



18 March 2025

URGENT

TO: MINISTER OF THE NATIONAL DEPARTMENT OF HEALTH

E-mail: minister@health.gov.za

AND TO: MINISTER OF FINANCE

E-mail: minreg@treasury.gov.za

AND TO: MINISTER OF INTERNATIONAL RELATIONS AND COOPERATION

Email: rlamola@parliament.gov.za

COPIED TO: THE PRESIDENT OF THE REPUBLIC OF SOUTH AFRICA

E-mail: president@presidency.gov.za

COPIED TO: DELOITTE

E-mail: wsolomon@deloitte.co.za; lkgolane@deloitte.co.za

Dear Ministers Motsoaledi, Godongwana, and Lamola,

WE REQUIRE AN URGENT COORDINATED EMERGENCY PLAN AND INCREASED BUDGET FOR HEALTHCARE SERVICES: HUNDREDS OF THOUSANDS OF VULNERABLE PEOPLE IN SOUTH AFRICA NEED YOU TO ACT, NOW

We need transparency and accountability!

Current situation and urgency: Transparency is critical, but is missing

1. We are writing to you ***again*** as concerned health and human rights organisations in South Africa (SA).

2. We wrote to your offices on **5 February 2025 and 24 February 2025** (see attached). To date we have not received a response to our questions and concerns.
3. **We remain concerned that there is not enough transparency in the government's handling of this matter.**
4. During this time, SA PEPFAR partners that received stop work orders, then waivers, have since received termination notices (prior to the 90 day expiry), and some CDC funded partners received return to work orders until September 2025. The complete list of cancelled contracts is not known. Several clinical trials have been halted or ended prematurely. Thousands of NGO, academic workers have been retrenched and services and key testing, counselling, prevention and treatment programmes disrupted or closed.
5. Despite the government indicating that it is seized with the matter and that the National Department of Health (NDoH) is seeking to make provincial arrangements to absorb some services and staff via the public health system, right now, specialised programmes and services are severely affected, and urgent adaptation measures are needed.
6. While the Health Minister has stated at various media/other meetings that the NDoH is working on ways of addressing the crisis, none of us are privy to the exact plan to do so, so far:
 - a. According to media reports, the NDoH has reportedly contracted Deloitte to conduct an "assessment" (and due to be completed soon, per [IOL](#)).
 - b. The DG of Health issued one Circular dated **11 February 2025** (not yet fully implemented, and resources to implement it are insufficient).
 - c. We learnt that NDoH officials met with some NGOs and some PEPFAR Programme Implementers (PI's) on **3 March 2025** in Centurion for a hastily convened "NGO meeting", following a [Press Conference](#) held by civil society groups some four days before, and that during that time, the SA National AIDS Council (SANAC) convened some partners to discuss the matter via the SANAC Civil Society Forum (CSF).
 - d. We have also reliably been informed that at the Centurion meeting of **3 March 2025**, the NDoH/Minister stated that while including support for PEPFAR in the "main postponed budget" (later held on 12 March 2025) was not possible due to timing constraints, that financial support could be available through **emergency funding** and that any funding arrangement reached would be announced once the NT and NDoH had agreed on the **amount and the mechanism**.
 - e. It is also our understanding that any emergency funding is dependent on NDoH submitting a Section 16 application to the NT in terms of the PFMA.
 - f. **Surprisingly, and worryingly, the budget speech of 12 March 2025 was silent about the PEPFAR related contingency or provisional allocations.**

We want transparency in the development of the plan to mitigate this crisis:

7. Because we have no certainty that Deloitte/other has been officially contracted to provide the services reported in the media that may influence such a plan, in the interests of procurement transparency and accountability, please, immediately, either publicly disclose the Deloitte **Terms of Reference and Service Level Agreement** or issue a media correction.
 - a. This is because if said media reports quoting the Minister are correct - and please confirm if so - then Deloitte may barely have 2 weeks or less left to complete a critical assignment.

- b. Given what is at stake, at a minimum, we would expect that Deloitte / other meets with all PIs, NGOs and patient communities; issue public invitations to hearings/meetings in each province as a matter of urgency; and publish any actuarial details that may underpin any of its recommendations including for possible financial allocations (which should also be public). Is this the case?
- c. **If indeed, Deloitte / other has been commissioned, kindly urgently let us know the process by which to make urgent submissions - and how affected partners and beneficiaries of PEPFAR programmes thus far can contribute to its recommendations before it is finalised.**

Urgent concerns regarding the continuation of critical health services for key populations and also for specialised SGBV services:

- 8. We are concerned that the current discourse and planning is focused on critical ARV programmes, but ignoring the continuation of several specialised counselling, support, prevention and treatment services for at risk or **key populations** - that already face high levels of stigma and discrimination.
- 9. In considering the funding needs for services affected by the US funding cuts, we hope that due consideration will be given for emergency support to also be directed to **Thuthuzela Care Centres** to absorb the deficit created by these cuts, for survivors of sexual violence.
- 10. Similarly, for the thousands of survivors of GBV who sought assistance from close to 90 post-violence care facilities and from telephonic reporting systems such as LifeLine – all of whom are reporting funding cuts. This also comes at a time when the **government's [helpline](#), run by the GBV command centre, is no longer operational.**
- 11. In multiple provinces, we have also received reports that young children, adolescents and families are losing access to psychosocial support, educational services, child protection and SGBV support because of the US funding cuts.
- 12. Facilities that used to specialise in caring for the unique needs of gender-diverse people in multiple provinces, are closed permanently and now, the bizarre insistence for a **referral letter** is making it exceedingly difficult for patients to access care from the public health system (where such services exist) despite the issuance of the Circular referred to above.

We want to be clear: We do not want the Trump administrations ideological opposition to gender rights, sexual, reproductive, health rights and migrant rights to inform our domestic health policies and budget allocations - so we want to know what is the urgent plan of the NDoH and provinces, to address the *requirement* of a transfer letter[i] to enrol people into government care, especially for gender diverse people?

Funding and Budgeting for impact of US cuts:

- 13. The Budget tabled before Parliament on 12 March 2025 was **silent about the funding shortfall** that the PEPFAR cuts have created:
 - a. We understand that last week's budget increased the allocation to the Comprehensive HIV and AIDS conditional grant by 4.6% to R25.3 billion.
 - b. **But please can you explain why the health allocation did not include a PEPFAR related component and what is the plan to ensure that there will be an urgent, emergency and appropriate allocation of resources to fill the gap, so to speak?**
- 14. We are also aware that in order for NDoH to apply for the **section 16 emergency funding**, it must provide the NT with a **comprehensive service plan** detailing what

services are required, why the services are required and how much they will cost among other things.

- a. Has the NDoH provided the NT with a breakdown of all PEPFAR funding for SA, and which has now been reduced, suspended and/or withdrawn and the resulting shortfall in funds that this state of affairs has created? When will the NDoH do so?
- b. **When will the NDoH provide a comprehensive service plan and relevant information to the NT?** Will affected PIs and others in Civil Society be able to contribute to it? When will it be made public?

All of this is something that the Executive must address, now. We wait to hear from you.

For further information, please contact: fatima@healthjusticeinitiative.org.za

Signed by:

1. Health Justice Initiative (HJI) (Fatima Hassan, Director)
2. African Alliance (Tian Johnson, Strategist)
3. Cancer Alliance (Salome Meyer, Director)
4. Public Service Accountability Monitor (PSAM), Rhodes University (Jay Kruuse, Director)
5. SWEAT (Emily Craven, Director)
6. SECTION27 (Khanyisa Mapipa, Head: Health Rights Programme)
7. Treatment Action Campaign (TAC) (Sibongile Tshabalala-Madhlala, Chairperson)

[i] [Page 22](#) of SA's HIV treatment guidelines already explain that transfer letters shouldn't be a barrier to care but reports from the frontlines prove that it bears repeating: "If a patient comes from a different facility, it is critical that the patient be provided with treatment on the day of presentation to limit any further treatment interruption and its impact on viral suppression. While referral letters are helpful, a patient cannot be required to leave the facility without treatment to first obtain a referral/transfer letter."