

**SPEAKING NOTES OF H.E. DR. AARON MOTSOLEDI, MINISTER OF  
HEALTH OF REPUBLIC OF SOUTH AFRICA AT THE GLOBAL HIV  
PREVENTION COALITION MEETING, 10 OCTOBER 2017**

I have said many times, and wish to repeat, that the only way that low and middle income countries (and I daresay this includes high income countries as well!) can deal with the double burden of disease – communicable and non-communicable diseases – is through prevention. In addition, the only way we will afford to implement and sustain universal health coverage is to strengthen primary health care – and again, prevention of disease and promotion of health and wellness is key. So, anyway one looks at ensuring the health of a nation, prevention is critical.

In the context of HIV this means that even as we scale up access to treatment and ensure viral suppression, we must also focus on the other elements of prevention (noting that having large numbers of HIV positive persons on treatment and virally suppressed contributes to decreasing new HIV infections).

In 2015 we completed investment cases for HIV and TB. For HIV we wanted to know how many new infections and deaths can be averted with which interventions (evidence-based) and at what cost. We were able to

show that 4 interventions will assist us to reduce new infections and deaths: distribution and promotion of condom use; medical male circumcision; putting as many people on treatment as possible with viral suppression; and social and behavior change communication. However, the investment case also showed that after 2020 we will need additional interventions to meet the global targets! I think that we may need to rethink our strategy as well as how we implement it if we are to accelerate our ability to prevent new HIV infections as proposed in the UNAIDS roadmap.

At the South African HIV conference in June this year, Deputy President Cyril Ramaphosa, who is also the chair of the South African National AIDS Council, called for a prevention revolution in South Africa. With more than 270 000 new HIV infections annually and 2 000 new infections in adolescent girls and young women every week, we need a prevention revolution and we need all the support we can get at local, national, regional and global level to reach our prevention goals as reflected in our National Strategic Plan for HIV, TB and STIs, 2017-2022. This prevention must include all sectors of society, government, civil society as well as the private sector!

I therefore fully support the mission of the Global Prevention Coalition and the call to action as reflected in the 10 point plan in Prevention Roadmap. Point 2 of the 10 Point plan in the Prevention Roadmap focuses on setting targets for prevention. To my mind this is key to the entire exercise as targets should be linked to interventions, resources needed as well as accountability. This means that we must have global, national as well as local targets that are SMART (Specific, Measureable, Attainable, Relevant, Timely). We should try to develop prevention targets that are memorable – such as the 90-90-90 targets for HIV treatment!

Whilst South Africa has recently (March 2017) launched our 5 year NSP which includes prevention of HIV, TB and STI infections as goal 1 (or 8 goals), in line with the target date of 2020 we should revisit this portion of the NSP to see how we can accelerate implementation. We acknowledge that even in a generalized epidemic some sections of the population (e.g., female sex workers, men to have sex with men, transgender people, adolescent girls and young women, people living in informal settlements) have higher levels of infection. This means setting targets for each of these groups and designing prevention strategies that meet their needs and set targets for each of our 52 health districts. In order to do this we need

greater involvement of these groups and districts in programme design and implementation.

In order to ensure implementation (it is pointless, as we have discovered, to have a perfect plan with poor implementation), I would also like to suggest that we use a project management approach to prevention learning from lessons from our relatively successful prevention of mother to child transmission programme (which included a clearly defined cascade, data to investigate leakages in the cascade, and intervention at local level to fix these leakages).

In South Africa we have an estimated 2000 new HIV infections in adolescent girls and young women. In our effort to address this we have identified 22 sub-districts with high numbers of young people, high prevalence of HIV as well as teenage pregnancies. These sub-districts are the focus of the She Conquers campaign launched by Deputy President Ramaphosa last year. We will intensify our efforts to reduce new infections in this cohort as well as in female sex workers. The introduction of pre-exposure prophylaxis as part of combination prevention will also assist as will the use of HIV self screening (including in men who are not testing in at the rate required).

Finally, in order for us to meet stretch targets by 2020 we will need additional resources. I therefore call on my colleague Ministers to ensure that we mobilize domestic resources for prevention. We will also require our development partners to assist us with resources. Whatever resources we raise must be used as efficiently as possible – this means focusing for impact – much like we have started to do for HIV treatment!

I thank you!

## **Annex**

### **Call to action: 10 point plan in the Prevention Roadmap**

1. Conduct a strategic assessment of key prevention needs and identify policy and programme barriers to progress.
2. Develop or revise national targets and roadmaps for HIV prevention 2020.
3. Strengthen prevention leadership and make institutional changes to enhance HIV prevention oversight and management.
4. Develop guidance, formulate intervention packages and identify service delivery platforms, and update operational plans.
5. Develop a consolidated prevention capacity building and technical assistance plan
6. Establish or strengthen social contracting mechanisms for civil society implementers, and expand community-based responses
7. Assess available resources for prevention and develop a strategy to close financing gaps.
8. Introduce the necessary policy changes to create an enabling environment for prevention programmes.
9. Establish or strengthen prevention programme monitoring systems.
10. Strengthen accountability for prevention.