

Speaking Notes: Minister of Health, Hon Dr Aaron Motsoaledi
Advancing Policy and Decision-Making for TB Vaccine Introduction
in South Africa Workshop

24 July 2025, Sandton, Johannesburg

Good morning, colleagues, partners, and friends.

It is a pleasure to join you this morning for what is, by all measures, a landmark event for our country and our TB response. I want to thank our colleagues from the Department of Health, the World Health Organization, the Gates Foundation, and all of you — scientists, policymakers, civil society, and community leaders — for your time and commitment to this workshop. This is not just a meeting — it is the beginning of a new chapter.

A chapter where prevention of TB through vaccination will become the order of the day. This is a chapter of groundbreaking innovation, which will not only help to prevent tuberculosis, but a chapter where the fight against HIV and AIDS will receive an added boost.

We are here because we believe that TB — a disease that has shaped the history and health of our country and indeed the whole world can be ended. Not through words alone, but through action, partnership, and innovation. And today, we gather with hope, urgency, and a commitment to be ready for the future. A future with some level of guarantee for a better health for a better future for our people across the globe.

For over 100 years, we have relied on the BCG vaccine to protect our children from TB. But we have not had a tool that can protect adolescents and adults — the very groups most at risk of getting sick and transmitting

TB. Now, for the first time in a century, we are on the brink of a breakthrough. If the clinical trials that are underway succeed, we may have a vaccine that can prevent TB in adults and adolescents within the next few years.

I am sure the world is waiting in anticipation, for that day, where we shall be announcing the availability of the vaccine for tuberculosis. This will be like the day of true freedom from slavery for the citizens of the world, who have been held hostage by fear, poverty and despair because of the tuberculosis. The slavery of poverty, which is exacerbated by tuberculosis, premature death of young adults, people getting out of jobs because of tuberculosis, etc. This is the most devastating slavery, where people die, simply because we could not get vaccine to prevent the killer disease such as tuberculosis.

South Africa is not waiting for the world to act. We are preparing — intentionally, early, and inclusively. This is the first national workshop dedicated to TB vaccine readiness. We are proud to be among the first countries globally to do this, and we will continue to lead by example. We must lead because we are carrying a heavy load of both TB and HIV and AIDS, because when South Africa wins of TB and HIV and AIDS, the world will win the war. We will spare no effort or energy to ensure that all investment that has been made, does bear fruits.

Throughout my tenure in government, I have worked to elevate the urgency of TB, both in our country and on the global stage. While global attention has often turned to emerging health threats, South Africa has remained focused on the enduring challenge of TB, which continues to exact a heavy toll, especially in communities also affected by HIV. In 2018,

I was honoured to raise the profile of TB at the United Nations, calling for global commitment to match the scale of the crisis.

But political will is only the beginning, because it is not about power to decide, but about power to lead and demonstrate. Heere is that day. Today's discussions remind us that vaccine introduction is not just about science — it is about health systems. It is about trust. It is about readiness. And that is why today's agenda is so important, as it was demonstrated by the feedback, from the group work, which focused, very directly on the key thematic areas of the work that is required. These are the key areas that will make the health system ready to respond at the time of the call for the implementation and rollout of the TB Vaccine when it becomes available.

- **Generating Evidence for Policy and Investment:** This will be achieved through infusion of science and policy, as well as financial implications to ensure direct and targeted investment with great returns. We all know what the value of the investment in the human life means.
- **Strengthening Delivery Systems for TB Vaccines:** We must work hard to strengthen the service platform for the swift implementation of the TB vaccine programme. The implementation of the TB vaccine programme will hinge more on the tenacity, responsiveness and effectiveness of the health system.
- **Manufacturing and Supply Readiness**
This is more about vaccine production and supply chain considerations, including global and regional manufacturing capacity.

- **Driving Vaccine Uptake and Community Trust**

We need population buy in. We must walk the path with our people. We don't to investment in tuberculosis vaccine, only to be shunned by our people. We must be strong in advocacy, community engagement, build vaccine confidence, and overcome hesitancy.

As Professor Lee Fairlie recently reminded us: if successful, these new vaccines will be a game-changer — not only for prevention, but for reducing the need for TB preventive treatment in overstretched health systems. That would be revolutionary for high-burden countries like ours. The COVID-19 pandemic also taught us what becomes possible when urgency meets preparation. We saw how vaccines could be developed, approved, and distributed at record speed — but we also learned that science alone is not enough. Public trust, strong systems, clear communication, and equitable access are just as essential.

With TB, we now have a rare opportunity — however brief — to prepare in advance. This workshop is the first step in that journey.

Let me be clear: the Department of Health is committed. We are committed not only to introducing a future TB vaccine, but to ensuring it is financed, delivered, and trusted. And we will continue working with WHO and others to raise the profile of TB vaccines, including at the G20 Ministerial event later this year.

Let me close by acknowledging that vaccine readiness is not just a technical task. It is a moral imperative. We owe it to the communities who have borne the brunt of TB for too long, and who, once again, are showing

leadership by participating in the very trials that may bring us this breakthrough.

Today is not the end of this conversation. It is the beginning of a new way of working: together, across sectors, across programmes, and across communities.

Let us build a roadmap that brings science to the people — with no one left behind.

Thank you.