people after one year.

We changed the approach from voluntary to proactive HCT meaning HIV Counselling and Testing whereby we go out to villages, churches, places of work, communities, sports clubs, royal families to offer South Africans counselling and testing and to put those who were positive on ARV treatment. Contrary to the naysayers, we reached 18 million people in 18 months through this programme.

We had more people who needed ARVs than the money we had. So, with the help of Clinton Health Access Initiative and UNAIDS, through negotiations we decreased the cost of ARVs by whopping 51%. We also managed to implement a single table or fixed dose combination (FDC)

which enabled us to extend ART to many more people without increasing the budget.

### **The results of these interventions**

As a result of all these massive interventions, life expectancy has risen from 54,7 years in 2010 to 66,5 years in 2024. One of the most prominent scientists has compared this with the impact of abolition of slavery.

Maternal mortality ratio by pre-Covid times had dropped to 86/100 000. Unfortunately, it rose again during Covid to 111/100 000, but has now dropped once again to 95/100 000. We also launched prevention of mother to child transmission (PMTCT) which resulted in the number of babies born HIV positive being reduced from 70 000 per annum by 2004 to 1479 in the financial year ending March 2020, which is around 7% and it is now 643 in the financial year ending March 2025, which is around 0,07%. As a result of the successes in combating HIV, TB incidence amongst people who are living with HIV has reduced by 65% between 2007 and 2021, and in the same period mortality among people living with HIV has reduced by 80%.

UNAIDS has calculated that bring end to AIDS as a public health threat, a country should reach a target of 95-95-95, meaning 95% of HIV positive people must know their status, 95% of those who are positive should be put on treatment, and 95% of those on treatment should achieve viral suppression whereby they stop transmitting the virus to other people.

We know that there are 7,9 million people in South Africa who are estimated by UNAIDS to be HIV positive. At the moment in terms of



UNAIDS targets, we are at 96-79-94. Today we have about **5,9 million** people on ART, mother to child transmission has reduced dramatically. We have reduced death from HIV and concomitantly reduced the deaths from TB. When we started this programme, we needed R3,5 billion, today we spent R46,8 billion of which R7,9 billion was from PEPFAR. It is inconceivable that out of R46,8 billion spent by the country on HIV program, the withdrawal of R7,9 billion by President Trump will collapse the entire programme.

Ladies and gentlemen, we want to put it categorically clear, under no circumstances will we allow this massive work performed over a period of more than a decade and half to collapse and go up in smoke, because when that happened, we would have thrown massive investment in time, money and human resources away. At any rate we don't want to go back to the period when death was the order the day. We want to believe that there is no South African who wishes for the country to return to that painful period.

### **What have we done since the pulling out of PEPFAR?**

We are not here to stage a school hall debate with those who have preached the collapse of our programme. What we are here for is to provide facts and figures and account for what we have done. We are prepared to be fact-checked by the media house because we are aware that some media houses have fact-check system, but we wonder why they are not using them to fact-checks us in this instance.

## **What are the facts?**

**Fact Number 1:** PEPFAR was supporting the Department of Health in 27 HIV High burden Districts out of 52 Districts in the country, and these districts are in 8 provinces, with the exception of the Northern Cape. 7 in the KZN, 5 in EC, 4 in Gauteng, 3 in NW, 3 in Mpumalanga, 2 in FS, 2 in Limpopo, 1 in Western Cape which the Cape Metro which constitutes 80% of the province's population.

**Fact Number 2:** In these 27 districts, there are 2772 public health facilities.

**Fact Number 3:** in these 27 districts, there were only 12 specialised clinics independent from the government, managed by the NGOs providing services mainly for key populations funded by PEPFAR.

Key populations include Transgender, Men who have Sex with Men (MSM), Sex Workers (SW), and People who inject drugs (PWID).

**Fact Number 4:** In these 27 districts, the total number of these key population clients served by these 12 specialised clinics was 63 322, of which 41 996 are found in the City of Johannesburg. These are not just numbers, but known people with names, addresses and contact details.

**Fact Number 5:** When the PEPFAR funder clinics were closed, we removed their files from those clinics to the nearest public facilities, and we can confirm that all 63 322 have been moved. Then the work to contact their owners to transfer them to public health facilities where their files are, started in earnest and still continues. In the process, some clients

requested that they be referred to different facilities which are more accessible and convenient for them.

Due to the discreetness and sensitivity of the matter, they are not identified as members of key population.

**Fact Number 6:** It is not only PEPFAR dealing with key population clients, but other prominent funders like Global Fund have been supporting the country with health services for key populations. 34 designated facilities are funded by Global Fund for this purpose across Gauteng, Free State, North West, Limpopo, Eastern Cape, KZN, Mpumalanga, and Western Cape. These 34 facilities include community, public and NGO facilities. The total number of key populations serviced by the above Global Fund supported facilities is 74 140 as at end of March 2025. Nothing has changed in these 34 facilities.

**Fact Number 7:** In addition, the government funds particular NGOs, to continue providing services to Key Populations clients. Four of these NGOs i.e. (Alliance against HIV and AIDS, Centre for Positive Care, National LGBTI Health Campaign and North Star Alliance) are solely funded to provide services to key populations.

**Fact Number 8:** The government also continues to provide services to key populations in identified High Transmission Areas (HTAs) such as truck stops, and areas dominated by commercial sex workers. Between January and March 2025, we had a target of 154 298 key population clients and managed to reach 133 790 (88.36%) of them for services in the HTAs.



**Fact Number 9:** As part of immediate plans to ensure continuity with access to healthcare service by members of the key populations while working on long term plans, the Department in collaboration with various partner organisations has embarked on a sensitisation training programme targeting health care workers on the barriers affecting access to healthcare by key populations groups. This training is aimed at empowering health workers to appropriately engage and treat key population clients with dignity and respect they deserve.

**Fact Number 10:** I can report today to you that training has been conducted with 1012 clinicians and 2377 non-clinicians in 7 provinces, for obvious reasons the majority of them in Gauteng. The intention is to reach 100% Primary Health Care facilities across the country and have this training fully incorporated into Regional Training Centres as part of our long-term plans. This intervention has shown to be effective in reducing stigma, judgemental and discriminatory attitudes towards marginalised groups. This essential intervention is in line with the National Strategic Plan on HIV, STIs and TB 2023–2028.

**Fact Number 11:** In these 27 districts, there were 271 606 people who are working on HIV programme. **15 539** of these people were funded by PEPFAR, of which **8061** are out of their jobs. These are people of interest when we talk to funders and NGOs. The remaining number of 7478 are still employed because they are funded through Centre for Diseases Control and Interventions (CDC) until end of September 2025, they are still on the job and doing their work. We still have a workforce of 263 545 healthcare workers working on the HIV programme in these previously PEPFAR funded districts.

**Fact Number 12:** The 8 provinces in which PEPFAR was active, have established roving teams specifically for patient monitoring and data capturing to ensure that our data is up-to-date. Gauteng has already appointed and trained 75 data capturers, while North West and Mpumalanga have approved appointment of 173 and 200 data capturers respectively. These will greatly improve data capturing by facilities and provinces accordingly. As soon as details of other provinces are available, we will provide an update.

### **Close the Gap Campaign**

We have informed you earlier that in terms of UNAIDS targets, we are at 96-79-94. we have calculated that to move from the 79 to 95, we need 1,1 million people who are known to be HIV positive but not on ARVs. We called this campaign Close the Gap Campaign. One of the respected media houses stated in their report that Minister of Health launched a campaign without any plan and without budget.

**Fact Number 13:** On the 3<sup>rd</sup> of October 2024, we held a meeting to plan for this campaign with our partners in these sectors. This meeting was attended by the former PEPFAR Ambassador Dr John Nkengasong, and the American Ambassador Dr Reuben Brigety II, and the team from the state department Bureau of Global Health and Security, NDoH, SANAC, Bill and Melinda Gates Foundation, UNAIDS, WHO, Global Fund, Peace Corps, District Implementing Partners, Wits RHI, American CDC, etc. These teams of people sat down to develop this plan together.



**Fact Number 14:** After this meeting, SANAC extended plenary was convened on the 22<sup>nd</sup> of March 2025 to receive and endorse the plan by all SANAC stakeholders. We wish to remind you that the coordination of the war against HIV/AIDS is through SANAC. For those who might have forgotten, SANAC consists of 18 sectors of civil society including people living with HIV/AIDS, all government departments including premiers of the provinces, private sector, all development partners.

These includes research and academic sector who were also duly represented in the meeting. The meeting received the report and endorsed it. The plan to look for these 1.1 million people was adopted with details starting with numbers per province, district right up to facility level.

At that meeting, an agreement was reached that for country to reach 95-95-95 targets, especially the middle indicator, there is a need to focus on initiating 1.1 million people living with HIV on ARVs.

**Fact Number 14:** Contrary to what is being reported, while the plan was to reach 1.1 million people by end of December 2025, I can report to you today that we have reached 520 700 PLHIV and initiated them on treatment which includes women, men and children. This is more than 50% of the target we set ourselves to reach by 31 December 2025. This work has been made possible by the budget reprioritised of an amount of R659 million from the HIV/AIDS conditional grants.

We were disappointed to read that we launched this campaign without budget. The reason that we are able to reach half a million within a short space of time, was because of weekly check-in meetings with provinces, where reports that come from the ground are verified in the presence of

all provincial colleagues before they are regarded as final figures for reporting. It is for this reason that we are even able to disaggregate the number of newly diagnosed/initiated against those who are returning to care. Based on this, we are confident that we will reach the target of 1,1 million by end of the year.

We must commend the role played by civil society in the mobilisation, for without them, we would have come nowhere near this figure.

**Fact Number 15:** As part of this response, the team from National Department of Health and SANAC, have started a programme of provincial roadshows through which we engage provincial structures at the close range including provincial and district AIDS Councils, traditional leaders, and civil society. Targets were set for all 9 provinces, districts and facilities hence they were able to track and trace their targets up to facility level.

**Fact number 16:** We have a stable supply of ARVs because we procure 90% of ARVs from government fiscus, supported by 10% from the Global Fund. The Global Fund has pledged extra R1 billion for ARVs procurement to ensure sustainable supply of the ARVs. Some of these orders have been signed off.

**Fact number 17:** While a lot has been said that the government was absent and doing nothing, I want to outline a sequence of meetings with prospective donors and funders.

- **29 January 2025:** Minister presented contingency plans before Cabinet



- **06 March 2025:** Minister led debate in Parliament on effect of United States Government Executive Orders and the progress made to ensure uninterrupted service delivery.
- **14 March 2025:** Minister of Health met with French Development Agency to solicit support to close funding gap
- **24 March 2025:** End TB campaign launched to finding TB missing clients and conduct 5 million TB screening and testing.
- **08 April – 23 May 2025:** Provincial Roadshows on Close the gap addressing Health Care Workers, AIDS Councils, Civil Society, Private Sector and other Government Departments, supported by Centre for Diseases Control and Prevention.

In conclusion, we must accept that President Trump has taken away and left. We accept that this has left many people distraught, distressed and even perhaps even fearful. We do accept also that we react to stresses in different ways, some people cope well with stress by creating enemies which should not be existing. This gives them some form of comfort and security.

I would also like to believe that every single South African from all walks of life has a wish and desire to end the scourge of HIV/AIDS as a public health threat at least by 2030, but fighting each other, denigrating each other, pointing fingers, reporting and spreading disinformation about each other, and the status our campaign is definitely nowhere to deal with the aftermath of President Trump decision. It is certainly not a way to end the scourge of HIV/AIDS. This is rather the time to come together, unite and fight as one strong unit. As government, our doors are open, and as a country, we have got all encompassing strong structure – the South



- **05 February 2025:** Weekly provincial review meetings with Provinces and Partners commenced on monitoring impact of United States Government decision on health service delivery.
- **10 February 2025:** Minister of Health engagements with Potential Funders and Private Sector to solicit support to close the PEPFAR funding gap
- **11 February 2025:** Director General issued circular on provision of uninterrupted HIV Prevention, Treatment, STI & TB services across all public health facilities
- **11 February 2025:** Meeting with Minister of Finance and his Treasury team
- **19 February 2025:** Minister of Health briefed the Portfolio Committee on Health on the impact of United States Government decision and plans to address funding gap
- **23 February 2025:** Minister of Health met with His Excellence Bill Clinton to solicit support to close funding gap
- **25 February 2025:** Minister of Health met with Chief Executive Officer of Bill & Melinda Gates Foundation to solicit support to close funding gap
- **25 February 2025:** Minister of Health, Health MECs, SANAC, Sectors, and Civil Society Forum, Key stakeholders Launched 1.1 Million Close the Gap Campaign to put additional 1.1 million on HIV treatment by end of December 2025.
- **03 March 2025:** Minister addressed PEPFAR Implementing Partners on United States Government Executive Order and plans for government moving forward.
- **06 March 2025:** Minister led debate in Parliament on effect of United States Government Executive Orders and the progress made to ensure uninterrupted service delivery.

African National AIDS Council (SANAC), which is the biggest coordinator of the whole campaign. No single South African, can legitimately claim that SANAC doesn't represent them and give them chance to participate and convey their views, beliefs and desires. SANAC is the place to confront each other and hold each other accountable.

I want to state it clearly that propagating wrong information about the status of the HIV/AIDS campaign in South Africa, in the manner that is being done, is no different from the approach adopted by Afriforum and its ilk which led Trump to thrash the whole country.

If there are people who believe that the course of action they must take to mobilise funding to replace what Trump has done, is to go on to adopt the Afriforum approach, it is actually going to achieve the direct opposite. I am saying so because we have already been phoned by the funders we have already spoken to, who are asking us, why should they put their money in a programme that is said to be collapsing. Is it their money going to collapse together with the programme.

So, I would like to emphasise once more that we are not enemies of each other, but the scourge of HIV/AIDS and TB should be looked upon as a common enemy which we must unite to fight together rather than it dividing us.