

**STATEMENT DELIVERED BY THE SOUTH AFRICAN MINISTER OF  
HEALTH, Dr AARON MOTSOLEDI, AT THE HIGH LEVEL MEETING  
ON HIV/AIDS**

**THE UNITED NATIONS HEADQUARTERS**

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## **Excellency, President of the General Assembly**

The South African delegation wishes to join other delegations in extending its warmest congratulations to you for convening this august meeting on an issue of critical importance to my country and many others.

The Permanent Representatives of Switzerland, H.E. Jürg Lauber and Ambassador Patricia Mwaba Kasese-Bota of Zambia, whom you entrusted with the very challenging task of co-facilitating the negotiations on both the modalities resolution and the Political Declaration, have managed the process in a professional, transparent and inclusive manner and we warmly thank them for their hard work.

South Africa continues to support all UN efforts that aim to combat HIV and AIDS and is proud to have been part of the process to draft this collective commitment. It is through this kind of leadership that we will inspire the world to achieve the shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. South Africa aligns itself with the political declaration and with the statement delivered on behalf of the African Group.

## **Excellency,**

Over the years the South African Government has intensified its efforts to deal with HIV and AIDS-related challenges. South Africa has the largest HIV and AIDS programme in the world with more than 3.4 million people currently on antiretroviral therapy. However, we need to intensify our prevention interventions or we will not be able to reach our socio-economic development imperatives and the SDGs. In this regard, we will redouble our efforts to prevent new infections through a multi-sectoral approach, including biomedical, socioeconomic, structural and behavior change interventions. We are committed to reaching the 90-90-90 targets.

Measures needed to eradicate AIDS require substantial and sustainable financial resources. Domestic financing is key to ensuring this sustainability. In this regard, domestic financing contributed close to 80% funding to the nation HIV and AIDS response. We conducted an investment case that informed allocation of additional funding to the tune of R1 billion from the national fiscus. The international community through The Global Fund to Fight AIDS, Tuberculosis and Malaria is exemplary in the demonstration of global solidarity against these diseases.

Since its establishment, South Africa has benefited substantially and continues to contribute to the Global Fund. The good story we now tell regarding HIV and AIDS would not have been possible without this support. For this reason, South Africa urges donors to continue supporting the Global Fund. We are looking forward to a successful Global Fund replenishment meeting later on in the year.

For more than a decade, the price of first line ARVs dropped significantly. This contributed to our success in treating 3.4 million HIV positive people. However, second and third line regimens are still not within reach. In this regard, my delegation firmly believes that more can be done, including the use of Public Health Safeguards in the TRIPS Flexibilities. Research and Development for Pediatric Medicines and Multidrug resistant TB remain areas of scarcity with regard to new formulations.

To fill this gap, new approaches to research and development for therapeutic agents require a consideration of delinkage of the cost of research and development from the final price. This will ensure access to easy-to-use drug regimens that are less toxic in a sustainable manner at affordable cost. South Africa is implementing pre-exposure prophylaxis (PrEP) and Test-and-Treat and this will increase the demand for antiretroviral drugs.

### **Excellency**

My delegation is concerned that legal, socio-economic and structural issues such as the unequal power relations between men and woman continue to drive the epidemic. Women and adolescent girls continue to

bear the high burden of HIV in our region due to their vulnerable situation compared to that of men and adolescent boys.

Thus, gender equality, equity and the empowerment of women and adolescents, through policies in the areas of employment and gender-based and sexual violence, should be seen as a central element in ending AIDS. Phylogenetic mapping done recently in one of the areas of high transmission has given more granular insight into biological drivers of HIV infection. This has informed the design of a national campaign to disrupt transmission of HIV in the country. The new campaign will target girls and young women in the age group 15 to 24 and the men who infect and impregnate them, found to be in age range 24 to 35. Investing in transformative AIDS responses will contribute to gender equality and empower women and girls.

The very spirit that shaped our 2030 Agenda for Sustainable Development, of leaving no one behind, is negated when we discriminate against our citizens based on their sexual orientation and gender identity.

Our Constitution enjoins <sup>us</sup> not to unfairly discriminate against anyone including on race, gender, sex, sexual orientation. . It is our fervent hope that all member states will find a way of being more inclusive and responsive to the needs of all people's, especially vulnerable groups and key populations.

## **Excellency**

It is the hope of my delegation that our collective commitment as expressed in the Political Declaration reflects the aspirations of the many people living with HIV and that it will inspire confidence. The Declaration will also serve as an inspiration for the thousands of delegates expected to attend the International AIDS Conference in Durban next month. We look forward to welcoming you all to the Zulu Kingdom for this important event. As we prepare go to Durban with this important Declaration, let us accelerate the fight to end HIV & AIDS by 2030.

I thank you