TALKING POINTS FOR MINISTER FOR GLOBAL PREVENTION COALITION (GPC) MEETING

PLEASE NOTE: BACKGROUND INFORMATION FOR MINISTER:

Role of Minister at the GPC

- The role of the Minister of Health during the Global Prevention Coalition (GPC) meeting will be to make a brief 5-minute country commitment statement to reflect on the country progress, and focus on the expansion and amplification of HIV prevention efforts for the period 2021-2025

All sessions below take place virtually and relevant links will be shared

DATE OF THIS MEETING: 18/11/2020

Talking points in the next page below:
TALKING POINTS FOR MINISTER FOR GLOBAL PREVENTION COALITION (GPC) MEETING HOSTED BY MOZAMBIQUE (VIRTUAL)

CHAIR, Lizzie Nkosi, Minister of Health, Eswatini
UNFPA Executive Director, Natalia Kanem
EXECUTIVE DIRECTOR, THE GLOBAL FUND, Peter Sands
INTEGRAL HEALTH MUNICIPALITY COMMITTEE LGBTI OF SAO PAULO, BRAZIL, Raphaela Fini
MINISTERS OF HEALTH COTE D’IVOIRE, MALAWI, NIGERIA, ZAMBIA, UKRAINE, NAMIBIA, TANZANIA, BRAZIL, DEMOCRATIC REPUBLIC OF THE CONGO, MEXICO, MOZAMBIQUE, ZIMBABWE
UN REPRESENTATIVES
CO-CHAIR OF THE GLOBAL HIV PREVENTION COALITION, Sheila Tlou
FACILITATORS
Ladies and gentlemen!

It has been a great privilege and pleasure to have been part of the Global HIV Prevention Coalition in these past years as a country. I would like to express my deep gratitude for the partnership that has led us here today.

We continue to support the overarching goal of the Global HIV Prevention Coalition which is to strengthen and sustain political commitment for primary prevention by setting a common agenda among key policy-makers, funders and programme implementers. Furthermore, placing communities at the center to ensure accountability of prevention services to achieve an AIDS-free generation by 2030 is critical.

As reflected on the screens, I am briefing you on the progress report, and South Africa’s commitment to expand and amplify HIV prevention efforts for the period 2021-2025.

South Africa has made significant strides in the fight against HIV, however, more work is still needed, especially with adolescent girls and young women (AGYW), men and key populations.

Overall, our new HIV infections have declined by 49% (220 000) among adults and 56% (66 000) among adolescent girls and young women (AGYW) (UNAIDS, 2019), which translates to 1200 new infections a week (Thembisa, 2019). While this is an improvement from 2018, the progress is still too slow for the achievement of the targets and we need to implement innovative strategies for prevention for this population group.

Let me give you a summary of key achievements and/or good practice examples in HIV prevention that South Africa can bring to scale and/or build on

We have developed and are implementing the following strategies and guidelines

- National Strategic Plan 2017-2022
- HIV Prevention Strategy
- Strategy on Social and Structural drivers to address key drivers of HIV vulnerability
Strategy on social and behavior change communication to ensure more targeted, nuanced messaging
National Drug Master Plan developed to mitigate barriers to services from a legal and policy perspective
Strategic plan on GBV and femicide NSP 2020-2030
Sex worker Plan
Integrated School Health Policy

Enhanced service packages:

- Defined AGYW and key population service package
- Expansion of PrEP to include AGYW in and out of public health facilities
- Expansion of Youth zones to accommodate youth services
- HIV self-screening and index testing to increase testing and case identification among youth, men and key populations
- Re-launched male and female condoms (max and maxima) to increase uptake and use, especially among the youth
- Condom communication plan
- Comprehensive sexuality education as part of the school curriculum
- Linkages between HIV and SRHR services to ensure comprehensive service provision
- Key technical multi-sectoral task teams to ensure accountability and actionable approaches towards the response

Key actions that the country plans to take to overcome identified gaps in HIV prevention efforts, during the period 2021-2025 and as part of the GPC

South Africa plans to:

- Align and prioritize interlinkages between the GBV & femicide and HIV, STIs and TB NSPs
- Review and revise prevention strategies for each department to revitalize the political commitment
- Ensure integration of HIV programmes with SRHR programmes
- Enhance the condom communication plan, with a special focus on nuanced messaging to strengthen targeting and improve outcomes
- Increase accessibility and availability of existing and new PrEP options, and scale up implementation both in and out of healthcare facilities
- Strengthen treatment coverage, specifically among adolescents and key populations
- Implement peer-led programmes in communities to strengthen self-care and ownership
- Continuous Advocacy for implementation of human rights based interventions for KPs including TB and STIs.
Necessary adaptations in the national HIV prevention response to mitigate a potential setback from the COVID-19 pandemic

To avoid the reversal on gains made on HIV prevention, South Africa is ensuring:

- Safe continuation of outreach activities for AGYW, key populations and communities in alignment with continuing community Covid-19 screening, regulations and contact tracing
- Robust online counselling, including mental health, for AGYW and key populations
- mHealth tools and novel strategies to diagnose and maintain patient care
- Use of digital platforms (webinars, social media) to update programmes on new interventions
- Expansion of alternative access and availability of condoms (distribution through community covid-19 screening and contact tracing), ART (multi-month dispensation) and increasing external pickup points for stable patients
- Close and regular provincial support for catch up plans for districts to achieve their programme objectives and plans

Finally,

Once again, 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 an AIDS-free generation 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