



5 February 2025

**TO: MINISTER OF THE NATIONAL DEPARTMENT OF HEALTH**

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**COPIED TO: THE PRESIDENT OF THE REPUBLIC OF SOUTH AFRICA**

E-mail: [president@presidency.gov.za](mailto:president@presidency.gov.za)

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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 are organizations and groups working on ensuring access to healthcare services and human rights in South Africa for all patients and communities.

We write at a time of chaos, uncertainty, and dire urgency due to the impact on healthcare services in our country as a result of the Trump Administration's cruel and draconian 20 January 2025 Executive Order entitled "[Reevaluating and Realigning United States Foreign Aid](#)". As you are aware, the Executive Order has led to funding freezes and stop-work orders that have been circulated to healthcare providers.

We require an urgent coordinated emergency healthcare services plan and a budget, and your leadership.

## **What we know**

This is what we know so far:

- The [Executive Order](#) and its notice of implementation make it clear that all *existing* foreign assistance awards are subject to a 90-day review period, including all global health programmes and, importantly, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). During this review period, there have been multiple funding freezes and stop-work orders, severely impacting healthcare services in South Africa.
- Following the chaos and uncertainty created by the Executive Order, on 28 January 2025 a temporary [Waiver](#) was issued, which permits the continuation of “core life-saving medicine, medical services, food, shelter, and subsistence assistance, as well as supplies and reasonable administrative costs” during the 90-day review period. The Waiver expressly excludes “activities that involve abortions, family planning, gender or [diversity, equality, and inclusion] ideology programs, transgender surgeries, or other non-life saving assistance”.
- Despite the Waiver, we understand that most PEPFAR implementing partners have not received any direct or complete communications from the United States (U.S.) Government about the implications of the Executive Order and the Waiver leading to ongoing uncertainty. [News reports](#) also indicate that senior USAID officials have resigned or been placed on leave. These developments are likely to delay communication to implementing partners and lead to legal challenges against the decisions taken by the Trump administration.

## **The impact of the Executive Order and the Waiver**

From what we currently know, the impact of the Executive Order and the Waiver are severe.

In the *immediate-term* and as result of the exclusions in the Waiver:

- We are aware of the temporary closure of multiple organisations and facilities providing essential healthcare services to, among others, sex workers, members of the LGBTQI+ community, transgender persons, and other marginalised communities seeking sexual and reproductive health support. These facilities have been instrumental in delivering HIV prevention, treatment, and care services, inter alia.
- On current estimates, and as a result of the stop-work orders issued as a result of the Executive Order, we understand that, right now, at least 900,000 patients living with HIV in four districts are directly impacted alongside thousands of patients in other districts too, the livelihoods and jobs of several thousand healthcare workers are at risk; and essential services like patient tracking and tracing have been suspended in some instances.
- The Executive Order has been implemented without prior notice to any of the affected parties which has caused widespread fear and uncertainty. Many seeking medical assistance will only be made aware of such changes when they seek medical attention which will further violate their right to access health care in South Africa.

We need an urgent coordinated emergency healthcare services plan, now!

In the *medium-and long-term*:

- As you are aware, and while South Africa reportedly self-finances the majority of its HIV services (including ARV and STD drugs, laboratory tests, condoms, and contraceptives), we have been the largest recipient of PEPFAR funding globally, which accounts for around 17% of the national HIV budget and which supports at least 27 health districts.
- Much of this 17% is used for training staff, providing clinical services through fixed and mobile clinics, as well as technical expertise provided to the National Department of Health. Without these facilities and expertise, service delivery is already, and will continue to be, hampered.
- Should this funding short-fall not be remedied, this [may affect](#) access to antiretroviral therapy (ART) for adults and children, HIV prevention programmes, the livelihoods and jobs of direct clinical and care providers, including doctors, nurses, midwives, pharmacy staff, laboratory staff, and community health workers, who work at NGOs and government facilities, including community workers and counsellors across thousands of health facilities; counselling and testing services; and linkage to care for communities affected by HIV, TB and even cancer.
- Beyond HIV services, South Africa receives [additional U.S. foreign assistance](#) for academic institutions and several NGO programmes, all of whom are now severely affected by the Executive Order, and who work in the following areas, among others: clinical research on key diseases; screening and counselling for HIV, TB, and cervical cancer; educational programmes on health; and patient data collection.

In addition to an urgent coordinated emergency healthcare services plan, we also need to start planning for the suspension or cancellation of foreign assistance awards from the U.S., should that be the result of the 90-day review period. We cannot wait until then to get our affairs in order.

### **A storm is upon us and we need to act, now**

The current situation has sowed incredible chaos and confusion as PEPFAR-supported programmes remain “paused” jeopardising the health, lives and livelihoods of thousands of people, especially key at risk populations with HIV, TB, and cancer.

Worryingly, and in line with the ideological slant of the present U.S. government, services related to sexual and reproductive health and rights (SRHR), particularly termination of pregnancy care, and healthcare services to key populations, including LGBTIQ+ people, transgender people, sex workers, men who have sex with men, and other marginalised groups are not included in the Waiver. Where services were provided through U.S. funding (PEPFAR +), these at risk populations presently do not have access to healthcare services.

In addition, we understand that gag orders (or instructions) are being issued from some PEPFAR implementing partners to their staff not to speak publicly about the impact of the Executive Order and Waiver, to try and ensure that foreign assistance awards are not cancelled after the 90-day review period. This has meant that collating accurate

information about the true impact on the health system in South Africa because of the Executive Order, has been challenging.

The cumulative effect of all of this has been:

- The temporary closure of several clinics and programmes in South Africa affecting hundreds of thousands of patients and especially at risk populations;
- Instructions to U.S.-funded staff not to speak publicly about the Executive Order leading to a climate of fear and censorship;
- Mass notices of retrenchments and also instructions to thousands of healthcare workers not to return to work;
- Instructions to patients not to return for repeat prescriptions, or to obtain counselling, screening, and testing;
- The mass referral of patients to government clinics as a result; and
- A knock-on effect on national health programming including for HIV prevention, screening, testing and treatment, and for TB and cancer screening and treatment.

Critically, HIV-prevention programmes and plans are now at risk too.

### **We require a coordinated urgent emergency plan and an increased budget**

We have no doubt that you are aware of all of this but we do not know what steps you have taken to start to remedy the catastrophic consequences of the Executive Order, if any. Minister Motsoaledi you have publicly stated that you are “baffled” by the Executive Order and that you have been “snubbed” by diplomatic channels, and since, “cleared the air”, inter alia. This may be so but what is the plan, both for now and the future?

As you are aware, the National Department of Health and the Treasury (through its budget allocations) have a constitutional responsibility to ensure openness and accountability and access to healthcare services, including reproductive healthcare, for all people in South Africa, regardless of any prevailing ideologies emanating from the current U.S. government.

The South African government is also obliged to act in the best interest of children, including through ensuring access to healthcare services, and the government may not unfairly discriminate against anyone seeking healthcare support.

These obligations must occur without delay and regardless of the circumstances that our country now finds itself in. As you know, no one may be refused emergency medical treatment.

As a result, we call on the National Department of Health and the Treasury to urgently:

- **Establish an intergovernmental task team to develop a coordinated urgent emergency healthcare services plan to mitigate the adverse immediate-term effects of the Executive Order, including ensuring emergency medical treatment for at risk populations and vulnerable and marginalised groups within their geographic locations and the urgent issuing of appropriate circulars to all provincial health departments. The task team should ideally include partners from civil society with a history of fighting**

for adequate access to health care and documenting access on the ground, and at the very least include the Treatment Action Campaign (TAC). **A task team should be established by no later than 15 February 2025, with a draft of this plan to be finalised by 28 February 2025, at the latest. Thereafter it should be circulated for public comment.**

- Take all necessary urgent interim measures, including allocating sufficient budget, to ensure that all people not included in the Waiver, including LGBTIQ+ people, and especially transgender people, sex workers, men who have sex with men, and other vulnerable and marginalised groups, receive emergency healthcare services, including for HIV prevention.
- Develop an emergency communications plan to adequately notify patients and others who rely on health care services affected by the Executive Order and ensuing chaos on steps being taken to mitigate the effect of the Executive Order, and guidance on where healthcare services are now available to them.
- Proactively engage with healthcare organisations and facilities to enable open communications and information-sharing.
- Ensure that accurate information is collected and pro-actively disclosed to the public to ensure enhanced and appropriate information sharing during this crisis.
- Revisit and develop existing policies and budget allocations to anticipate and plan for the medium- to-long-term consequences of the suspension or cancellation of foreign assistance awards after the 90-day review period detailed in the Executive Order, including a plan on how to reduce reliance on foreign assistance awards in future.
- We also call on President Cyril Ramaphosa, to address this issue in his State of the Nation Address to adequately inform all affected parties and assert Government's commitment to ensure uninterrupted access to life-saving medication, testing, and care for all key populations; and to uphold the rights of all individuals, to access non-discriminatory healthcare services.

In addition to the above, we suggest that an urgent stakeholder meeting is convened between your respective departments with healthcare organisations and facilities (including with relevant multilateral institutions) to establish any other suitable interventions that may be necessary at this time.

This is something that the Executive can and must solve, now.

We wait to hear from you.

For further information, please contact: [fatima@healthjusticeinitiative.org.za](mailto: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 (Sasha Stevenson, Executive Director)
7. Treatment Action Campaign (TAC) (Sibongile Tshabalala-Madhlala, Chairperson)