SANAC NEWS

The official newsletter of the South African National AIDS Council • Issue 43 • Jan 2026

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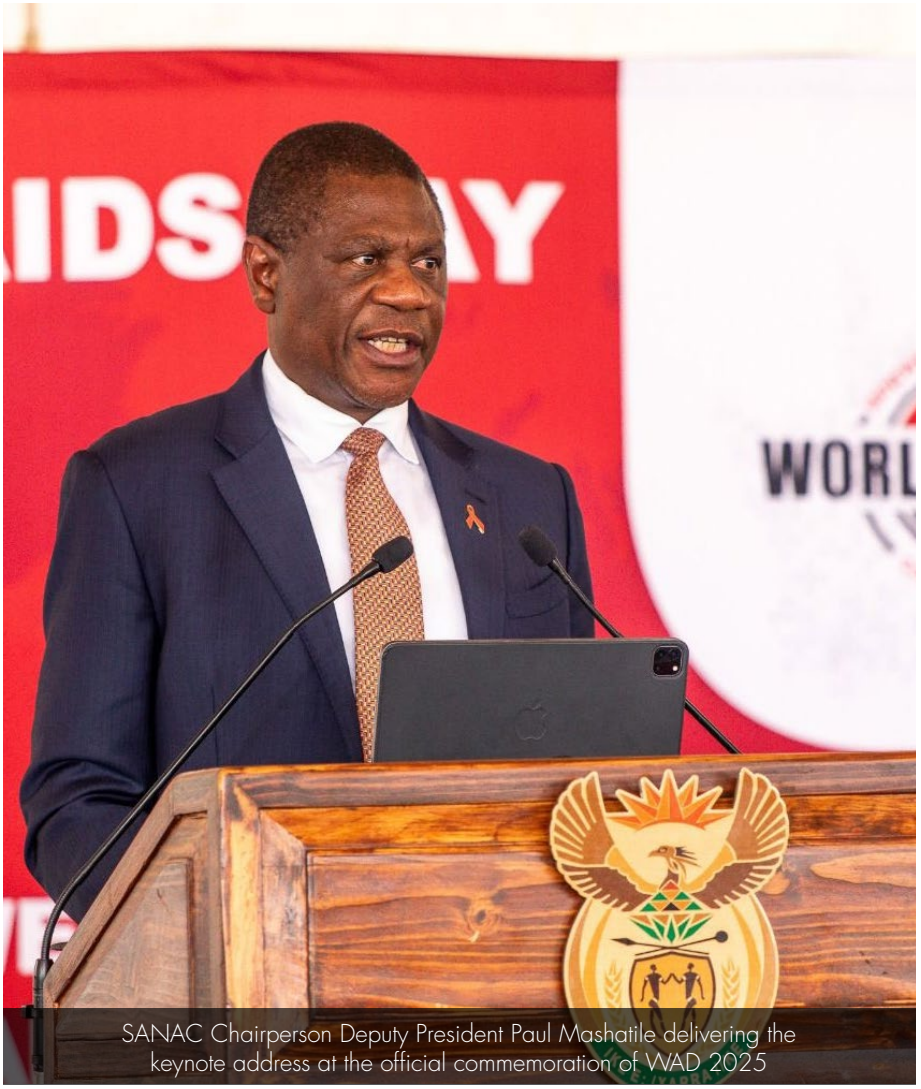
South Africa Commemorates World AIDS Day 2025 in Limpopo

- Karabo Makgato



SANAC Chairperson Deputy President Paul Mashatile delivering the keynote address at the official commemoration of WAD 2025

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EDITOR'S NOTE

Nelson Dlamini

The third quarter of the year is arguably the busiest in the SANAC calendar, with a range of activities, most of which form part of the HIV Prevention Campaign Wave leading up to World AIDS Day on the 1st of December. The past commemoration was held in Sekhukhune District in Limpopo, in a place called Ga-Molapo – Karabo provides a wrap-up of the event and its key build-up activity that is led by the PLHIV Sector (see page 3). I wrote a reflective piece on the status of the epidemic which has also been published in the Public Sector Manager (PSM) Magazine (in print and online); see it on page 23.

One of the biggest advances in South Africa's HIV response last year was the registration of Lenacapavir (Len) by the South African Health Products Regulatory Authority (SAHPRA). Len is a long-acting injectable HIV prevention drug administered once every six months, taking away the burden of taking a daily pill of oral PrEP (pre-exposure prophylaxis). In preparing the country for its rollout, SANAC coordinated a multidisciplinary roundtable with key role players such as pharma to deliberate on issues of equitable access – more on this on page 6.

2025 was year two of the 7th Administration of the South African government, which began after the national elections of May 2024 – every time this happens, we get new leaders in government, and those who lead SANAC's work must then be inducted into their roles. In the last quarter, therefore, one of the key activities was the relaunch of South Africa's TB Caucus, chaired by the Presiding Officers of both Houses of Parliament (National Assembly and National Council of Provinces); see the story by Karabo on page 9.

We always say South Africa has made significant progress in the HIV response; however, one of the most persistent barriers is stigma. The People Living with HIV (PLHIV) Sector, in collaboration with the Human Sciences Research Council (HSRC), led a study across the nine provinces that culminated in a Stigma 2.0 Report launched on 9 December at the CSIR (Council for Scientific and Industrial Research) – read page 11.

So, my home province (KwaZulu-Natal) did something amazing recently – the AIDS Council developed the country's first multisectoral strategy to curb teenage pregnancy – Colisile writes all about it in her column on page 25 and she says, "KZN is the first province in South Africa to develop and launch a dedicated, fully multisectoral strategy of this kind". My heart sings!

Now, the past year has been rough on us at SANAC but I think you'd agree with me that the year has also been a testament to our collective resilience, innovation, and unwavering teamwork and I'm truly excited about the opportunities that lie ahead for us.

Happy New Year and cheers to a (fingers crossed) prosperous and fulfilling 2026!

Best,

Nelson

South Africa Commemorates World AIDS Day 2025 in Limpopo

- Karabo Makgato

South Africa joined the global community on 01 December 2025 to commemorate World AIDS Day, with the official national event led by SANAC Chairperson Deputy President Paul Mashatile at Masemola Stadium in Ga-Masemola, Sekhukhune District, Limpopo Province.

World AIDS Day is observed annually to honour the millions of lives lost to AIDS-related illnesses, to stand in solidarity with people living with HIV, and to recommit to ending the epidemic. South Africa's 2025 theme, "Renewed Efforts and Sustainable Commitments to End AIDS", calls for reinvigorated strategies to close persistent gaps in prevention, treatment, and care, especially in the context of funding constraints and shifting global priorities.

SANAC Chairperson Deputy President Paul Mashatile delivering the keynote address at the official commemoration of WAD 2025

Addressing the gathering, Deputy President Mashatile emphasised that the commemoration is "not a mere formality, but a critical opportunity to remember those we have lost and to renew our commitment to honour their lives through decisive action."

South Africa continues to bear the world's highest HIV burden, with an estimated 8 million people living with HIV, about 6 million of whom are on life-saving antiretroviral treatment. The country has surpassed the first and third UNAIDS 95-95-95 targets, with current national figures standing at 96-80-97, compared to global averages of 95-85-92. However, the Deputy President cautioned that the second 95, ensuring that people who know their HIV status are on sustained treatment, remains a major challenge.

To address this gap, government launched the 1.1 million "Close the Gap" HIV Treatment Acceleration Campaign in February 2025. The campaign targets people who know their HIV status but are not yet on treatment, some of whom face barriers such as transport costs, stigma, negative clinic experiences, fear of disclosure, or interrupted care due to migration.

"This campaign is not just about numbers," said Mashatile. "It is about restoring life, reclaiming hope, and bringing people back into a system they drifted away from for many complex reasons." The campaign calls for multi-sectoral coordination and intensified community-based interventions, including door-to-door and district-by-district mobilisation, to ensure that no one is left behind.

> *World AIDS Day is observed annually to honour the millions of lives lost to AIDS-related illnesses, to stand in solidarity with people living with HIV, and to recommit to ending the epidemic.*

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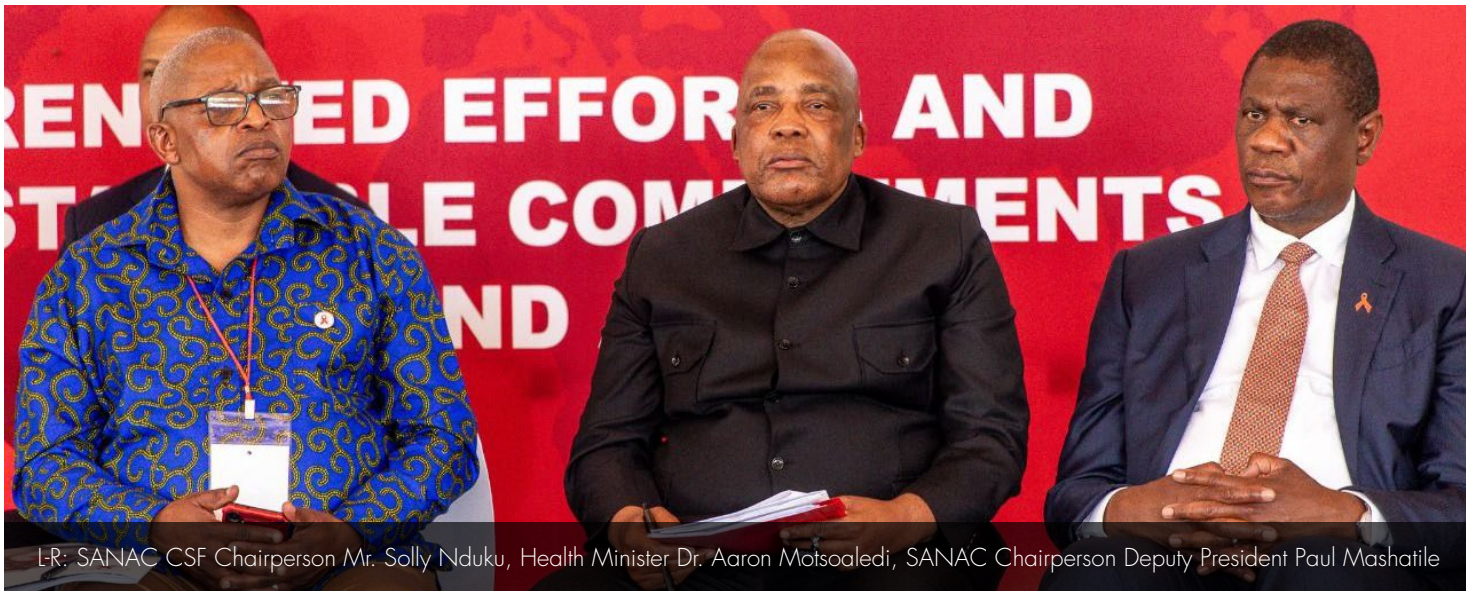


L-R: SANAC CSF Chairperson Mr. Solly Nduku, Health Minister Dr. Aaron Motsoaledi, SANAC Chairperson Deputy President Paul Mashatile

Significant strides continue to be made to improve treatment access and adherence.The national rollout of Six-Month Multi-Month Dispensing (6MMD) now enables stable patients to collect a six-month supply of antiretroviral medication, reducing clinic visits, transport costs, and pressure on healthcare facilities.

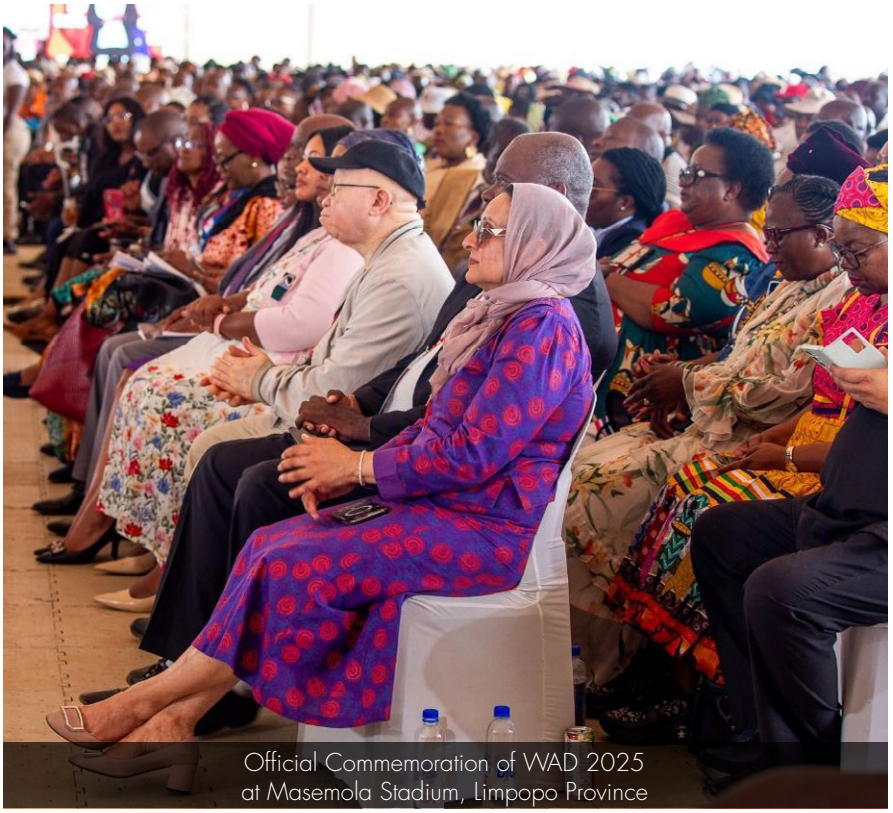
Deputy President Mashatile also highlighted progress in the fight against tuberculosis, which remains the leading infectious killer globally. South Africa has reduced TB incidence by 61% between 2015 and 2024, introduced shorter and more effective treatment regimens, and launched the END TB Campaign, which aims to test five million people annually.

Looking to the future, the Deputy President announced a major breakthrough in HIV prevention with Lenacapavir, a long-acting injectable that provides 100% protection for up to six months with just two injections per year (one injection every six months). "This innovation has profound implications for South Africa," he said. "It offers practical, dignified protection, especially for young women, key populations, and those who struggle with daily pill adherence."

South Africa is the first country in Africa and the third globally to register Lenacapavir, following collaboration with SAHPRA, and discussions are underway to explore local manufacturing, ensuring sustainability and security of supply.

Speaking on behalf of civil society, SANAC Civil Society Forum Chairperson Mr. Solly Nduku reaffirmed the Forum's commitment to achieving the elimination of HIV and TB as public health threats by 2030. He applauded government leadership, particularly the implementation of 6MMD and the Close the Gap Campaign, and called for continued unity, inclusion, and protection of the most vulnerable

The 2025 World AIDS Day commemoration marked 20 years since the introduction of antiretroviral therapy in South Africa, a milestone that transformed HIV from a death sentence into a manageable chronic condition and restored dignity, hope, and life expectancy for millions. "Our mission is far from over. Today, we stand at a defining moment, where science, compassion, and unwavering resolve can unite to end an epidemic that has cast its shadow for many years," Deputy President said.



Official Commemoration of WAD 2025
at Masemola Stadium, Limpopo Province

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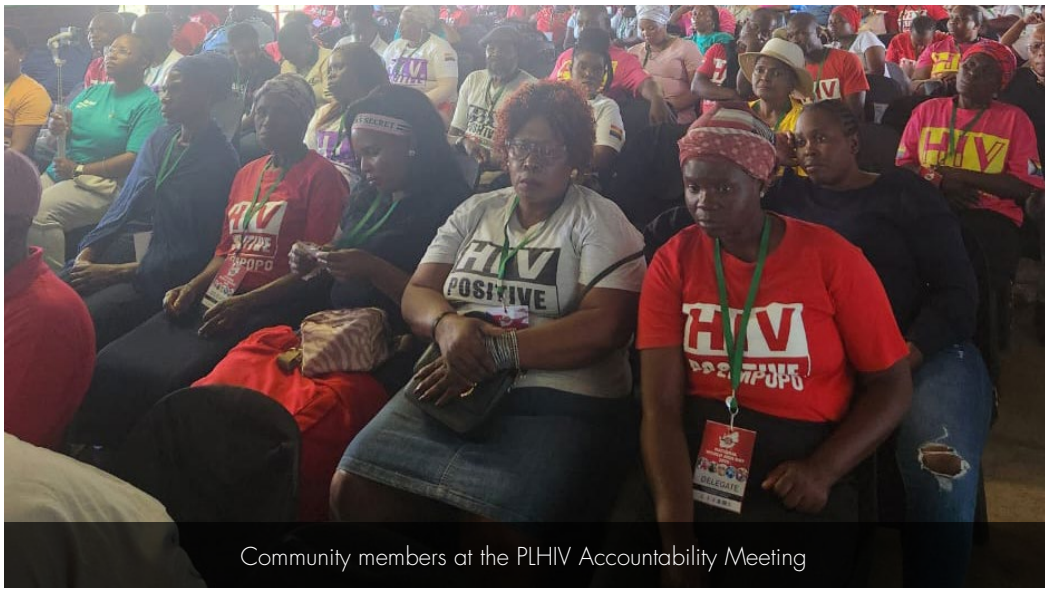
PLHIV Accountability Meeting at Makgwabe Community Hall-Limpopo

On Sunday, 30 November, People Living with HIV (PLHIV) convened an Accountability Meeting at Makgwabe Community Hall in Ga-Masemola, Limpopo, as part of the build-up activities towards the official commemoration of World AIDS Day. The meeting served as a critical platform for dialogue, reflection, and accountability on the national and provincial HIV response, with a particular focus on the lived realities of communities most affected by the epidemic.

The gathering was attended by the Limpopo MEC for Health, Ms. Dieketseng Masesi Mashego, alongside other leaders from the provincial government, national civil society representatives, local community structures, and other stakeholders in the HIV response. The engagement provided an opportunity to share insights on the current state of the HIV epidemic in South Africa, progress made to date, and the persistent challenges that continue to hinder efforts to end AIDS as a public health threat. Importantly, it also enabled community members from Makgwabe and surrounding areas to engage directly with leadership, raise concerns, and contribute to strengthening accountability mechanisms.

SANAC CEO Dr. Thembisile Xulu addressing community members at the PLHIV Accountability Meeting at Mokgwabe Hall, Ga-Masemola

Speaking at the Accountability Meeting, SANAC Chief Executive Officer, Dr. Thembisile Xulu said, "Direct engagement between people living with HIV and government is not a courtesy, it is a necessity. When people living with HIV have a seat at the decision-making table, when they are consulted before policies are drafted, when their networks co-design programmes, and when their lived experience informs budgets, we see real results", said Dr. Xulu.



Community members at the PLHIV Accountability Meeting

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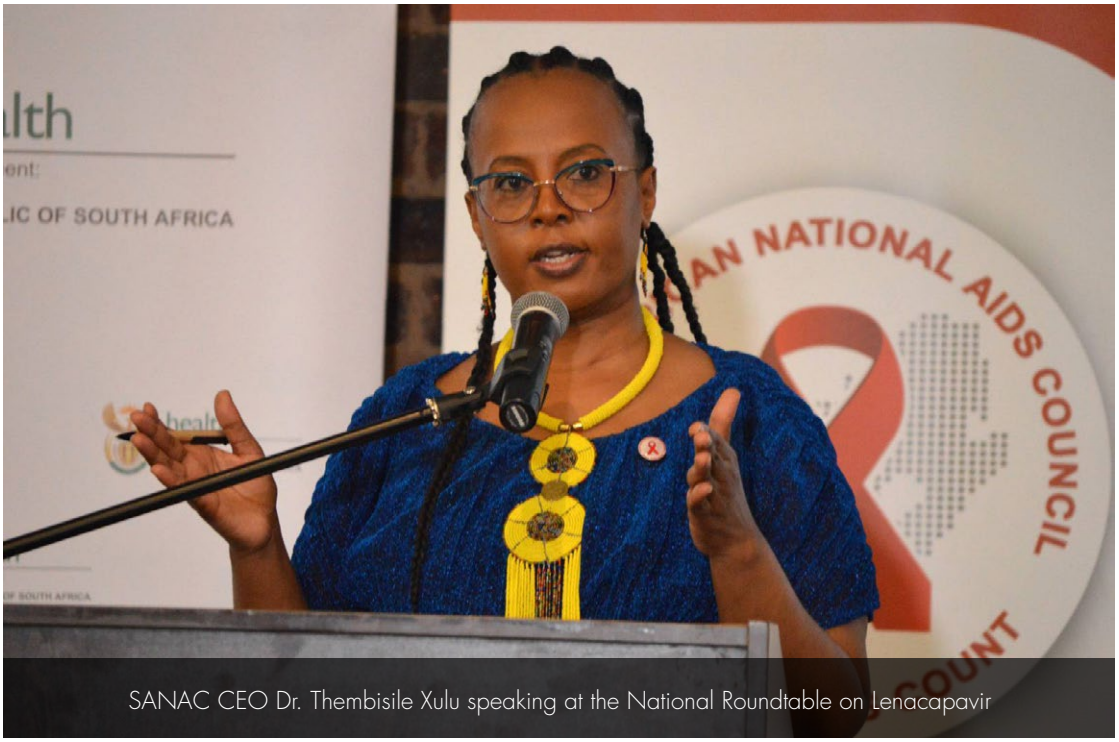
Lenacapavir: A New Era in HIV Prevention

- Karabo Makgato

SANAC in collaboration with the National Department of Health (NDoH), convened a National Roundtable on Lenacapavir Access and Sustainability from 14 -15 October 2025 in Pretoria. The high-level, multi-stakeholder dialogue brought together representatives from government, development partners, funders, pharmaceuticals, academia, and civil society to deliberate on the country's readiness to introduce Lenacapavir, a groundbreaking HIV prevention method recommended by the World Health Organisation (WHO). Lenacapavir is a long-acting antiretroviral injection administered twice a year. Clinical trials have demonstrated its near-total efficacy in preventing HIV infection when used correctly every six months (one injection every six months). It has already been approved for use in the United States, Europe, and Canada and is now being introduced in several low- and-middle-income countries, including South Africa.

The roundtable created a platform to address key issues such as licensing, affordability, access, local manufacturing, funding, and sustainability. In her opening remarks, Dr. Xulu reaffirmed SANAC's commitment to equitable access and sustainability, highlighting that the introduction of Lenacapavir aligns with Goal 2 of South Africa's National Strategic Plan (NSP) for HIV, TB, and STIs (2023–2028), which prioritises access to innovative prevention interventions, including long-acting biomedical technologies.



SANAC CEO Dr. Thembisile Xulu speaking at the National Roundtable on Lenacapavir

> *The Global Fund has allocated Lenacapavir doses for approximately 450,000 people over two years as part of its Grant Cycle 7 (2025–2028), marking a significant step in expanding HIV prevention choices.*

"We do not see Lenacapavir as a standalone magic bullet, its power lies in its integration into our comprehensive HIV prevention response. With the Global Fund identifying South Africa as an early adopter country, this catalytic investment gives us an opportunity to explore real-world implementation and identify what must be in place for long-term sustainability," said Dr. Xulu. The Global Fund has allocated Lenacapavir doses for approximately 450,000 people over two years as part of its Grant Cycle 7 (2025–2028), marking a significant step in expanding HIV prevention choices.

Delivering the keynote address, Minister of Health Dr. Aaron Motsoaledi described the roundtable as a "pivotal moment" in South Africa's HIV response. He underscored the importance of partnership, innovation, and sustainability in achieving epidemic control. "Lenacapavir represents a breakthrough in HIV prevention—two injections a year that could change lives," he said. "But its true success depends on our ability to make it accessible, affordable, and sustainable for everyone at risk."

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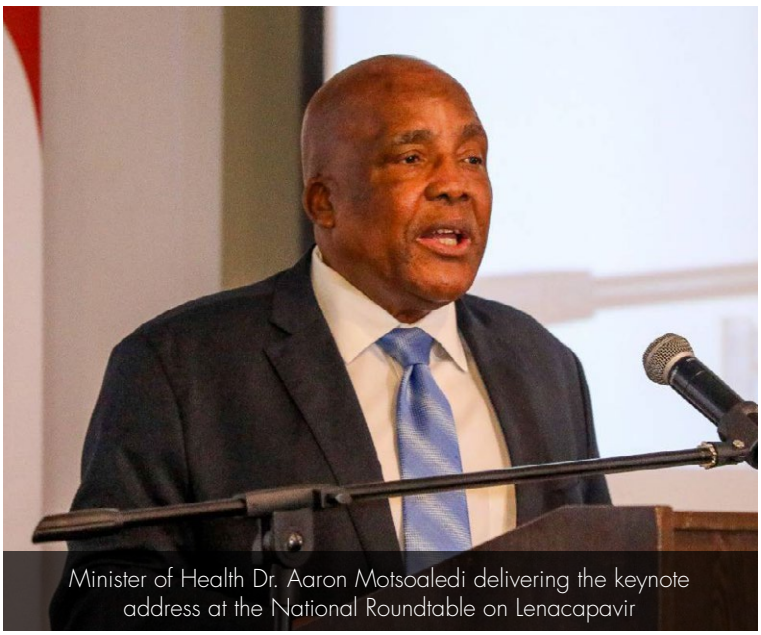
High-level delegates at the National Roundtable on Lenacapavir

Dr. Motsoaledi noted that South Africa's treatment and prevention programmes are among the largest in the world, with over 2 million people initiated on oral PrEP. Yet, he cautioned, challenges remain—particularly around adherence, stigma, and accessibility. Lenacapavir, he said, offers an empowering alternative for individuals who struggle with daily medication.

A major focus of the roundtable was ensuring affordability and local production. Encouraging developments include voluntary licensing agreements between Gilead Sciences (producer of the drug) and several pharmaceutical companies, supported by the Clinton Health Access Initiative (CHAI), UNITAID, and WITS RHI. Through these partnerships, the cost of Lenacapavir has been reduced from USD 28,000 to just USD 40 per person per year, a dramatic 700-fold price reduction that could make large-scale access feasible.

"South Africa is also pursuing its own voluntary licensing agreement to enable local manufacturing, a move that aligns with the country's broader industrialisation and health security goals. "True access security will come from local production, " Dr. Xulu emphasised."


Minister of Health Dr. Aaron Motsoaledi delivering the keynote address at the National Roundtable on Lenacapavir

South Africa is also pursuing its own voluntary licensing agreement to enable local manufacturing, a move that aligns with the country's broader industrialisation and health security goals. "True access security will come from local production," Dr. Xulu emphasised.

With shifts in the global donor landscape, both SANAC and the Department of Health highlighted the need for sustainable domestic financing.

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Dr. Motsoaledi confirmed that Lenacapavir will be integrated into South Africa's Essential Medicines List (EML), paving the way for inclusion in routine health budgets once donor funding concludes.

The roundtable featured active participation from key stakeholders including SAHPRA, Global Fund, UNAIDS, Gates Foundation, Gilead Sciences, and representatives from the SANAC Civil Society Forum and Private Sector Forum. Breakaway sessions focused on service delivery models, target populations, demand creation, and monitoring frameworks, all feeding into a draft National Lenacapavir Implementation Plan led by NDoH and SANAC.

SANAC CSF Chairperson Mr. Solly Nduku delivering a message of support at the National Roundtable on Lenacapavir

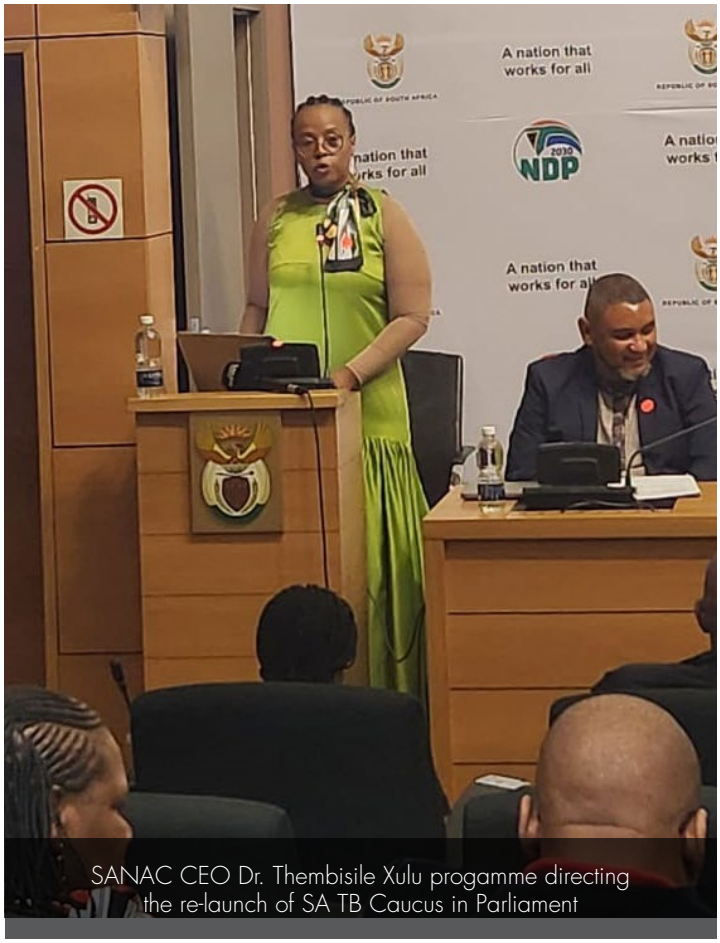
As the country prepares to roll out Lenacapavir in 23 high-incidence districts beginning in 2026, the emphasis will be on community engagement, youth inclusion, and health system readiness. If implemented effectively, mathematical modelling suggests that Lenacapavir could help reduce new HIV infections to below 0.1% by 2032, achieving epidemic control a decade ahead of current projections.

"If Lenacapavir is to be remembered as a game changer," added Dr. Xulu, "it will be because South Africa ensured equitable access, sustainable financing, and local ownership. Together, we move from conversation to coordination, and from coordination to action."

Delegates at the National Roundtable on Lenacapavir

South Africa Relaunches SA TB Caucus to Strengthen the Fight Against Tuberculosis

- Karabo Makgato



SANAC CEO Dr. Thembisile Xulu progamme directing the re-launch of SA TB Caucus in Parliament

In a renewed effort to end one of the country's deadliest epidemics, the Minister of Health, Dr. Aaron Motsoaledi, together with the Speaker of the National Assembly, Honourable Thoko Didiza, relaunched the South African Tuberculosis (TB) Caucus in Parliament, Cape Town on the 28 October 2025. The relaunch marks a pivotal step in mobilising political leadership to drive accountability and accelerate progress towards ending TB in South Africa.

The event, coordinated by the South African National AIDS Council (SANAC) as the in-country Secretariat, was held in collaboration with the National Assembly, the Department of Health, and the TB Accountability Consortium (TBAC). The launch was preceded by a National Assembly debate led by Minister Motsoaledi on "The Status of TB in South Africa" where members of parliament thoroughly engaged on the subject matter.

South Africa continues to face a severe TB epidemic, with the disease remaining the leading cause of death, claiming around 56,000 lives annually. The country ranks among the top 30 high-burden TB countries globally, with about 54% of people with TB also living with HIV. Despite TB being both curable and preventable, only a quarter of those infected are successfully treated each year.

> *"Speaking at the relaunch, Minister Motsoaledi emphasised the importance of political leadership in combating TB, "Our success as a country will be gauged by reduced mortality, increased treatment success, and restored dignity for every South African living with or affected by TB."*

Speaking at the relaunch, Minister Motsoaledi emphasised the importance of political leadership in combating TB, "Our success as a country will be gauged by reduced mortality, increased treatment success, and restored dignity for every South African living with or affected by TB." The Minister described the TB Caucus as a "bridge between political leadership, the health sector, and communities," a platform to ensure sustained advocacy, resource mobilisation, and accountability in the national TB response.

Delivering the opening remarks, SANAC CEO, Dr. Thembisile Xulu, who also served as programme director, underscored SANAC's coordination role in uniting government, civil society, private sector and development partners to respond collectively to HIV, TB and STIs. She highlighted the alignment of the TB Caucus relaunch with the mid-term review of the National Strategic Plan (NSP) for HIV, TB and STIs 2023–2028, reminding attendees that measurable progress must translate into lives saved.

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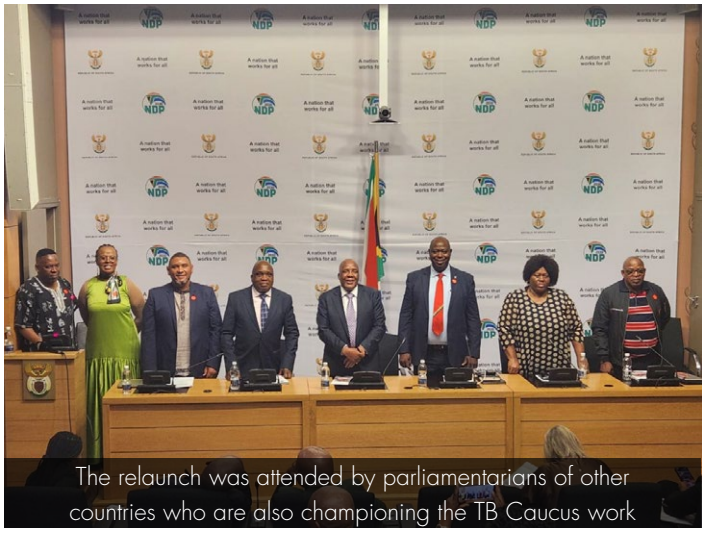
"We are gathered here to relaunch the South African TB Caucus, a process to renew our leadership and collective accountability in the fight against tuberculosis. The Caucus brings together the voice of Parliament, reminding us of the critical role that parliamentarians can play in ending TB as a public health threat," said Dr. Xulu.

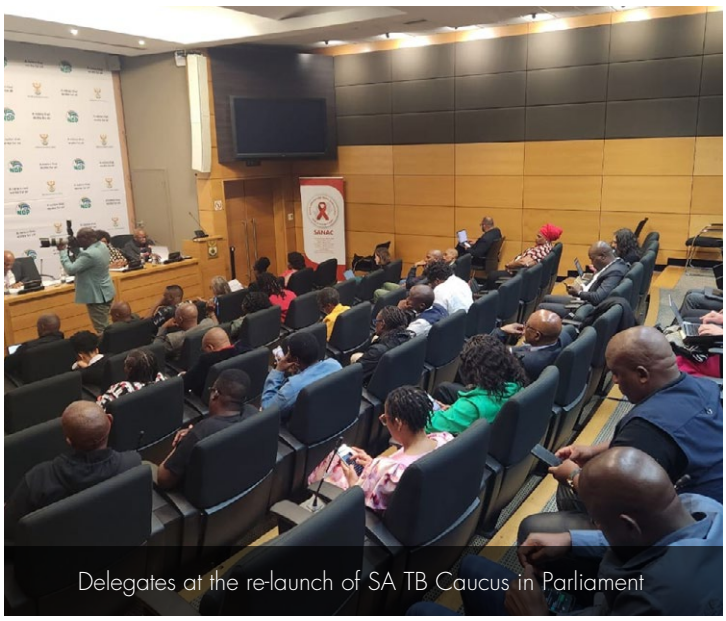
SANAC CEO called for intensified efforts to find and treat the missing TB patients, scale up shorter, improved treatment regimens, and expand TB preventive therapy (TPT) coverage with new, shorter regimens. Dr. Xulu also stressed the importance of securing reliable supply chains and local manufacturing capacity to prevent medicine and diagnostic stockouts that jeopardise treatment success. "This Caucus will be our collective engine, driving accountability, coordination, and innovation, so that we can measure our success not in plans or reports, but in the lives saved and communities restored," she concluded.



The relaunch was attended by parliamentarians of other countries who are also championing the TB Caucus work

The relaunch comes amid a series of new tools and strategies to strengthen the country's response to TB. Recently, the Department of Health, in partnership with the National Health Laboratory Service (NHLS) and the National Institute for Communicable Diseases (NICD), launched a public-facing TB dashboard, an online platform providing real-time data on TB testing across South Africa.

As part of the End TB Campaign, the Department of Health aims to test five million people for TB during the 2025/26 financial year. According to the dashboard, 1.76 million people have already been tested since April 2025, representing over 60% of the current target, with approximately 89,000 people diagnosed with TB.



Delegates at the re-launch of SA TB Caucus in Parliament

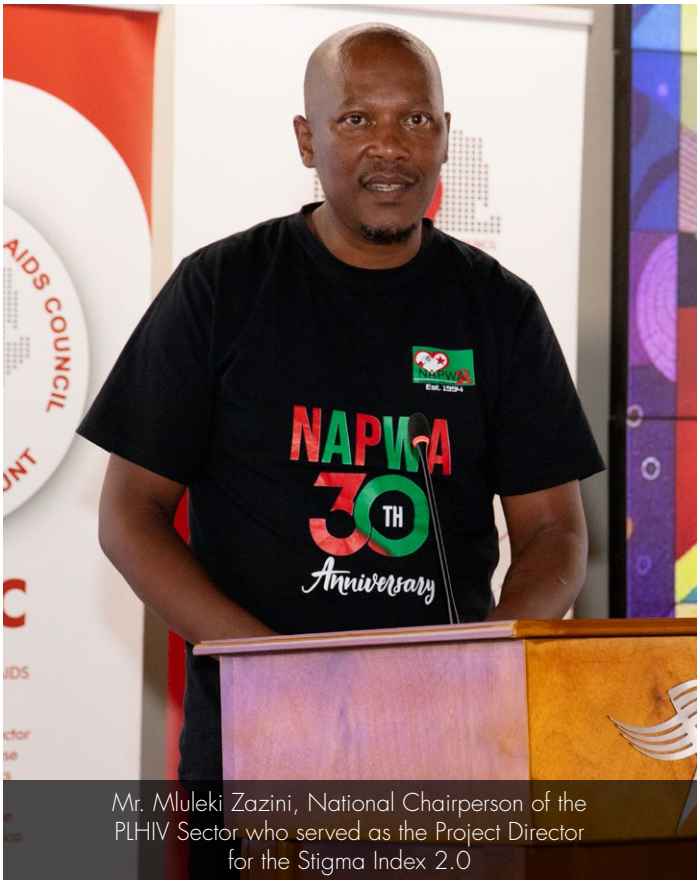
The South African TB Caucus was first established in 2018 following the creation of the Global TB Caucus in 2014, a non-partisan global network bringing together parliamentarians from around the world to advance TB prevention, treatment, research, and policy reform. Dr. Motsoaledi co-chaired the Global Caucus at its inception.

During the 6th Administration, Parliament recognised TB as one of South Africa's primary public health challenges, forming a local chapter to align national efforts with the global movement. However, as Minister Motsoaledi noted, the local caucus had "silently disappeared" in the years that followed. "Today, we are reforming it and asking Members of Parliament, this time around, please don't let it disappear," the Minister urged.

Speaker of the National Assembly Ms. Thoko Didiza who serves as the in-country Chairperson of the SA TB Caucus

SANAC PLHIV Sector and HSRC Launches HIV Stigma Index 2.0 Report

- Karabo Makgato



Mr. Mluleki Zazini, National Chairperson of the PLHIV Sector who served as the Project Director for the Stigma Index 2.0

Conducted with technical support from HSRC, SANAC and international partners, including UNAIDS, GNP+ and ICW, the study provides critical evidence to inform policy, programming and advocacy aimed at improving the quality of life, dignity and rights of people living with HIV.

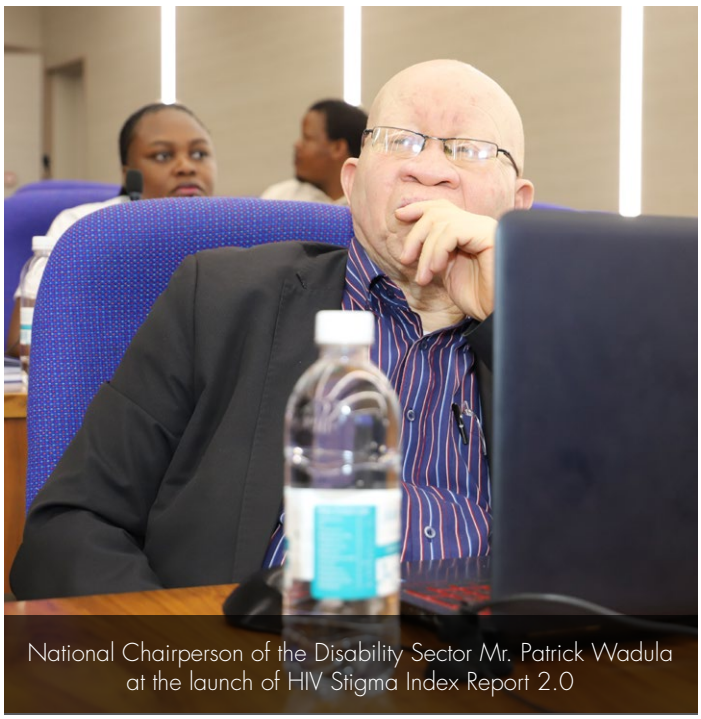
"This study represents a major milestone in ensuring that the voices and lived experiences of people living with HIV remain central to research, advocacy and policy development," said Mluleki Zazini, National Chairperson of the PLHIV sector and Project Director for the Stigma Index 2.0.

The report shows encouraging progress, with external HIV-related stigma declining from 14.3% in 2014 to 6.1% in 2024. However, stigma and discrimination remain persistent barriers to HIV prevention, treatment, care and support, particularly for young people, key populations and persons with disabilities.

The People Living with HIV (PLHIV) sector, led by the National Association of People Living with HIV and AIDS (NAPWA), in partnership with the Human Sciences Research Council (HSRC), the South African National AIDS Council (SANAC), and other stakeholders, officially launched the HIV Stigma Index 2.0 report in Pretoria on Tuesday, 9 December 2025.

Hosted at the National Research Foundation (NRF) Auditorium, the launch brought together key stakeholders from government, civil society, research institutions, advocacy organisations, and PLHIV-led networks to reflect on the findings of the study and chart a way forward in addressing HIV-related stigma and discrimination in South Africa.

The HIV Stigma Index 2.0 is a groundbreaking, PLHIV-led study that captures the lived experiences of more than 5,000 people living with HIV across all nine provinces, with a specific focus on 18 urban and rural districts. It is the first nationally implemented stigma index in South Africa fully led by PLHIV, in line with the Greater Involvement of People Living with HIV and AIDS (GIPA) principles and the National Strategic Plan (NSP) for HIV, TB and STIs 2023–2028, which places communities at the centre of the response.



National Chairperson of the Disability Sector Mr. Patrick Wadula at the launch of HIV Stigma Index Report 2.0

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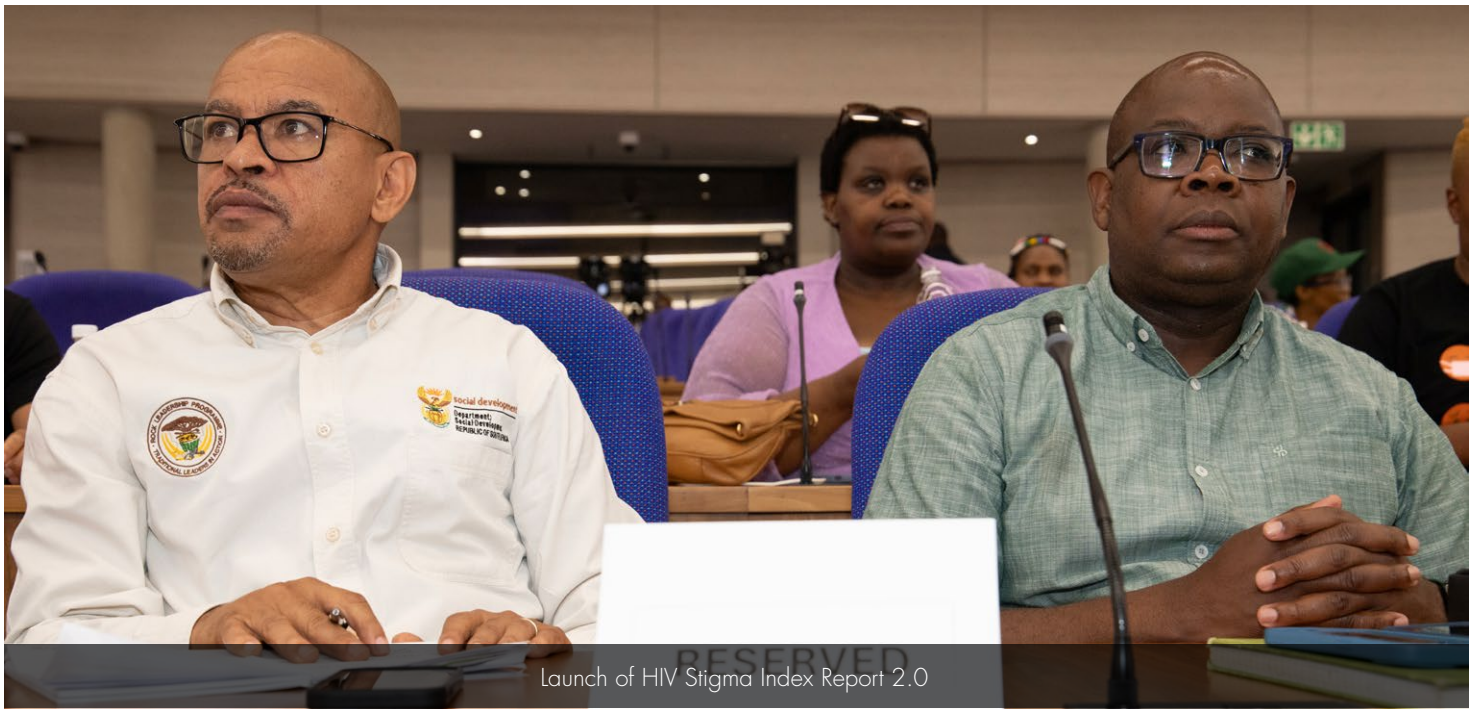


Launch of HIV Stigma Index Report 2.0

Key findings include:

- HIV disclosure: While over half of participants voluntarily disclosed their HIV status, mainly to family members, disclosure in workplaces and educational settings remains extremely low, reflecting ongoing fear of discrimination.
- Internalised stigma: Nearly half of participants reported feelings of shame, guilt or fear of disclosure, negatively affecting self-confidence, relationships and mental well-being.
- Healthcare-related stigma: Although many participants reported positive healthcare experiences, some still encountered stigma in healthcare settings, including gossip and moral judgement, contributing to delayed treatment initiation and interruptions in care.
- Key populations and layered stigma: People who use drugs, sex workers, transgender individuals and men who have sex with men reported higher levels of stigma and discrimination linked to both HIV and their social identities.
- TB-related stigma: TB stigma remains widespread, with many participants reporting gossip and discrimination related to TB co-infection.
- Limited access to support: Only 38% of participants belonged to HIV support groups, highlighting gaps in psychosocial support and community mobilisation.

According to NAPWA's Duncan Moeketsi, co-principal investigator of the study, the findings underscore the urgent need for targeted, inclusive interventions. "Despite progress since the 2014 study, stigma continues to undermine access to services and treatment adherence, particularly among key populations and young people," he said.

Stakeholders at the launch emphasised that ending HIV stigma and discrimination requires a coordinated, multisectoral response involving government departments, PLHIV-led networks, civil society, traditional leaders, healthcare institutions and the private sector.

HSRC Senior Researcher Dr. Mpumi Zungu highlighted the broader impact of stigma on the national response: "Stigma undermines access to testing, treatment and psychosocial support, ultimately affecting health outcomes and well-being. Addressing stigma is essential if South Africa is to achieve its 2030 HIV targets."

The report outlines key recommendations, including strengthening community-led disclosure and referral programmes, expanding mental health and peer-support services, improving stigma-reduction training for healthcare workers, and implementing targeted interventions for key populations. It also calls for women and youth-led PLHIV networks to play a leading role in education, rights awareness and advocacy.

"HSRC Senior Researcher Dr. Mpumi Zungu highlighted the broader impact of stigma on the national response: "Stigma undermines access to testing, treatment and psychosocial support, ultimately affecting health outcomes and well-being."

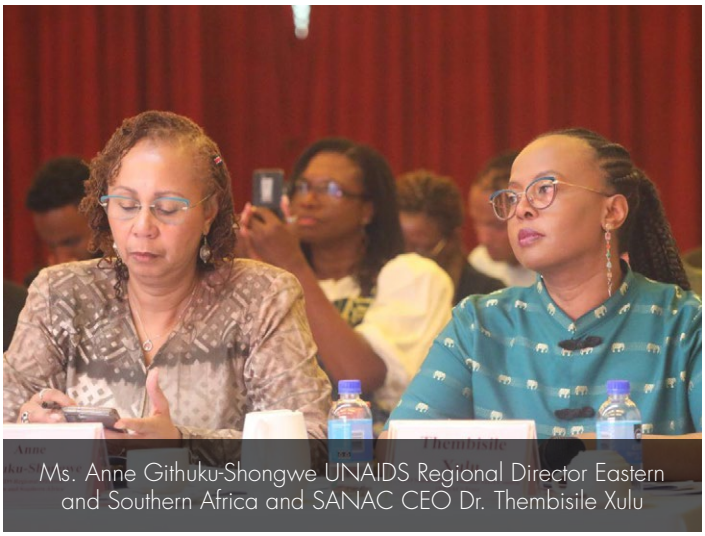
China Pledges US$3.49 Million to Strengthen HIV Prevention in South Africa

- Karabo Makgato

High-level delegates at the Embassy of the People's Republic of China in Pretoria

In a significant demonstration of global solidarity and South-South cooperation, the People's Republic of China has pledged US$3.49 million (approximately R60 million) to bolster South Africa's HIV prevention efforts over the next two years. The new partnership, facilitated by UNAIDS through the China Global Development and South-South Cooperation Fund, will strengthen HIV prevention services for adolescents, young people, and people who inject drugs, groups at the highest risk of HIV infection.

The announcement was made during an official launch event held at the Chinese Embassy in Pretoria on 20 November 2025, attended by senior government officials, UNAIDS leadership, development partners, and civil society. The day's proceedings were moderated by SANAC) CEO Dr. Thembisile Xulu and Ms. Anne Githuku-Shongwe UNAIDS Regional Director, Eastern and Southern Africa.


Ms. Anne Githuku-Shongwe UNAIDS Regional Director Eastern and Southern Africa and SANAC CEO Dr. Thembisile Xulu

South Africa carries the world's largest HIV burden, with an estimated 8 million people living with the virus. Previously, the country relied on the United States for nearly 17% of its HIV budget over US$400 million annually, before Washington sharply reduced foreign assistance in early 2025.

"We are honoured to deepen our longstanding partnership with South Africa through this grant. China stands firmly with South Africa as it strengthens HIV prevention and treatment programmes," said the Chinese Ambassador to South Africa, His Excellency Wu Peng.

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The funding will expand HIV prevention services for 54 000 adolescents and young people in 16 TVET colleges across seven provinces, and support 500 people who inject drugs through harm reduction and opioid agonist therapy programmes in Gauteng.

UNAIDS Executive Director, Ms. Winnie Byanyima, emphasised that the partnership responds to a pivotal moment in the global HIV response. "We are at a critical moment. Every week, 1 000 adolescent girls and young women in South Africa acquire HIV. That is not only a biomedical gap, it is a justice gap," said Ms. Byanyima. "This project will save lives and drive the innovations that stop new infections."

Delivering the keynote address, Minister of Health Dr. Aaron Motsoaledi described the partnership as a meaningful expression of South–South solidarity. "This support is not charity. It is solidarity between partners committed to a shared future," he said.

"It arrives as funding for prevention interventions continues to shrink, and it strengthens our national resolve to protect the most vulnerable."

The Minister reiterated South Africa's commitment to scaling up integrated HIV and TB services, particularly in institutions of higher learning, and advancing harm reduction for people who inject drugs. He emphasised the importance of data-driven implementation, sustainability, and mutual accountability to ensure impact.

China's contribution marks the first major grant resulting from the UNAIDS–CIDCA MoU signed in 2024. It also reflects China's growing role as a development partner in the Global South, supporting local production of medicines, sharing innovations, and building capacity.

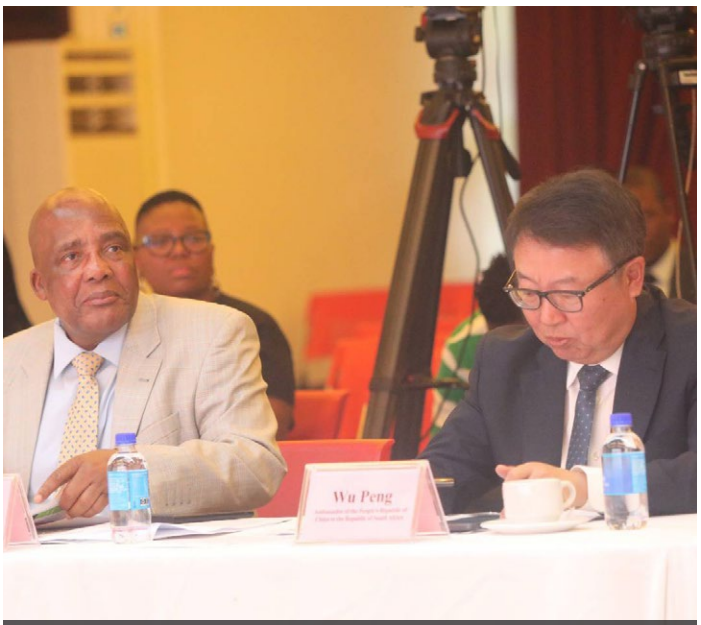
UNAIDS will support project implementation in collaboration with:

- China International Centre for Economic and Technical Exchanges (CICETE)
- South African National AIDS Council (SANAC)
- Departments of Health; Higher Education and Training; Correctional Services
- UNODC, WHO and Higher Health

This multisectoral partnership aligns with South Africa's National Strategic Plan for HIV, TB and STIs (2023–2028) and the Global Prevention Coalition's roadmap. China's investment enhances South Africa's capacity to prevent new infections, protect vulnerable populations, and accelerate progress toward ending AIDS as a public health threat.

Byanyima highlighted China's evolution into a global health leader, from its comprehensive "Four Frees and One Care" domestic HIV policy to its role in South-South cooperation through the Global Development Initiative. UNAIDS and China's International Development Cooperation Agency (CIDCA) signed two landmark memoranda of understanding in 2024, laying the groundwork for expanded global collaboration, including the newly launched South Africa project.

SANAC CEO Dr. Thembisile Xulu co-moderating the official launch at the Embassy of People's Republic of China in Pretoria



Minister of Health Dr. Aaron Motsoaledi and Chinese Ambassador to South Africa His Excellency Wu Peng

Rotary Family Health Days 2025: Bringing Healthcare Closer to the People

- Karabo Makgato

Minister of Health Dr. Aaron Motsoaledi delivering the keynote address at the Rotary Family Health Days in Mpumalanga

On Thursday, 30 October 2025, the Department of Health, in partnership with the South African National AIDS Council (SANAC), Rotary Action Group for Family Health & AIDS Prevention (RFHA), the Mpumalanga Provincial Government, and Gift of the Givers, brought essential health services directly to the people of Elukwatini near Badplaas in the Albert Luthuli Local Municipality, Mpumalanga.

The event forms part of the annual RFHD, a flagship initiative dedicated to providing free, comprehensive healthcare to communities across South Africa.

The 2025 RFHD event aligned with government's commitment to take services to the people, especially those living far from health facilities. It reinforces the idea that access to healthcare is not a privilege but a fundamental right, a cornerstone of social and economic development.

The Rotary Family Health Days initiative continues to serve as a vital platform for extending integrated health services to millions of South Africans. Since its inception in 2013 under the Checka Impilo Wellness Campaign, the programme has offered communities a broad range of health services.

Delivering the keynote address, Minister of Health Dr. Aaron Motsoaledi, reflected on the impact and enduring value of the partnership with Rotary International, now in its 12th year. "Each year, this gathering renews our shared commitment to one simple but powerful idea: bringing healthcare closer to our people through Rotary International and our government partnership, that ideal is not merely spoken, it is lived. It reaches our villages, townships, and settlements, turning compassion into action and access into reality," said Dr. Motsoaledi.


Rotary Family Health Days 2025

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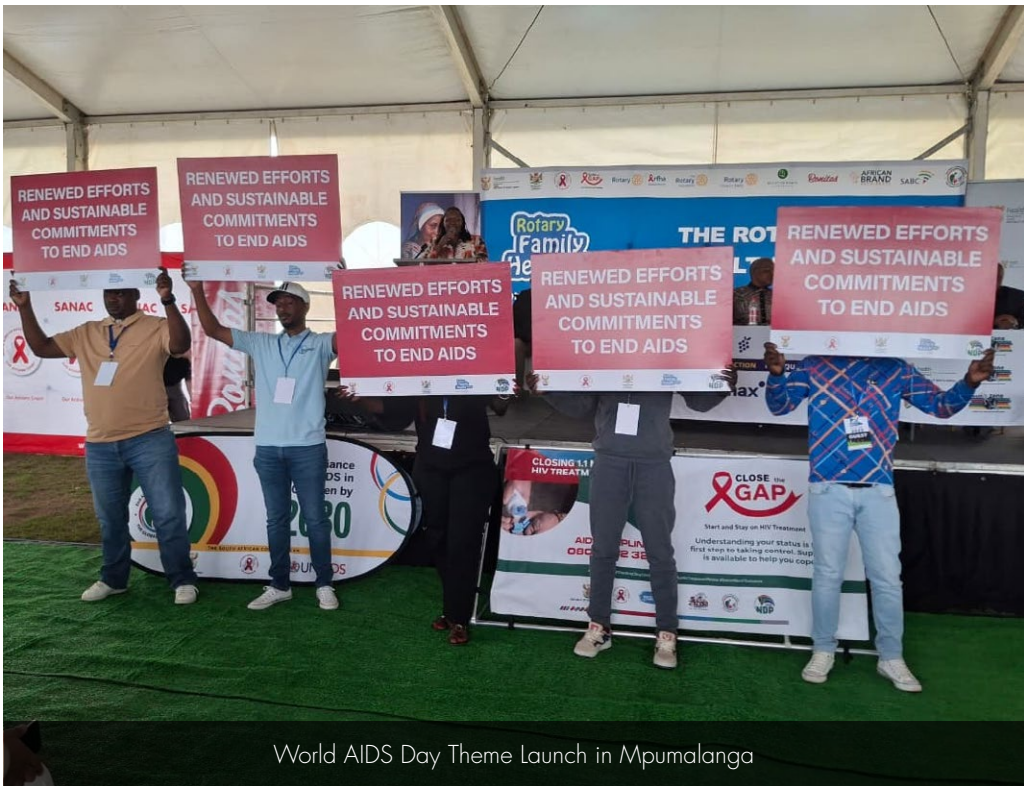
Minister of Health Dr. Aaron Motsoaledi (3rd from left) led the Rotary Family Health Days in Mpumalanga

The Minister underscored the essence of the Rotary Family Health Days as a family-centred promise of care, a call to protect every generation and to strengthen the Quiet Pillars of public health through prevention, screening, and education. He also emphasised the importance of adherence to treatment, highlighting two major advancements in South Africa's HIV response – Lenacapavir and 6-multi-month-dispensing.

Dr. Motsoaledi also used the platform to make a heartfelt appeal to men, urging them to take responsibility for their health; "too many men still neglect regular check-ups and testing. This gap continues to cost families and communities dearly. It is time for men to lead by example and prioritise their health."

Mr. Solly Nduku, Chairperson of the SANAC Civil Society Forum, commended the RFHD initiative, led by its CEO Ms. Sue Paget as a model of sustained, people-centred healthcare delivery. "This initiative represents the power of partnership and shared responsibility in improving the health and wellbeing of our people, especially those in disadvantaged and hard-to-reach communities. It is a shining example of how collaboration between civil society, government, and development partners can translate into real, measurable impact for our communities " said Nduku. Mr. Nduku also reaffirmed civil society's support for key recent milestones in the national HIV and TB response, including



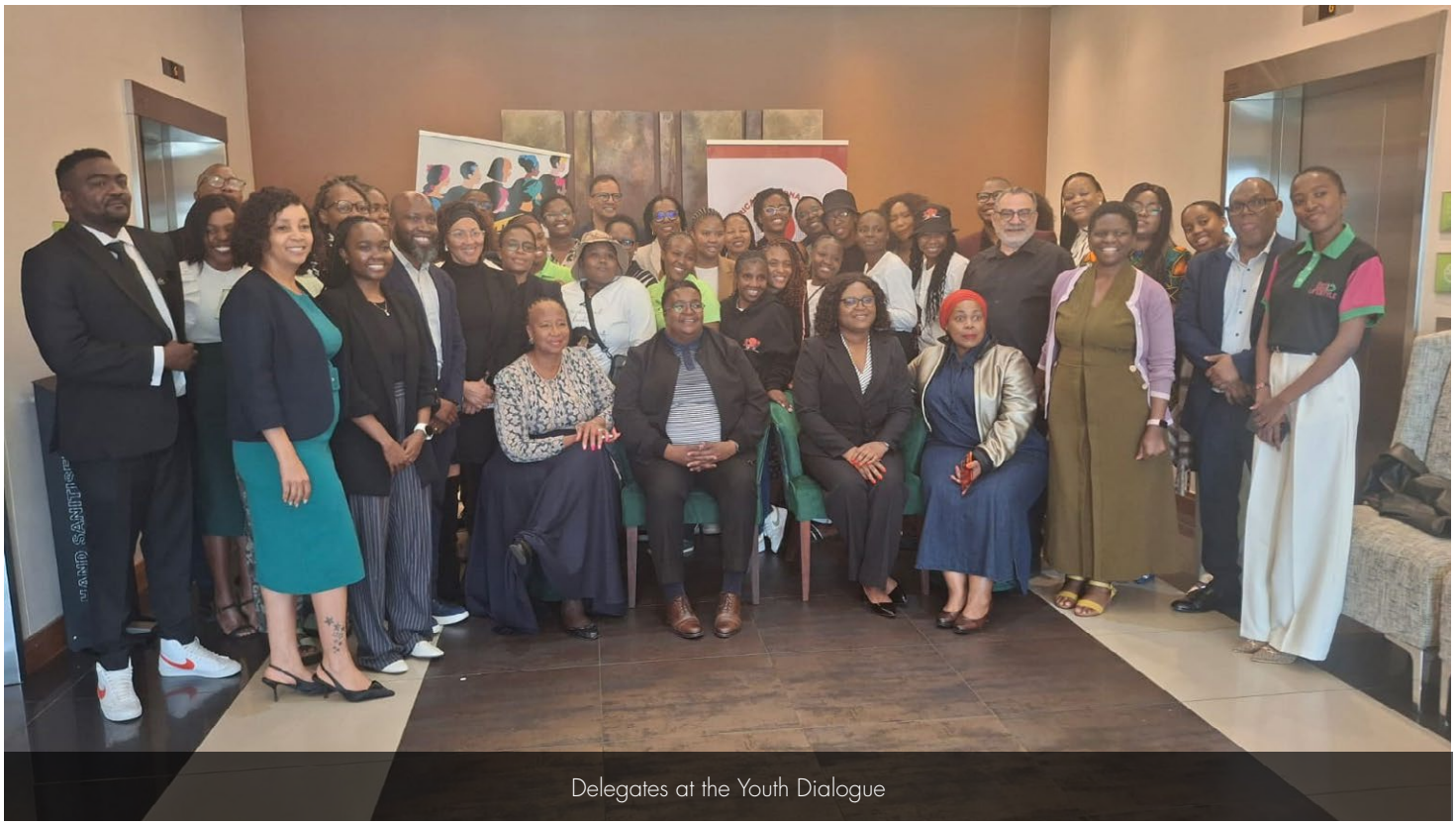
World AIDS Day Theme Launch in Mpumalanga

the Close the Gap Campaign, the relaunch of the South African Parliamentary TB Caucus, the End TB public-facing dashboard, and the SAHPRA approval of Lenacapavir. "Our commitment to ensuring integrated, equitable, and accessible healthcare for all South Africans remains unwavering," Nduku emphasized. "Health equity is not a privilege; it is a right.

> *"It is a shining example of how collaboration between civil society, government, and development partners can translate into real, measurable impact for our communities" said Mr. Nduku.*

Youth Dialogue Highlights Urgent Call for Accountability and Investment in Young People

- Simangaliso Motsepe



Delegates at the Youth Dialogue

On 6 October 2025, the South African National AIDS Council (SANAC), in collaboration with UNAIDS and the Department of Women, Youth and Persons with Disabilities, hosted a High-Level Youth Policy Dialogue in Johannesburg. The dialogue focused on the findings of the UNAIDS Report: Understanding the Cost of Inaction.

The dialogue, hosted in collaboration with developmental partners, brought together young leaders, government representatives, and UN agencies to reflect on the report's findings and their implications for youth health, empowerment, and sustainable development.

The Report calls for urgent action to strengthen support and services that address the sexual and reproductive health and rights (SRHR) and HIV needs of young people. This includes providing comprehensive sexuality education (CSE), ensuring greater access to youth-friendly SRHR services, and guaranteeing easy availability of condoms and a wide range of contraceptive options. Achieving this requires close collaboration with the education sector to equip young people with the knowledge, skills, and resources to make informed, healthy choices.

UNAIDS is emphasizing that failing to fund HIV and sexual health services—especially for young people in East and Southern Africa—will have a devastating and costly impact on communities.

> *"The Report calls for urgent action to strengthen support and services that address the sexual and reproductive health and rights (SRHR) and HIV needs of young people."*

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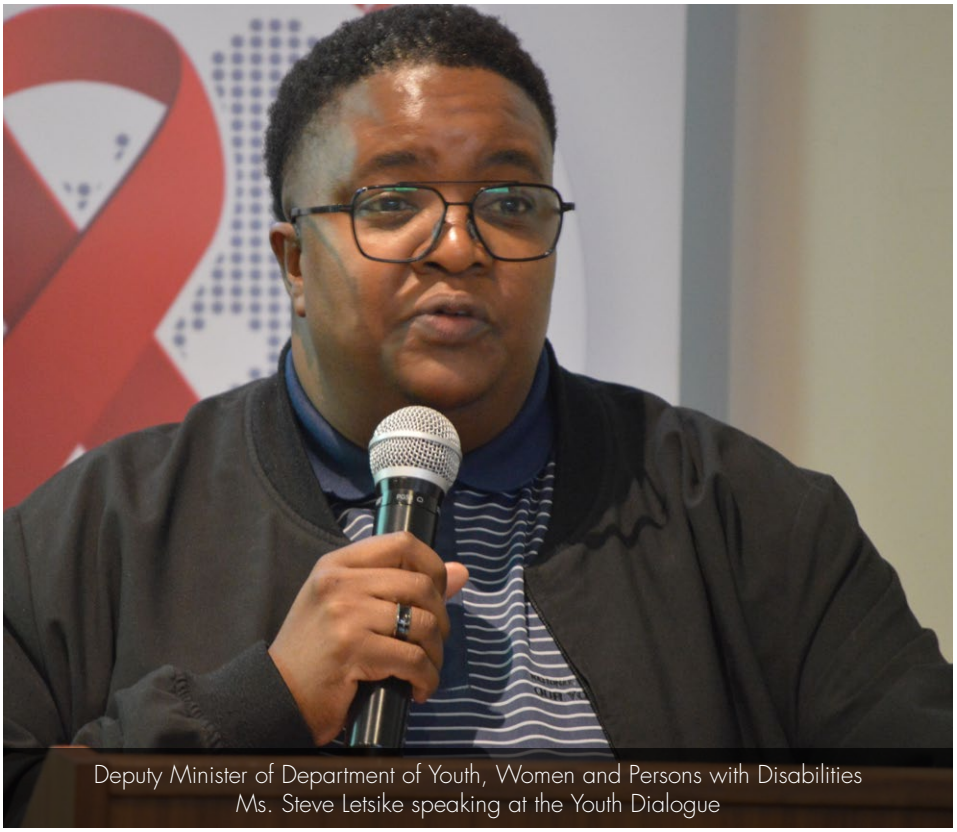
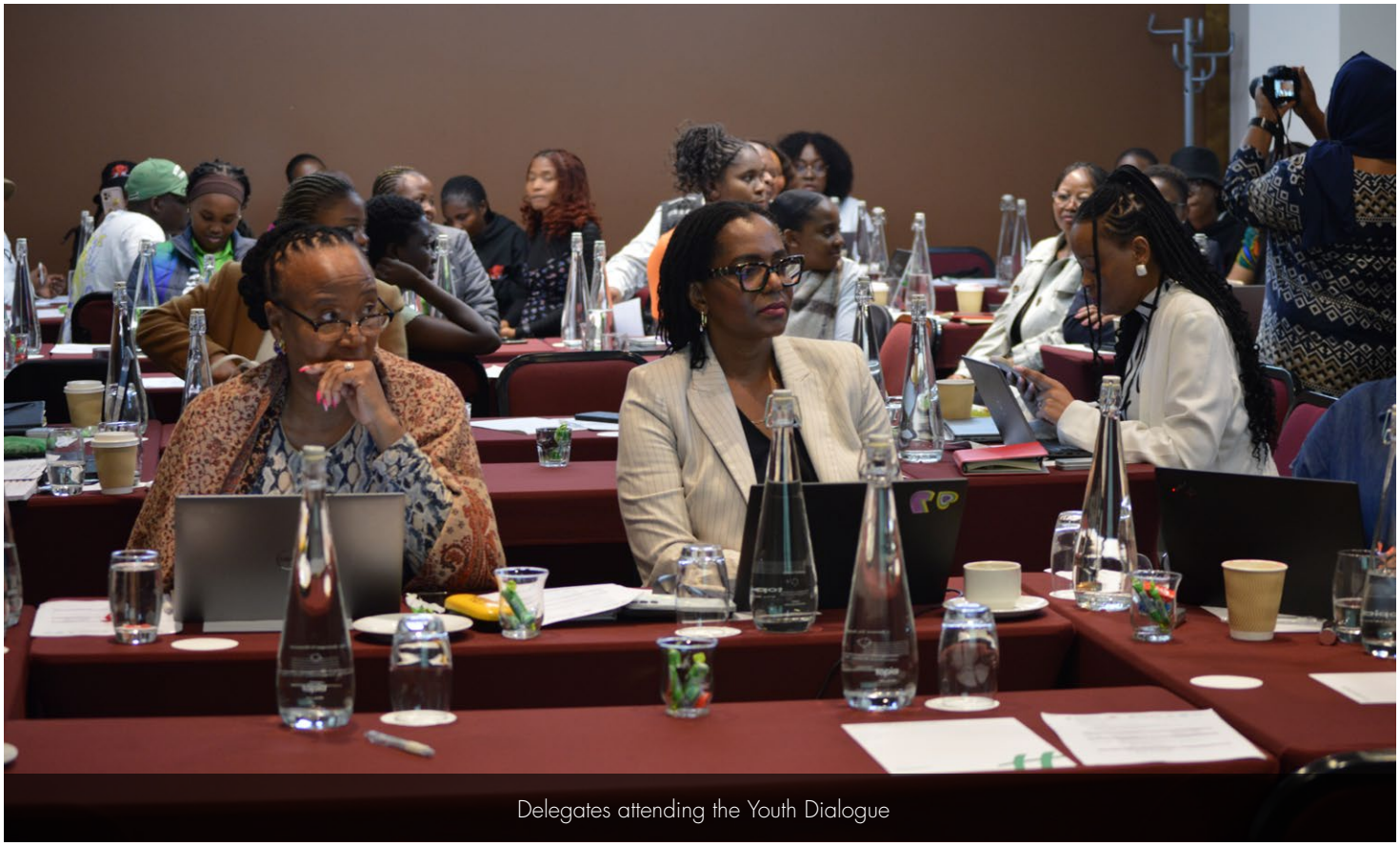
Deputy Minister Steve Letsike of the Department of Women, Youth and Persons with Disabilities delivered a compelling message on the need for accountability, investment, and urgency in addressing issues affecting young people. "Every delayed intervention, every underfunded youth programme, every missed opportunity to save or empower a young person must be accounted for."



Deputy Minister of Department of Youth, Women and Persons with Disabilities Ms. Steve Letsike speaking at the Youth Dialogue

The Deputy Minister further emphasised that talk alone is not enough, urging collective responsibility and action, "Talk is cheap without action, and any inaction will cost us severely. Investing in sexual and reproductive health rights is not a luxury but it is a necessity for survival and development, and it is an obligation for us!" She also reiterated the importance of placing young people at the centre of solutions, noting that true progress happens through "conversations about young people, with young people." As the report findings are disseminated across the country to inform response efforts, the Department and its partners remain committed to fostering inclusive, youth-led dialogues on one conversation at a time to ensure that no young person is left behind.



Delegates attending the Youth Dialogue

SANAC Hosts National Review Meeting of the Global Alliance to End AIDS in Children by 2030

- Karabo Makgato

The South African National AIDS Council (SANAC) hosted an extended two-day national programme review meeting of the Global Alliance to End AIDS in Children by 2030 on 23–24 October in Pretoria. The review brought together national and provincial health leaders, development partners, civil society, youth advocates, and community organisations to assess South Africa's progress, identify persistent gaps, and strengthen collective action to close the 1.1 million HIV treatment gap among children, adolescents, and young mothers.

Provinces represented at the meeting included members of the Provincial Global Alliance (GA) Technical Working Groups from KwaZulu-Natal, Eastern Cape, and Gauteng. These three provinces are among the five with the highest number of children living with HIV in South Africa.

Delegates at the National Review Meeting of the Global Alliance to End AIDS in Children by 2030

> *"A presentation of the Global Alliance Dashboard by the National Institute for Communicable Diseases (NICD), led by Dr. Ahmad Haeri Mazanderani, highlighted important gains alongside critical gaps."*

As such, they together with Mpumalanga, have developed and are currently implementing their respective Global Alliance implementation plans.

This extended review meeting had three broad objectives, these include:

1. Review data to assess progress and challenges in paediatric and adolescent HIV response within the 1.1 million treatment gap and the goal of ending AIDS in children by 2030.
2. Present provincial progress on implementing child and adolescent-centred interventions.
3. Reflect on the 10-10-10 targets and discuss social determinants of health in advancing the objectives of the Global Alliance.

A presentation of the Global Alliance Dashboard by the National Institute for Communicable Diseases (NICD), led by Dr. Ahmad Haeri Mazanderani, highlighted important gains alongside critical gaps. While early infant diagnosis and treatment initiation remain strong, significant losses occur between ART initiation and viral suppression, particularly among infants and children under five.

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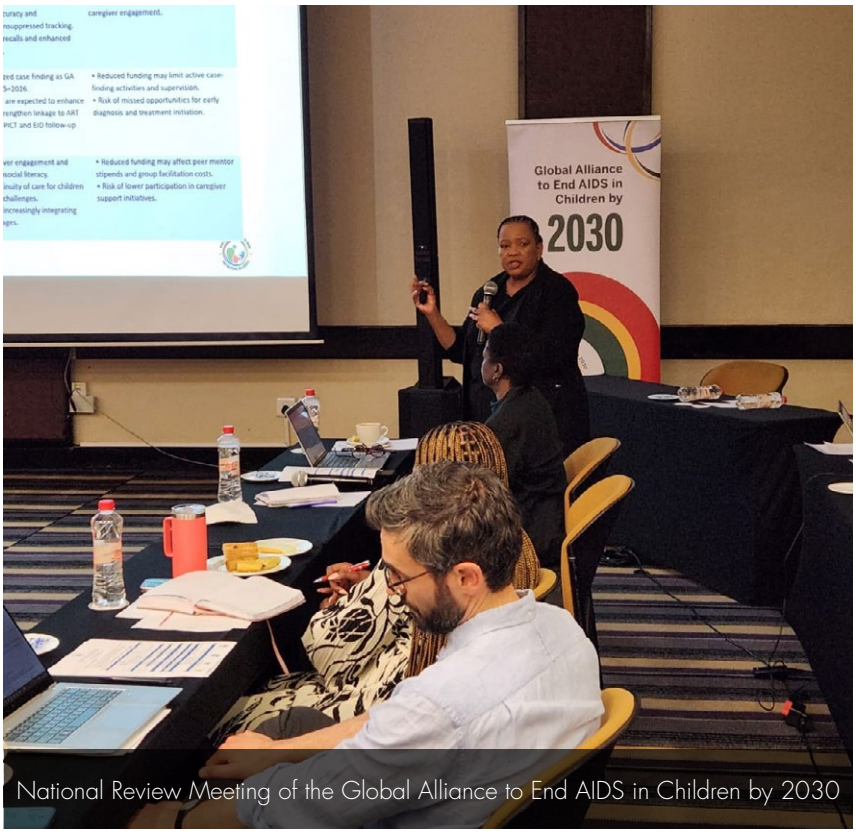
Maternal viral load monitoring, especially during the postnatal period, was also identified as a major gap, undermining efforts to prevent vertical transmission. Provinces including KwaZulu-Natal, Eastern Cape, and Gauteng, reported on progress and innovations to improve prevention, treatment, and retention services for children and adolescents. However, common challenges persist, including weak maternal–child linkage, delayed viral load testing, limited use of data at facility level, and resource constraints affecting community-based support.

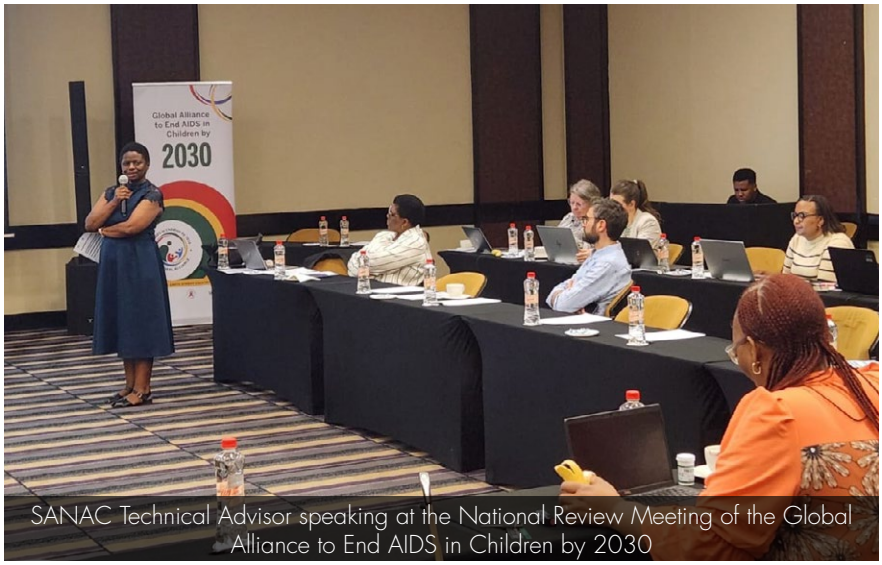
A study from North West Province, presented by Ms. Pinky Rose Mokoto, underscored the ongoing burden of advanced HIV disease in children and highlighted the critical role of community partners such as Aurum, PATA, and community health workers in improving the health outcomes.

The World Health Organization's Dr. Sibongile Ntshangase presented updated paediatric ART and strengthened emphasis on maternal viral load monitoring and breast feeding support.

A dedicated session led by Ms. Khanyisa Dunjwa from SANAC's Women's Sector and Ms. Nozuko Majola from SANAC examined the intersection of HIV, gender inequality, and gender-based violence (GBV). High levels of GBV and femicide in South Africa, coupled with harmful social norms and limited agency for young women, were highlighted as key drivers of HIV vulnerability. Findings from SABSSM and the National GBV Survey showed that women who experience GBV are 1.5 times more likely to acquire HIV Adolescent peer counsellors from Ready Plus, the PATA Youth Advisory Panel, and community programmes shared powerful reflections on lived experience and emphasised the importance of meaningfully involving young people in programme design. A closed session provided a safe space for young people to share challenges and propose practical recommendations, including reducing stigma, strengthening mental health support, improving facility



National Review Meeting of the Global Alliance to End AIDS in Children by 2030



SANAC Technical Advisor speaking at the National Review Meeting of the Global Alliance to End AIDS in Children by 2030

responsiveness, and expanding youth-friendly services. The programme concluded with a message of support from SANAC Technical Lead, Ms. Mandisa Dukashe, who reaffirmed that with sustained treatment and viral suppression, children and young people living with HIV can lead healthy, empowered, and fulfilling lives. Her message emphasised the opportunity for young peers to shape and own their own narratives by playing a leading role in the paediatric HIV response.

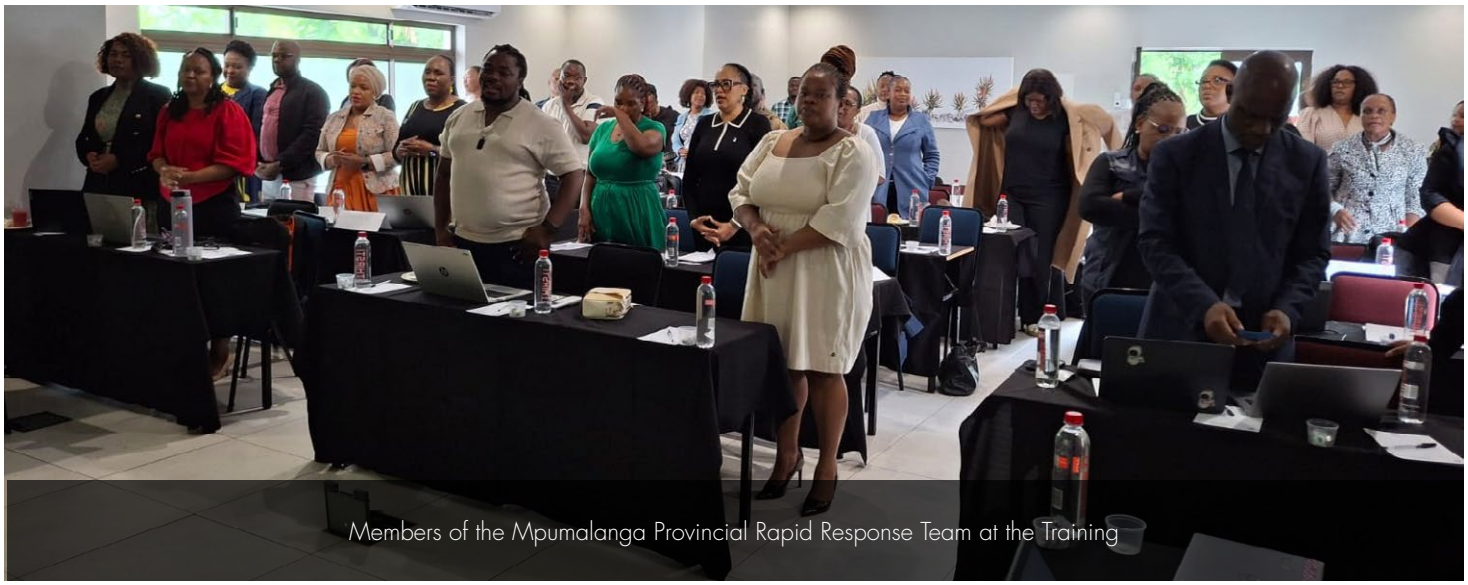
Strengthening South Africa's Pandemic Preparedness

- Simangaliso Motsepe

Members of the Mpumalanga Provincial Rapid Response Team at the Training

South Africa is taking decisive steps to strengthen its ability to respond swiftly and effectively to future pandemics and public health emergencies. In this effort, the South African National AIDS Council (SANAC), in collaboration with the World Health Organization (WHO), hosted a five-day Provincial Training Programme, from the 10 - 14 November 2025, in Mpumalanga.

The training programme follows the One Health approach by bringing together key stakeholders from government departments, civil society, healthcare institutions, and partner organisations to enhance coordinated preparedness and response mechanisms at both provincial and national levels. Its primary focus is to build rapid response capacity, strengthen health systems, and improve collaboration during public health emergencies.



Members of the Mpumalanga Provincial Rapid Response Team at the Training

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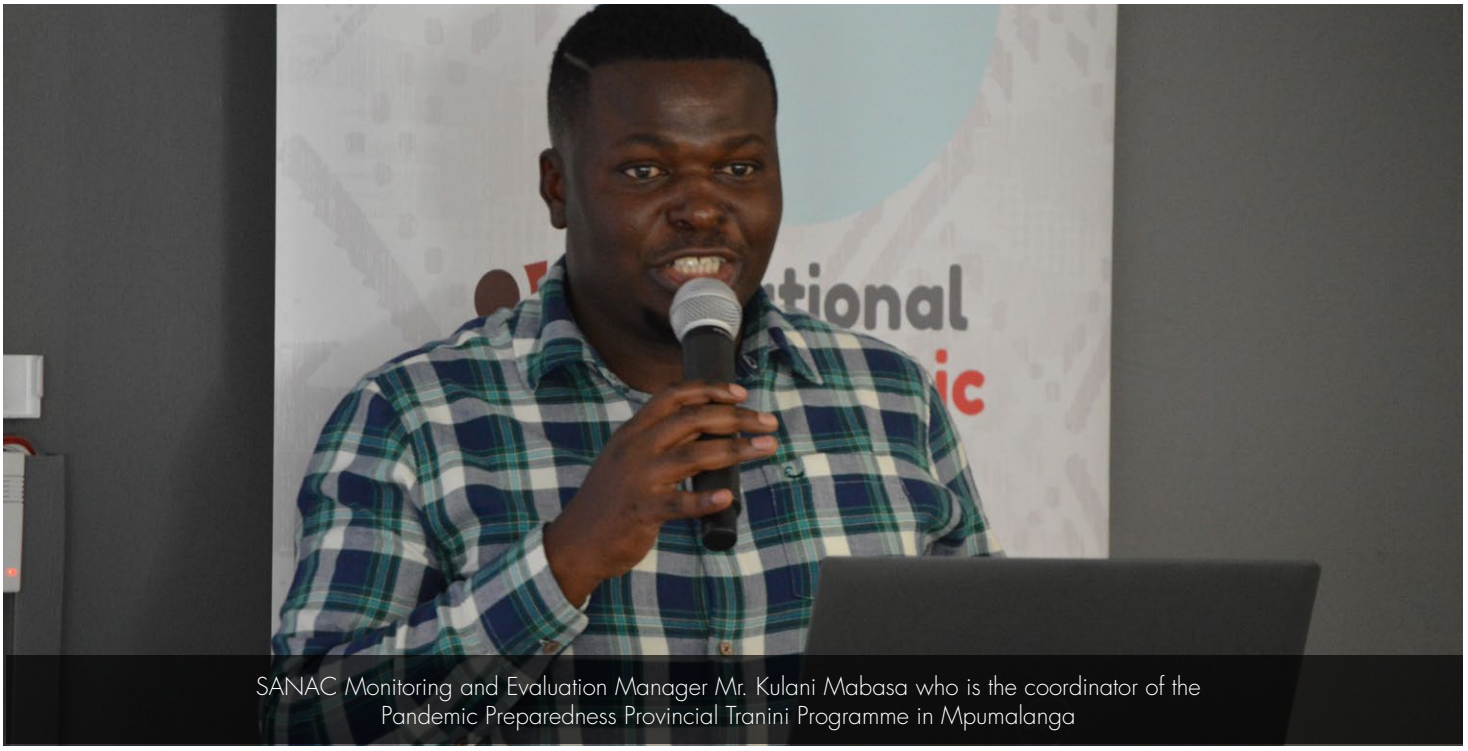
Based on an all-hazards approach, the programme aims to equip members of Rapid Response Teams (RRTs) with advanced knowledge, skills and attitudes (KSA), as well as practical tools required for the early detection of public health events and the implementation of effective, timely responses. The training forms part of the Rapid Response Team Advanced Training Package (RRT ATP), an integral component of the broader Rapid Response Teams Training Programme.

The Rapid Response Teams Advanced Training Programme seeks to reinforce the capacity of multidisciplinary RRTs and their individual members to detect and respond to public health events, regardless of origin or source that pose, or could pose, significant harm to human health.

This initiative is particularly significant as it draws on valuable lessons learned from South Africa's responses to HIV, tuberculosis (TB), and the COVID-19 pandemic. These experiences have underscored the critical importance of early detection, strong leadership, community engagement, and integrated health systems in managing large-scale public health threats.

Participants were equipped with practical tools and knowledge to enhance disease surveillance, risk communication, coordination, and emergency response planning. The programme also emphasizes the importance of partnerships in ensuring a unified and effective response across sectors during times of crisis.



SANAC Monitoring and Evaluation Manager Mr. Kulani Mabasa who is the coordinator of the Pandemic Preparedness Provincial Tranini Programme in Mpumalanga

By investing in provincial-level training and preparedness, SANAC and WHO aim to strengthen South Africa's overall health resilience. This initiative reflects the country's commitment to safeguarding public health and ensuring that robust systems are in place to protect communities from future pandemics and other public health emergencies.

As global health threats continue to evolve, programmes such as this training provide a critical foundation for building a stronger, more responsive, and resilient national health system. The RRT trainings will be rolled out in all remaining provinces in the country and are expected to conclude in June 2026.

"Participants were equipped with practical tools and knowledge to enhance disease surveillance, risk communication, coordination, and emergency response planning. The programme also emphasizes the importance of partnerships in ensuring a unified and effective response across sectors during times of crisis."

FEATURE ARTICLE

World AIDS Day 2025 – A Moment to Reflect

- Nelson Dlamini

On 1 December 2025, South Africa will join the global community in commemorating World AIDS Day, a powerful reminder that the HIV epidemic is far from over, with nearly 8 million people living with HIV in South Africa. It is also an opportunity to shine a spotlight on the persistent stigma that drives discrimination and creates barriers to testing and treatment.

The commemoration helps educate the younger generation, who may view HIV as a mere manageable chronic condition rather than the devastating crisis it once was. This reminder is crucial in emphasising the need to prevent new infections in order to eliminate the virus as a public health threat.

This year, South Africa will commemorate World AIDS Day under the theme "Renewed Efforts and Sustainable Commitments to End AIDS". The theme urges the reinvigoration of strategies to close gaps in prevention and treatment and emphasises the need for long-term domestic investment in the face of funding cuts and shifting global priorities. Recommendations in the theme rationale include increased domestic investment, large-scale decanting, and the urgent filling of vacancies to stabilise the public health system.

Nelson Dlamini

UNAIDS 95-95-95 Targets

In an effort to accelerate progress towards meeting the Sustainable Development Goals (SDG) targets for Agenda 2030, UNAIDS introduced the 90-90-90 targets in 2013, with a deadline of December 2020. The aim was to ensure that 90% of all people living with HIV know their status, 90% of those diagnosed receive sustained antiretroviral therapy (ART), and 90% of those on treatment achieve viral suppression. After the December 2020 deadline, countries moved towards the 95-95-95 targets over the next five years, making 2025 the deadline year for these targets.

South Africa currently stands at 96-79-96, meaning the country is struggling with initiating and retaining people diagnosed with HIV on treatment. The challenge with the second 95 is not unique to South Africa; global progress stands at 95-85-92. Numerous factors affect treatment initiation and retention, ranging from structural issues (long queues and waiting times), economic barriers (transport costs and lost income from missed work), psychosocial challenges (stigma and discrimination), to gender and age-specific issues (men's and adolescents' negative perceptions of health facilities), to name a few.

In response, the Department of Health launched the Close the Gap campaign with the aim of finding 1.1 million people who are HIV-positive but not on treatment. The 1.1 million figure has been broken down by province, district, and even facility — everyone is working hard to close their portion of the gap.

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Equal to the task

South Africa may be the global epicentre of HIV and TB, yet it is not taking the challenge lying down. Firstly, the government funds the majority of HIV and TB programmes, particularly the procurement of medicines — South Africa buys 90% of its own ARVs, with only 10% supported by the Global Fund. This financial autonomy enabled the Department of Health to introduce the Six-Multi-Month Dispensing (6MMD) strategy despite PEPFAR funding cuts. Under 6MMD, stable patients receive a six-month supply of ARVs in a single visit instead of attending the clinic every month. This improves treatment access and adherence by reducing clinic visits, travel time, and costs for patients while easing pressure on healthcare facilities.

> *"The commemoration helps educate the younger generation, who may view HIV as a mere manageable chronic condition rather than the devastating crisis it once was. This reminder is crucial in emphasising the need to prevent new infections in order to eliminate the virus as a public health threat."*

Several interventions have been implemented, including the She Conquers Campaign, the #ZikhalaKanjani Youth HIV Prevention campaign, and Youth Zones which are dedicated youth-friendly service spaces in public health facilities. Although infections have gradually declined, much more needs to be done, particularly in improving access to prevention tools such as PrEP (pre-exposure prophylaxis) and the Dapivirine vaginal ring among others.

We end 2025 with high hopes following the registration by South African Health Products Regulatory Authority (SAHPRA) of lenacapavir, the long-acting injectable HIV prevention drug administered once every six months. It promises to be a real game-changer in HIV prevention, with public rollout anticipated in the first quarter of 2026.

In addition to running the largest publicly funded treatment programme in the world, the ARV regimens available at public facilities are among the best and most up-to-date on the market. Following WHO guidelines around 2019, the country swiftly transitioned from the three-in-one combination containing efavirenz — a drug with debilitating side effects and inferior efficacy — to a dolutegravir-based regimen, which has fewer side effects, achieves faster and more durable viral suppression, and is cheaper.

What sets South Africa apart from many other countries on the continent and beyond is its recognition of key and priority populations — including LGBTQI+ communities, sex workers, and people who use drugs — who all require tailored interventions to ensure no one is left behind, making the national response truly inclusive and comprehensive.

Young women most at risk

The greatest focus, however, must remain on men, children, adolescent girls and young women (AGYW) aged 15–24. Men and children have the largest treatment coverage gaps, while AGYW are the hardest hit by new infections — the country records around 1,100 new infections per week in this group. Apart from biological vulnerability, primary drivers include age-disparate relationships with older men ("blessers") who have higher HIV prevalence, poorer treatment adherence, and multiple partners. Poverty and lack of employment often push girls into transactional sexual partnerships that expose them to HIV. Early sexual debut and gender-based violence also play significant roles.

> *"South Africa may be the global epicentre of HIV and TB, yet it is not taking the challenge lying down. Firstly, the government funds the majority of HIV and TB programmes, particularly the procurement of medicines — South Africa buys 90% of its own ARVs, with only 10% supported by the Global Fund. This financial autonomy enabled the Department of Health to introduce the Six-Multi-Month Dispensing (6MMD) strategy despite PEPFAR funding cuts."*

The Research Corner *with Colisile Mathonsi*

Multisectoral Action As A Blueprint For Bridging The Gap

How KwaZulu-Natal's Child and Teenage Pregnancy Strategy Bridges the Gap Between Sectors

SANAC Technical Officer for Adolescent Girls and Young Women, Ms. Colisile Mathonsi

The Research Corner continues to explore how multisectoral collaboration can turn evidence into everyday impact, strengthening the bridge between policy, research, and community action. In this instalment, the column reflects on how KwaZulu-Natal's approach to developing the multisectoral Strategy to address the unacceptably high rates of Child and Teenage Pregnancy offers a practical model of collaboration one that can be adapted and applied in other contexts facing similarly complex social challenges. To address the social and health burdens facing our country such as child and teenage pregnancies (ages 10–19), one lesson has become increasingly clear: no single sector can solve complex social challenges alone. Issues such as child and teenage pregnancy sit at the intersection of health, education, social development, justice, and economic opportunity. Addressing them demands an intentional, coordinated, multisectoral response.

> *"Community voices formed the foundation, but the strength of the strategy lay in how these insights were woven into a broader, multisectoral partnership."*

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A Strategy Built Through Listening

What sets the KZN strategy apart is not only its content, but the way it was developed. The process of developing the strategy originated form the concern by the Provincial Council on AIDS stakeholders of high child and teenage pregnancy and its relation to high risk of HIV infection culminating into a resolution. A deliberate decision was made to engage ethe communities leading to the holding of structured engagements in all the 11 KZN districts.

Young people, parents, community leaders, grassroots organisations, and frontline service providers were recognised as experts in their own lived realities. They spoke candidly about youth-unfriendly services, barriers to accessing sexual and reproductive health care, gender-based violence, poverty, and the heightened vulnerability to HIV that continues to shape adolescent outcomes. These engagements ensured that the strategy was designed with communities, not for them. It was not a document crafted behind closed doors by technical experts alone.

This approach reflects a core principle of bridging the gap between research, policy, and practice: solutions must be grounded in lived experience if they are to be effective and sustainable.

True Multisectoral Collaboration in Practice

Community voices formed the foundation, but the strength of the strategy lay in how these insights were woven into a broader, multisectoral partnership. Civil society Forum particularly, People Living with HIV (PLHIV), Research and Youth sectors played a critical role in advocacy and accountability, ensuring that the priorities of communities and young people remained central throughout the process. Alongside civil society sectors, implementing partners brought critical operational insight, drawing on their day-to-day experience of delivering programmes on the ground. Their involvement helped to surface practical implementation challenges, highlight service delivery gaps, and ensure that the strategy remained feasible, responsive, and grounded in real-world conditions.

Government departments, including health, education, social development, law enforcement, and others, were engaged not as siloed authorities but as interdependent implementation partners. This fostered shared ownership and reinforced the understanding that preventing child and teenage pregnancy is not the responsibility of one department, but a collective mandate.

Academia and research institutions, were also brought in to shape the strategy, helping to identify research priorities. We foresee that the strategy will generate evidence to answer critical questions about what works in preventing child and teenage pregnancies, strengthening programme delivery, and supporting continuous learning. By integrating research into the strategy from the outset and fostering collaboration between academics, government, and implementing partners, we are helping to bridge the gap between knowledge generation and practical, context-specific action demonstrating how research can directly inform multisectoral responses to complex social challenges.

"Government departments, including health, education, social development, law enforcement, and others, were engaged not as siloed authorities but as interdependent implementation partners."

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Strengthening Multisectoral Learning and Dialogue

The process was further strengthened through structured knowledge-sharing platforms such as the Early and Unintended Pregnancies in Eastern and Southern Africa Conference, held in November 2024. Convened in collaboration with institutions of higher learning, research institutions, government departments, civil society structures, and implementing partners, the conference provided a critical multisectoral space for dialogue, learning, and alignment, and served as the last consultation for the development of the strategy. For more information: (https://eup.ukzn.ac.za/).

KZN Premier Thami Ntuli led the launch of the Strategy in his capacity as the Chairperson of the KZN AIDS Council

Premier of KZN Hon. Thamsanqa Nthuli (centre) and KZN MEC for Health Ms. Nomagugu Simalane (right) arriving at the launch of the Provincial Multi-Sectoral Strategy to curb childrenand teenage pregnancies

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The launch of the strategy

KwaZulu-Natal's official launch of the Provincial Multisectoral Strategy to Curb Child and Teenage Pregnancies (2025–2029) on 28 October 2025 represents a defining moment in this regard. Notably, KZN is the first province in South Africa to develop and launch a dedicated, fully multisectoral strategy of this kind. This milestone is significant not only for the province, but as a learning opportunity for other settings seeking to strengthen collaboration across sectors.

For more information: https://www.kznonline.gov.za/index.php?option=com_2&view=item&id=2907:kwazulu-natal-premier-launches-multisectoral-strategy-to-curb-child-and-teenage-pregnancies

KwaZulu Natal MEC for Health Ms. Nomagugu Simelane speaking at the launch

Lessons learned

The KZN experience offers tangible lessons for South Africa as a whole. It demonstrates that when political will aligns with community wisdom, when research is intentionally linked to action, and when all sectors invest in shared capacity, fragmented efforts can be transformed into unified, impactful responses.

As the first province to develop and launch a multisectoral strategy of this nature, KwaZulu-Natal has shown what is possible. The challenge and opportunity now lies in replicating this model to address similar complex social and public health challenges.

Bridging the gap between government, civil society, academia, and implementing partners is not a theoretical ideal; it is a practical necessity. The KZN Child and Teenage Pregnancy Multisectoral Strategy stands as evidence that when we listen, learn, and act together, research can truly work for the people, with the people, and by the people.