

Talking Points (verbal presentation)

All Protocol Observed

1. Importance of South Africa's example in the AIDS and COVID response

(material on TB will have been presented by Stop TB Partnership)

- South Africa is the country most affected by AIDS with 20% of the PLHIV globally. But the country has also risen to be the leader in the response with more than 5 million people on ART. SA has achieved the first 90 in the 90-90-90 targets with **93-71-88**.
- We applaud South Africa, and Dr Zweli Mkhize the Minister of Health (in attendance) and the South Africa National AIDS Council, for the leadership of the AIDS response and broader health in SA. South Africa has demonstrated decisive leadership of the AIDS response, funds approximately 80% of its response, and fosters a multisectoral response at the national, provincial and other sub-national levels.
- When COVID-19 came on to the scene, SA also became the most affected. It has registered almost **700,000** cumulative cases, more than half the burden for the entire African continent. Here again, a very timely Risk Adjusted Strategy informed by science and balanced by economic and other needs, was implemented and the country is back on track to recovery.
- South Africa is therefore the most apt example to learn about HIV, TB and the impact of COVID-19 on the responses. It is here where we can see that the progress that has taken a decade to achieve is fragile; it can be disrupted and reversed when patients can't access facilities and refill their medicines, when laboratories cannot continue monitoring viral loads, when clinic staff are reassigned to work on COVID-19, when Medical Male Circumcision was suspended (now resumed), when the PLHIV face increased risk of dying from COVID.
- COVID-19 has brought us back to the discussion on the need for a strong and resilient health system that can withstand shocks from an epidemic; COVID has shown the importance of controlling and managing 'pre-existing conditions' both communicable and NCDs; COVID has brought to the fore that the country will only do well if all of us are well. We look up to you Dr Mkhize for this leadership on key initiatives such as the 'Catch Up Plan' in the short term, and the National Health Insurance in the longer term, that are now more urgent than before.

2. Applaud Masoyise Programme (details of programme will have been presented by Zanele, head of Minerals Council)

- Applaud the Masoyise Programme for bringing together the health leaders of mines, big and small, to work together and respond to TB, HIV and Health.
- Indicate that it is an honour for UNAIDS Joint Team on AIDS (Secretariat, ILO, WHO) to participate in the Programme to co-sponsor the publication on the great work you are doing, and to learn on how the private sector can be a leader in the TB, AIDS and broader health responses.
- When AIDS came onto the scene in SA and the region, mines were known hotspots for the disease. Today, I note with satisfaction that Masoyise has targets that are higher than national and international targets e.g. to counsel 100% of employees for HIV annually, and to screen 100% of employees for TB annually using the cough questionnaire, and to reduce TB incidence in the mines to below the national average by 2024.
- I also note that much work has already been done in testing, screening, contact tracing, and at the impact level, the Minerals Council is already achieving lower TB incidence (of 740 per 100 000 population) compared to the whole mining industry (at 840 per 100 000). A big congratulations to all of us!

3. Looking to the future – how do we apply the lessons from Masoyise?

- UNAIDS is in the process of developing a new Global AIDS Strategy to 2025. We have learnt a lot – we have an idea of what interim targets to set for 2025 on the way to ending AIDS by 2030, we have a lot of data that tells us which populations in which locations are being left behind etc. Amongst the big missing pieces is the ‘HOW’ – how do we protect the adolescent girls and young women; how we walk the talk on respecting and protecting the rights of key populations; how do we reduce inequalities and make sure we leave no one behind; how do we reach men who do not routinely visit health care centres?
- The Masoyise Programme is one key example of the HOW. It shows us how to establish a mutually beneficial partnership between employers and employees, how to incorporate relevant government departments for guidance, how to include international normative agencies and other stakeholders into the partnership, and how to actually translate this into a funded workplan that produces results in controlling AIDS and TB.
- Masoyise is that example of starting an intervention that starts with mine workers and contractors, but extends into the community where the workers come from, where their families are. Recognizing that mine workers often come from other provinces and indeed neighboring countries, the Masoyise Programme shows us an approach that is far reaching for the health of the workers, communities and even region.
- We have struggled with the question on HOW to reach men? Men are by far the gender employed in mines. Masoyise reaches men and makes a great example that the outcomes can be improved. How do we, as extrapolation, reach all the men in the Construction sector, for example?

Or the Transport sector with thousands of taxis all over the country? How do we foster a partnership between the employers, employees and other stakeholders, and have them fund some interventions for their mutual benefit, as Masoyise did?

- I see much potential from this work that Masoyise has started not only for the Programme to consolidate its plans and wins against threats such as COVID, but for the rest of us to generalize the approach and expand within South Africa's private sector and beyond.

Thank you