TALKING POINTS FOR DEPUTY MINISTER FOR GLOBAL PREVENTION COALITION (GPC) MEETING IN NAIROBI

Thank you Programme Director
UNAIDS Board Chair, and Vice Minister Hon. Yu Xuejun
UNAIDS, Executive Director, Winnie Byanyima
UNFPA Executive Director, Natalia Kanem
AU Commissioner for Social Affairs Amira Mohammed Elfadil
SADC Deputy Executive Secretary for Regional Integration
Thembinkosi Mhlongo
My Colleagues Ministers and Deputy Ministers present here
Co-Chairs of the Global Prevention Coalition
Young people participating and in attendance
Technical Partners

Ladies and Gentlemen!

Good Afternoon
I must begin by congratulating Dr Winnie Byanyima for her recent appointment as the Executive Director of UNAIDS. Also expressing my deep gratitude for the partnership that has led us here today. It has been a great privilege and pleasure to have been part of this journey in these past years as a country.

As we know, the overarching goal of the Global HIV Prevention Coalition is to strengthen and sustain political commitment for primary prevention by setting a common agenda among key policy-makers, funders and programme implementers. It further places countries and communities at the center of the commitment and seeks to ensure accountability for delivering prevention services at scale in order to achieve the goal of ending the AIDS epidemic as a health threat by 2030.

As reflected on the screens, the coalition monitors accountability through the use of the score cards that continuously reflect progress against national targets to track yearly progress.

Let me provide you with a brief progress report and South Africa commitment to reach these targets:
While South Africa has achieved great strides in the fight against HIV, a lot still needs to be done, especially with adolescent girls and young women, men and key populations.

Overall, our new HIV infections have declined by 39% among adults and 43% among young women (UNAIDS, 2018). While this is an achievement, the progress is too slow to achieve the 2020 targets. According to the recent household survey, the number of annual new infections in South Africa has dropped from 270 000 to 230 000. Our adolescent girls and young women are the most affected with 74,000 new infections in the past year (UNAIDS 2018), that is more than 200 infections per day. According to the Thembisa modelling, the number of new infections in this age group have reduced from 2000 a week to over 1400 a week.

Young women who have left school, are unemployed and most vulnerable to gender-based violence and risk for HIV. We need to increase reach for all the key populations. We need to continue to scale up prevention programmes while also addressing the gaps in our treatment cascade and the social, structural and legal barriers in order to achieve the targets.

We are focusing our efforts to rapidly scale-up our prevention interventions, improve our treatment programmes while working
together with our people and key populations and communities to achieve this very ambitious target.

Here are some specific achievements, challenges and commitments by pillar

Adolescent girls and young women (AGYW)

• We have a renewed emphasis on scaling-up the She Conquers Campaign package of services to all districts in SA. This is now inclusive of adolescent boys and young men (ABYM) who have been relatively less prioritized as compared to the adolescent girls and young women.
• We have commenced scaling up pre-exposure prophylaxis (PrEP) implementation with expansion to AGYW, into public health facilities.
• PrEP uptake has been positive among key populations including men who have sex with men (MSM); and sex workers (SW) though the SW coverage has been slower than expected. We will launch a revised sex worker plan on the 1st December 2019 under the leadership of the South Africa National AIDS Council (SANAC) and this includes recommendations for peer-led programmes in communities.
Health providers are supported to provide youth friendly services and discuss concerns of HIV, other STIs, sexuality – including diverse sexual orientation, gender identity and expression, relationships, gender-based violence and other complex sexual health issues alongside contraception;

Men

• We are scaling up prevention programmes for adolescent boys and young men (ABYM)
• We are further scaling up Medical Male Circumcision (MMC) and innovative programmes and initiatives expanding to men’s health and clinics are being explored.
• New programmes differentiating transgender women (TG) from MSM are being embraced by both communities.

Key populations (KP)

• Harm reduction programmes are still at small scale, limited in their offerings and donor funded.
• Current cost of methadone remains exorbitant and a barrier to the scale up of Opioid Substitution Therapy (OST).

Condoms

• Condom distribution has improved and is at close to optimum but there is still a gap regarding use, especially female condoms.
Innovative strategies are needed to increase use and these should be accompanied by comprehensive communication strategies. We are finalizing our national condom communication plan that should be implemented before the end of the year.

- Sexual Reproductive Health and Rights package is being implemented which includes all facets of HIV prevention, contraceptive use and sexuality education.

In conclusion, let me assure you that South Africa is fully committed to the prevention targets and would like to learn from other countries’ successes on innovative ways to strengthen prevention interventions.

Finally

I look forward to outcomes-based actions as we work together and hold each other accountable for a stronger commitment to achieve the goal of reducing the HIV incidence as per our targets and ending the AIDS epidemic as a health threat by 2030. The task of bringing various stakeholders together and retaining them in a demanding process for several years can only be driven by inspired leadership. I would like to acknowledge the UNAIDS and UNFPA ‘s continuous leadership, commitment and support in this process.

I THANK YOU