

Global HIV Treatment Coalition

we will not let people die

Dr Sibongiseni Dhlomo (Chairperson)

Parliamentary Portfolio Committee on Health

Parliament of South Africa

P.O. Box 15

Cape Town, 8000

sdhlomo@parliament.gov.za

Cc Ms Vuyokazi Majalamba (Committee Secretary)

vmajalamba@parliament.gov.za

4 April 2025

Dear Dr Dhlomo,

Urgent Request for a Meeting on the HIV/TB emergency caused by USAID cuts and the need for Immediate Response Measures by government

We are a coalition of movements, organisations and individuals determined not to let people die. Our coalition comprises people living with HIV, nurses, doctors, counsellors, scientists, activists, people living with disabilities, LGBTQ+ people, artists, musicians and community organisers. Many, many of us are veterans of the Treatment Action Campaign.

We write to you with a deep sense of urgency, pain, rage and knowledge of the dire situation because HIV has once again become a catastrophe across Africa, Asia, the Caribbean and Latin America. Donald Trump, the US president and his administration have placed 20 million

people on ARV treatment on death row with the stroke of a pen. People who were on ARVs across our continent now await the multiple illnesses that will follow the cruel, and quite honestly, the Trump administration's illegal cuts to HIV prevention, treatment, care and health systems support.

We have no doubt that the Portfolio Committee on Health and *all* political parties share the urgency and pain of people living with HIV, our families, friends, health professionals and society in general.

While our country is the least affected, the best available evidence shows that over the next five years at least [601 000 additional but preventable HIV-related deaths](#) of children and adults will occur in South Africa because of the Trump cuts. In addition, an additional 565 000 new infections will place intolerable burdens on the health service. [This will particularly increase the marginalisation of key populations](#). [Our health system where more than five million people have been placed on ARV treatment](#) will collapse especially in our urban and rural working class communities.

As you are aware, the US provided \$439 million to South Africa paying for health care professionals, community-based testing, prevention including PREP, support for orphan and vulnerable children, services specifically directed at the sex worker, queer and trans communities, as well as, harm reduction programmes. PEPFAR's support represents 17% of the state's HIV programme but more than 80% of community-based services essential to the success of all prevention and treatment efforts.

Across our continent with the exception of Botswana, most countries are dependent on the US for their HIV/TB prevention, treatment and care programmes, as well as, general public health services. Every LGBTIQ+ service including safe spaces across the continent has been shut down or has had to significantly scale down services in already extremely repressive societies. Even South Africa has seen most of its LGBTIQ+ and sex worker health and social services shut down.

Apart from people living with HIV/TB, thousands of community health workers in the poorest communities have lost their economic lifelines. In the current economic climate, this unemployment will cause further hunger and increase food insecurity.

To the best of our knowledge, the Portfolio Committee has only had one briefing from the Minister of Health. The National Council of Provinces has not had any briefings from provincial health departments and this is critical. Given the significant strain on frontline health services, the Portfolio Committee must set out the principles and elements of an emergency plan [as recommended by Professor Francois Venter](#), including:

- immediate provisions for funding existing programmes for a limited time, particularly those in and around overburdened facilities, and
- provisions making healthcare jobs more sustainable over the coming years.

Such a plan must provide equitable access to HIV prevention care and treatment services for every person who needs it, irrespective of document status and nationality.

We also request the committee to recommend that the National and Provincial Health Departments must regularly communicate to every healthcare worker, person on ARV treatment, as well as the general public, that all persons in need of ARV treatment will receive their medication.

Additionally, the Portfolio Committee and Government must call on drug companies to lower their prices for ARVs, which would allow the government to place more people on treatment and provide PrEP to those most at risk of contracting HIV.

We further ask that the Portfolio Committee makes a direct call to private and public creditors to forgive developing countries' debts or, at the very least, forego or reduce interest on those debts in light of the severe repercussions foreign aid cuts will have on people and health services across Africa.

Finally, we request a meeting with the Portfolio Committee at the earliest opportunity to share the experiences and knowledge of people who are directly affected by this crisis, including people living with HIV, health professionals, and researchers. We urge the Portfolio Committee to take swift action to address these concerns and look forward to an opportunity to engage with you directly on these matters. **The Global HIV Treatment Coalition** appreciates your leadership and commitment to strengthening South Africa's public health system and look forward to your response.

Yours sincerely,

Zackie Achmat (person living with HIV & Coalition co-convenor & TAC co-founder)

Anneke Meerkotter (Southern African Litigation Centre & Coalition co-convenor & TAC co-founder)

Individuals

Professor Fareed Abdullah (HIV Clinician and Director of the Office of AIDS and TB Research at the South African Medical Research Council)

Ayamangalisa Badli (Traditional Healer)

Professor Linda-Gail Bekker (Desmond Tutu Health Foundation)

Benjamin Chisari (Good Hope Christian Centre)

Michaela Clayton (Director of the AIDS and Rights Alliance for Southern Africa)

Sharon Cox (The Triangle Project)

Zola Dalani (Traditional Healer)

Sharon Ekambaram (Lawyers for Human Rights and TAC co-founder)

Elsbeth Engelbrecht (Director, The Triangle Project)

Aneleh Fourie Le Roux (Executive Director of Christian AIDS Bureau for Southern Africa)

Busisiwe Kamolane-Kgadima (Deputy Director of the Centre for Applied Legal Studies at the University of The Witwatersrand)

Rev. Toni Kruger-Ayebazibwe (Executive Director of The Global Interfaith Network)

Bafana Khumalo (Executive Director, Sonke Gender Justice)

Ayanda Kunene (Coalition supporter)

Carol Lennon (The Triangle Project)

Lungisa Majezi (Coalition supporter)

Tebogo Makwat (D'Gayle Diamonds & Intersex Society of South Africa)

Benjamin Martin (Coalition supporter)

Demona Martin (Coalition supporter)

Tyronne McCrindle (Coalition supporter)

Phumi Mtetwa (Just Associates Southern Africa & TAC co-founder)

Munashe Mutasa (African Legal Students Association and Justice Chapter)

Lindiwe Mvandaba (person living with HIV & Movement for Change and Social Justice)

Namuma Mulindi (Sonke Gender Justice)

Dr Marlise Richter (University of Cape Town and University of The Witwatersrand)

Katlego Sepotokele (Coalition supporter)

Amir Sheikh (Chairperson of the African Diaspora Forum)

Ling Sheperd (Coalition supporter)

Thifulufheli Sinthumule (Director of the Consortium for Refugees and Migrants in South Africa)

Lumkile Sizila (person living with HIV & Movement for Change and Social Justice)

Estian Smit (The Triangle Project)

Sibongile Tshabalala-Madhlala (National Chairperson of Treatment Action Campaign)

Wim Vandavelde (person living with HIV & Global Network of People Living with HIV South Africa)

Bianca Van Rooi (The Triangle Project)

Zukiswa Vuka (Director, #UniteBehind)

Organisations

Asijiki Coalition for the Decriminalisation of Sex Work

Doctors Without Borders (MSF) Southern Africa

Kopanang Africa Against Xenophobia (KAAX)

Legal Resources Centre (LRC)

Sex Workers Education and Advocacy Taskforce (SWEAT)

Socio Economic Rights Institution (SERI)

Sonke Gender Justice

The Treatment Action Campaign (TAC)

The Triangle Project

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