

DEBATE ON THE DECISION BY THE UNITED STATES GOVERNMENT TO HALT AID TO SOUTH AFRICA AND THE RESPONSE THERETO

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Honourable Speaker

Honourable Members of the House

Honourable Speaker, today's debate is about the decision of the US Government to halt aid to South Africa and the response thereto.

I assume Honourable Speaker, that most of the responses are expected from me, being the Minister in charge of Health, the hardest hit sector in Trump's announcement. I am going to try my best to take you through the whole saga. I will do so by sharing as enough information with this House and the Nation as I possibly can.

Honourable Speaker, to put this debate into perspective, it will be important to outline to this House the temporal sequence of events.

As we all know, President Donald Trump resumed office on the 20th January 2025 and immediately signed far reaching executive orders to stop PEPFAR FUNDING to the world. PEPFAR (Presidential Emergency Programme for AIDS Relief) was initiated by President George Bush Junior in 2003 and has enjoyed broad bipartisan support in the United States (US) up to this far, i.e it was strongly supported by both the Republicans and the Democrats alike.

What is PEPFAR's involvement in South Africa?

South Africa has an estimated 7,8 million people who are infected by HIV. Out of this 7,8 million, a total of 5,5 million are on Anti-Retroviral Treatment (ARVs).

Out of our 52 Districts in the country, PEPFAR selected 27 high burden districts to operate there. These 27 districts are found only in 8 Provinces. There is no high burden district in the whole of the Northern Cape Province.

Of the 27 districts, 7 are in KwaZulu Natal (KZN), 5 in the Eastern Cape (EC), 4 in Gauteng (GP) (including all its 3 Metros), 3 each in North West (NW) and Mpumalanga (MP), 2 each in Limpopo (LP) and Free State (FS) and 1 in the Western Cape (WC), which is the Metro itself.

These 27 districts have 271,606 staff working on HIV/AIDS, TB and STIs programmes. Please note that HIV/AIDS and TB work is happening in all 52 districts in South Africa only that PEPFAR does not operate in the remaining 25 districts.

Of the 271,606 staff, 256,452 are paid for by our own fiscus. This leaves us with 15,154 people in those districts paid for by PEPFAR. These are persons of concern in this case.

PEPFAR funds these people through a myriad of NGOs and academic as well as other health institutions and not through the Government, i.e the money goes directly to the NGOs.

There are 150 NGOs who depend on this PEPFAR money. 39 of them are principal implementing partners of PEPFAR and the remaining are subcontracted to the 39.

ARV Acquisition:

Ninety (90)% of the ARVs consumed by the 5,5 million people are bought by our own fiscus. The remaining 10% are bought by the Global Fund (a Geneva-based organisation which was also launched two decades ago to fund the Global fight against HIV/AIDS, TB and Malaria (by the way, our very own Deputy Minister of Health, Dr Joe Phaahla, is a Member of the Board of this organisation, he was appointed last year).

PEPFAR funds only the salaries and operational costs of the 15,154 people in the 27 districts.

Where are we in the battle against HIV/AIDS?

In 2014, at the International AIDS Conference held in Melbourne, Australia, UNAIDS (the United Nations Agency responsible for coordination of the Global HIV/AIDS fight), introduced a concept called 90-90-90 which was later elevated to 95-95-95. That means if in a particular country 95% of people who are HIV positive test and know their status, if 95% of those who are positive are on ARV treatment and if 95% of those who are on ARVs are virally suppressed (meaning that the virus can no longer be detected in their blood), then the virus can no longer be transmitted from one person to the other.

When a country reaches such a status, it is regarded as having eliminated HIV/AIDS as a public health threat. However, this does not mean HIV/AIDS is eradicated. It simply means that it is no longer a threat to the public. It means that 150 000 new infections acquired in South Africa per annum will be dramatically reduced or totally stopped.

Now in South Africa we are at 96-79-94`. This means that we have exceeded the first 95 target but we are still at 79% of the 2nd 95 target, and at 94% of the last 95 target. As can be seen, our weakness is the 2nd 95 target. To reach this 2nd 95, we need to search for an additional 1,1 million people who are known to be HIV positive but are not on ARVs. We need to find them and put them on ARVs.

On the 25th February 2025, nine (9) days ago, at the Lillian Ngoyi Health Centre and Chris Hani Baragwanath Hospital, we launched a big programme to find these 1,1 million people, and we must find all of them by the end of November this year. This is the last mile of this long journey in the fight against HIV/AIDS. We dare no falter come Trump or high waters. I do not want South Africans to undermine the progress we have made in the fight against HIV/AIDS and TB. We should guard this progress with everything at our disposal.

In the past 15 years, since launching the World's biggest HIV counselling, testing and treatment campaign in 2010, this is what we have achieved:

- We have reduced death by HIV by 51% - in the instance raising life expectancy from 53 years in 2010 to 63 years in 2020. In a decade we raised life expectancy of South Africans by 10 years. This is unprecedented. One of the most eminent global scientists, our own Prof Salim Abdul Carrim said this is only equivalent to the abolition of slavery.
- We have reduced mother-to-child transmission from 0,86 to 0,39 between 2019 and 2024.
- Our maternal mortality a global indicator of progress was 249 deaths per 100,000 livebirths by 2010 and this reduced to 86 deaths per 100,000 livebirths, This is tremendous reduction.

In 2020, Covid-19 disrupted us and took us to 120 deaths per 100,000 livebirths but by 2024 we were coming down and were at 109 deaths per 100,000 livebirths.

- In 2010, a total of 25,858 babies were born HIV positive. This is called mother-to-child transmission. By 2020 this has reduced to 7,640. This is whooping 70% reduction in mother-to-child transmission.
- From 2015 to 2000, we have reduced the incidence of TB by 56% after populating all our health facilities with GeneExpert which replaced microscope as a diagnostic tool.

All these achievements did not happen on their own, and I want this Honourable House to take a vow with us that this will never be allowed to regress. We cannot go back to where we were.

We have informed all our provinces and institutions that no matter how tough it is, nobody who is on ARVs must stop taking them and nobody who needs ARVs must be deprived of them.

Two weeks ago, we issued a circular to Heads of Departments (HODs), managers of all our districts, including even the districts which are outside the PEPFAR support and to CEOs of all our hospitals. The instruction to them is:

- To redeploy staff from less busy areas to areas that are highly burdened;
- To initiate task-shifting to cover-up the skills that might have been lost with the departure of PEPFAR-paid staff;

- To encourage as many patients as possible to go to 3MMD (3 multi-months dispensing) if they are stable. To further transition to 6MMD (6 multi-month dispensing), so that they only visit facilities twice in one year;
- To integrate all the vertical programmes of PEPFAR into the state primary healthcare programmes.

The National Team meets with their provincial counterparts on a weekly basis to do impact assessment to avoid service disruptions.

Chronological sequence of events

Trump made executive orders on the 20th January 2025. On the 30th January 2025 our Cabinet Lekgotla was provided with a report containing the data I have just given you this afternoon. On the 3rd February 2025 we met with the Charge de' Affairs of the United States who has since resigned and went back home.

On the 10th February 2025 we met the following donors:

- CHAI (Clinton Health Access Initiative);
- ELMA Foundation
- Gates Foundation
- FCDO (Foreign and Commonwealth Development Office) of the United Kingdom (UK)
- First Rand

- CEO and one Trustee of Solidarity Fund (not the Solidarity that has run to Trump for help) but the Solidarity Fund established during Covid-19.

All of these institutions have promised that they will see what they can do.

On the 12th February 2025 we met with the Minister of Finance and his Treasury team.

This morning I have just met a representative of AFD (the French Development Agency). Let us realise that there is no Government or a funder who had some spare cash somewhere waiting for Trump to erupt.

We met 20 of the 39 NGOs mentioned earlier on Monday, 3rd March 2025. Next week we will meet all the Civil Society Organisations working under SANAC (South African National AIDS Council).

All said and done Honourable Speaker, let us come to the real issue here – why did we call for this debate?

I want to state categorically clear that Trump owes South Africa no cent. He has taken his decision and that is it. The onus lies on us on what to do. To me, this was a wake-up call to our country and the African Continent as a whole. We should not let this crisis go to waste.

I have a challenge for this House. Each Member of this House, together with everybody who draws a salary from the State and is on a medical aid is getting a heavy subsidy from the State to stay on private medical aid.

Honourable Speaker, may I call on the Honourable Malema, who initiated this debate, to call another debate of this House so that we can discuss as leaders: Should we continue drawing subsidies from the State under these harsh conditions for the poor?

In my language ba re: "*Bana ba motho ba ngathogana hlogwana ya tsie*". The literal translation is that during tough times, children of the same mother can survive by sharing a head of a locust.

Agbare Malema, hier is my vraag aan u: Mag ons voortgaan in hierdie baan self al dinge so sleg is? Dit moet nie 'n kwesie van wie kradig is nie. Dit moet 'n kwesie van: is ons aan die kant van die armes of praat ons net?

I hope Honourable Speaker, I just hope that we did not call this session to bash Donald Trump. We may of course choose to do so. It is in our hands. But how will that help?

I am concluding by standing steadfast on the challenge I have given you. The solution must start with us.

Should we continue drawing our subsidies of R70 billion from the State and the medical tax credits of R33 billion those of us in society who are better off than the others?

Call a debate about this matter!! I am sure ActionSA supports this call!!

I THANK YOU