

**Speaking Notes by Health Minister, Dr Joe Phaahla, MP, On The  
Occasion Of Treatment Action Campaign 7<sup>th</sup> Congress  
Monday, 29 August 2022  
The Lakes Hotel, Johannesburg**

Programme Director

Greetings to Cde Anele Yawa and entire outgoing TAC leadership

UNAIDS Country Director for South Africa, Ms Eva Kiwango

Representatives from other civil society organisations in the health sector

Leadership from Lawyers for Human Rights, SAFTU and Solidarity

Distinguished Guests

Ladies and Gentlemen

Members of the media

Allow me take this opportunity to express my gratitude for extending an invite to the Department of Health to be part of this important occasion in the calendar of the Treatment Action Campaign (TAC).

Let me also take this opportunity to congratulate the incoming TAC leadership in advance and commit on behalf of the Department that we are ready to continue with healthy relationship with you on behalf of the TAC in the best interest of equal access to quality and dignified healthcare services for all, including people living with HIV and TB.

I have no doubt that the journey to this congress was not characterised by slates and factions, which are the enemy of unity, advancement and survival of any organisation to attain its long term vision.

In terms of the fight against HIV/AIDS, South Africa has made remarkable strides in the fight against HIV and AIDS. Though the country has a generalized HIV epidemic, it is characterized by distinct sub-epidemics. Key populations are disproportionately affected by the burden of HIV and STIs.

The national HIV prevalence is estimated at 53% among female sex workers, 25.7% among men who have sex with men, 21% among People who inject drugs (PWID) and although no national HIV prevalence estimates exist, programmatic data indicates HIV positivity, as high as 49% among Transgender populations. We continue to emphasise and implement the “**leave no one behind**” approach (which is well articulated in our national response for HIV, STIs and TB), while expanding sensitisation training for key populations across the country.

Within the package of interventions for prevention, we continue to provide male and female condoms with compatible lubricant, as well as oral Pre exposure Prophylaxis (PreP). Medical science has given us new HIV prevention tools and even more options are on the horizon.

We have prioritised the expansion of our package of combination prevention tools to include recent evidence based long-acting HIV prevention technologies such as the Dapivirine containing vaginal ring, which was approved by the South Africa Health Products Regulatory Authority Approves (SAHPRA) earlier this year, while the long acting injectable Cabotegravir is still awaiting approvals.

In terms of the 90-90-90 targets, we are currently at 93-78-89 as of May 2022 across the total population using data available in the Public & Private sector. Results for each of the sub-populations vary, with Adult Females being at 95-82-90, Adult Males at 92-72-90, and Children (<15) at 80-59-63.

Although, there are gaps in the cascade especially in Adult male & Children cascades which show that despite our successes, we still have to intensify our efforts when it comes to case finding, ART initiation and retention in these sub populations, especially as we are now transitioning to the 95-95-95 targets as per the Global AIDS strategy.

We have begun the roll-out of the Welcome Back Campaign in all our provinces. The prime aim of the Campaign is to support re-engagement and retention of people living with HIV (PLHIV) who were diagnosed but never initiated on ART and those who were initiated on treatment and interrupted ART or missed ART appointments for different reasons.

Our Welcome Back Campaign is implemented alongside the 2020 revised Adherence Guidelines (AGL) for HIV, TB and NCDs, Standard Operating Procedures (AGL-SOPs) especially the Tracing and Recall (SOP 8) and Re-engagement (SOP 9) to enhance the return to care, but mostly improving our retention in care.

Our team at NDOH is currently conducting our training on Welcome Back Strategy in all our provinces and have since completed KwaZulu Natal, Gauteng and Mpumalanga provinces respectively. The remaining provinces shall complete the training in the next two months with the schedule already in place.

This training seeks to ensure that all health care workers and everyone who provides services for KPs does so without stigma, discrimination, or prejudice. We prioritise a precision prevention approach for key and priority populations including the LGBTQI, Sex workers, Men who have sex with men (MSM) mobile populations and PWID, to mention but a few.

To have a depth in the roll-out of the Welcome Back Campaign, the greater and meaningful involvement and engagement of PLHIV sector cannot be over-emphasised. On that note, we believe the Campaign should be centred with the PLHIV sector to drive the course. We have already begun discussions with the leadership of the PLHIV Sector, Ritshidze and SANAC to convene dedicated training for our PLHIV sector members to ensure that your involvement is profound.

This will strengthen the coordination of the Welcome Back Campaign between our health facilities and community structures and demystify what is being misconstrued when clients who miss their appointment are re-engaged in care.

With the Multi-Month Dispensing (MMD), while we are duly aware that the Covid-19 delayed our realisation of the UNAIDS 90-90-90 targets, we also acknowledge that at the same time, it inspired and expedited service delivery innovations. Differentiated Model of Care (DMOC) became the centre of our approach to foster linkage to care as well as to optimize treatment adherence and retention in care. One of these interventions was our policy pronouncement to roll-out the 3 Multi-Month Dispensing (3MMD) back in April, 2020.

As a country, we began to accelerate this differentiated option to foster the adherence especially to the clients that are stable on both ART and other Non-Communicable Diseases treatment. We note significant progress where our clients reduce their facility visitations and optimise the treatment refills. In the same wavelength we are seeing our facilities decongested with more stable clients decanted to External Pick-Up Points, Facility Pick Up Points and Adherence Clubs respectively to provide room of quality health care services especially to clients needing more intensive care.

Our current 3MMD is sitting approximately over 400 000, whilst most of our clients are on 2MMD. With our recent announcement on the 17<sup>th</sup> of August 2022, we are committed to begin the 6MMD roll-out. These

consented efforts shall see our leap to increasing the retention of clients in care.

Whilst we know that people with Advanced HIV Disease (ADH) are at high risk of death, even after starting on ART, this risk increases with decreasing their CD4 cell count. The predominant people largely affected are the People Living with HIV (PLHIV). We have thus noted that the most common causes of severe illness and death are tuberculosis, severe bacterial infections and cryptococcal meningitis.

In our quest to reduce morbidity and mortality in people presenting with AHD, our ART Clinical Guidelines make provision for offering a package of interventions including screening, treatment and prophylaxis for major opportunistic infections, rapid ART initiation, and intensified adherence support interventions.

The AHD package intends to widen access to key medicines and diagnostics to manage the most common causes of illness and death. Therefore, we call on your support as you continue to be the mouthpiece of our people on the ground to hold our health facilities accountable that these critical interventions are optimally rolled out. We cannot afford to continue losing more lives when comprehensive services are available.

With regards to Tuberculosis (TB), the number of people living with TB who are untreated remains high, about 150 000 and we committed to implement the TB Recovery Plan to scale up new TB screening and testing strategies to help find these individuals. We committed to ensure these patients are linked and retained in care.

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One of our priority is to scale up TB preventive therapy and primary TB prevention. The National Health Council Technical approved the revised Latent TB treatment guidelines that includes 3HP as a regimen for TB Preventive Therapy.

We have identified 18 districts with 66 % of TB burden in the country to be prioritised for impact. We have notified 50,819 people with TB out of a target of 53,975 during the first quarter of this year. We also managed to perform 610,378 GeneXpert tests against a target of 740,831 which translates into 82% of performance.

We believe TAC and other civil society organisations have a big role to play as part of holding the department to account, especially at district and facility level to collaborate with the department to educate our people and

create awareness and demand for TB services, the development and implementation of TB stigma mitigation plans, the support of local TB screening and testing campaigns.

We need to double our efforts in order to sustain current achievements and improve both HIV and TB programmes performance in order to end these two conditions that are major challenges in our country.

### **Integration of mental health and HIV services**

People living chronic conditions like HIV and TB, are at a greatly increased risk of developing mental health conditions, often suffering from depression and anxiety as they adjust to their diagnosis and adapt to living with a chronic infectious disease. For the country to win the battle and reach our 90-90-90 HIV and AIDS treatment target, we have to strengthen our efforts in addressing the mental health of our people and also implement effective interventions to deal with the scourge of substance abuse whilst also looking at the measures to reduce the blood-borne diseases transmission especially among those that are using needle administered drugs.

Our mental health legislation among others, prescribe integration of mental health into general health services environment as a strategy to increase access to mental health services and also address the stigma associated with mental illness. To realise this, as a Department we continue to increase skills and capacity of our health care providers to render quality mental health services at all levels of the health care system.

Among others in 2019, 2021 and 2022 we have trained a total of 2262 medical doctors and professional nurses working in district and regional hospitals to improve their skills in early detection and clinical management of mental disorders. This training was conducted in collaboration with the Foundation for Professional Development as one of our partners. We also continuously upskill our primary health care nurses to be able to detect and manage basic mental health problems and refer those that require more specialized services.

We have also obtained funding from the National Treasury that we have used to contract private psychiatrists, psychologists and registered counsellors to complement the professionals at primary health care in rendering mental health services at this level. By the end of the last

financial year 116 of these professionals had been contracted to render mental health service at primary health facilities throughout the country.

This financial year we have obtained approval from the National Treasury to also include occupational therapists and social workers on the list of professionals that we can contract. I have recently appointed the Ministerial Advisory Committee on Mental Health. This nineteen member committee comprising of academics, civil society.

Mental health care users and representatives from other relevant government sectors and established in terms of Section 71 of the Mental Health Care Act, 2002 provides us with the necessary advised to further strengthen the mental health system and mental health and substance abuse services delivery in the country.

With regards to substance abuse, we are implementing the Health Sector Drug Master Plan which is the document that packages a number of interventions emanating from our mandate in terms of the National Drug Master Plan. The strategic activities include among others prevention, treatment of HIV, TB, STIs, viral hepatitis and other blood-borne infectious diseases among people who use drugs.

### **National Health Insurance (NHI)**

There is a growing movement and enthusiasm for universal health coverage (UHC) at global level. With the outbreak of Covid-19, it has emerged as a solution to health care needs to close on glaring inequalities and the inaccessibility of health care. Universal Health Coverage as espoused by the WHO is at the centre of current efforts to strengthen health systems and improve the level and distribution of health and health services.

Here at home we pursuing this health reforms through the National Health Insurance (NHI) programme. It represents a substantial policy shift that will necessitate a massive reorganisation of the current health care system, both in public and private sector. As a health financing system, it is designed to pool funds to provide access to quality, affordable personal health services for all South Africans based on their health needs, irrespective of their socio-economic status.

Government is proceeding ahead with the process of enacting NHI, the bill is currently being considered by Parliament, going clause by clause

adoption in the Portfolio Committee on Health. The implementation of the NHI is consistent with the Constitutional commitment for the state to take reasonable legislative and other measures, within its available resources to achieve the progressive realisation of the right to all for access to health care services, including reproductive health care.

The TAC leadership and delegates in this Congress, I would like to assure you of our continuing commitment as government to battle many of the pandemics and health scourges we come across. However, the progress we make in denting these health challenges would not be realisable without a concrete and strategic relationship between government and civil society.

As this Congress rise and adjourn, let it be that one of the significant resolution is building strong partnership with government and its agencies to secure a future of accessible and quality healthcare system for the population of our country.

**I thank you**