ISSUE 6 FEBRUARY/MARCH 2014

SANAC NEWS

THE OFFICIAL NEWSLETTER OF THE SOUTH AFRICAN NATIONAL AIDS COUNCIL

Greetings for the new year and welcome to the first edition of SANAC NEWS for 2014! This edition comes hot on the heels of World AIDS Day 2013, when the chairperson of SANAC, deputy president Kgalema Motlanthe, launched the HIV Counselling and Testing (HCT) revitalisation campaign. Under the theme "Get wise. Get tested. Get circumcised", Motlanthe urged every South African and everyone resident in our country to test for HIV. The HCT revitalisation campaign was also accompanied by the launch of an effort to encourage the massive uptake of medical male circumcision services as a strategy to prevent HIV infection in men. Read all about it on page 3 of your SANAC NEWS. After World AIDS Day 2013, South Africa and the world suffered a major blow when, on the evening of 5 December, our former president, Nelson Mandela, died, after a long spell of ill health. We pay tribute to the man who has offered so much to the world on page 10. On page 4 we write about the death of former TV actress, Lesego Motsepe who made headlines on World AIDS Day of 2011 when she publicly announced that she was living with HIV and was taking antiretroviral therapy. Motsepe announced a year later that she had decided to stop taking ARVs in favour of alternative treatment.

You can find out all you've ever wanted to know about what the SANAC Secretariat is doing to support the implementation of the National Strategic Plan (NSP) on HIV, STIs and TB. A comprehensive report is available on page 8 of this edition.

Happy reading and Happy New Year!

HIGHLIGHTS IN THIS ISSUE:

SANAC NEWS

CONTENTS

All content in these pages is written and edited by SANAC Communications Manager, Khopotso Bodibe, except where otherwise stated.

If you have comments or queries regarding SANAC NEWS and activities taking place at SANAC or around the NSP, you're welcome to contact him on
khopotso@sanac.org.za
or call him on 012 395 9675.

www.sanac.org.za

SOUL CITY: BEHAVIOUR CHANGE IN YOUNG WOMEN

At a meeting on 3 December 2013, the Global Fund Country Coordinating Mechanism (CCM) elected the Soul City Institute for Health and Development Communication as the 6th Principal Recipient (PR) of a Global Fund grant in the allocation of 307 293 214 billion USD approved last September. The GF Secretariat and Local Fund Agent (LFA) are currently working with Soul City to negotiate and prepare for the grant to be signed. Soul City will be responsible for developing and implementing a behaviour change communication (BCC) programme that focuses on young women between the ages of 15 and 24. BCC is vital for encouraging particular behaviours known to promote health and growth. Before they can reduce their risk and vulnerability to HIV, individuals and communities must understand the urgency of the epidemic, be given basic facts about HIV/AIDS, taught a set of protective skills, and offered access to appropriate services and products. They must also perceive their environment as supportive of changing or maintaining safe behavioural practices.

Since HIV is primarily a sexually-transmitted infection (STI), national and community discussions on sex and sexuality, risk settings and behaviours are needed. Stigma, fear and discrimination at community and national level must also be dealt with. The HIV/AIDS epidemic has forced societies to confront cultural ideals and practices that clash with their own. BCC is vital to this process and can set the tone for compassionate, responsible interventions.

Soul City joins five other PRs of a Global Fund grant in this allocation. Tackling new HIV infections in young women aged 15–24 is critical as this target group has been identified as the most vulnerable by the NSP. The programme will reach 18 000 young women, mostly in informal settlements with comprehensive multi-pronged interventions. ■

SOUL CITY INSTITUTE HEALTH & DEVELOPMENT COMMUNICATION

CHANGE MADE VISIBLE

On World AIDS Day (WAD), 1 December 2013, Deputy President of South Africa and chairperson of SANAC, Kgalema Motlanthe, took a public HIV test at the WAD key event in Piet Retief, Mpumalanga. Motlanthe also took to the stage to address thousands of people who had come from various parts of the country to mark the day, on the importance of knowing one's HIV status.

On October 23, our government took the fight against HIV and AIDS to Parliament where Deputy President Kgalema Motlanthe and Health Minister Dr Aaron Motsoaledi launched the HIV Counselling and Testing (HCT) campaign for parliamentarians and all parliamentary staff.

Citing the latest Global HIV Progress Report from the United Nations Programme on HIV/AIDS (UNAIDS), Motlanthe noted that 70 percent of all new HIV infections in 2012 were in sub-Saharan Africa and that 88% of new infections in children under the age of 15 occurred in sub-Saharan Africa. This shows how enormous the HIV challenge still is. In South Africa alone there are 370 000 new HIV infections every year.

A valuable lesson that this country has learned is that political leadership is key in efforts to tackle the epidemic. In April 2010, the president, and Health Minister Dr Aaron Motsoaledi, launched what is regarded as the largest campaign to get citizens of any one country in the world tested for HIV infection. Zuma and Motsoaledi were both publicly tested for HIV and spoke openly about testing and its importance. In South Africa, between April 2010 and March 2011, 10 million people were tested for HIV.

At a SANAC meeting last April, Motsoaledi announced plans to re-launch the HCT campaign citing the need to move away from sporadic testing campaigns to a more sustained programme. "Testing is an entry point to HIV prevention, care and support. All people receiving counselling and testing get access to condoms. It is also a tool for social mobilisation on HIV and AIDS and TB. It further contributes to the reduction of stigma," he said. He added that he would like the campaign to be supported at all levels of society: "Members of Parliament need to support this campaign. Society must see that their leaders are serious about this."

The launch of the parliamentary HCT campaign preceded the unveiling of a renewed national social mobilisation campaign to encourage South Africans to test for HIV on World AIDS Day 2013. A new drive to rally South Africans around medical male circumcision was also launched.

Studies conducted in South Africa and elsewhere have shown that medical male circumcision – full removal of the foreskin – can protect men from contracting HIV by up to 60% if condoms are used correctly and consistently. The South African government has set a target to circumcise one million men in the next two financial years. ■

"HIV TESTING SHOULD BE THE NORM." DEPUTY PRESIDENT, KGALEMA MOTLANTHE.

LESSONS FROM THE DEATH OF A STAR

Lesego Motsepe, loved by the South African public for her portrayal of Lettie Matabane on the popular SABC 3 soapie Isidingo might still be alive today had she continued taking her AIDS medication. Motsepe made a choice that seemed best for her and ditched ARVs in favour of a special diet and homoeopathic interventions. She was found dead at her home in Randburg, Johannesburg, on Tuesday, 21 January this year.

On World AIDS Day 2011, Motsepe took a brave stand and did what many celebrities would not dare to do at the time by revealing that she had been HIV positive for 13 years and had been taking antiretrovirals for some time.

Fellow celebrities, the media, the public and AIDS activists welcomed her declaration and embraced her as a role model in a country where very few exist. She went on to speak publicly to offer courage, comfort and solace to those living with and affected by HIV and AIDS and those afraid to disclose their status.

But this was to be short-lived. A year later, Motsepe took another brave stand and announced that she had stopped taking her ARVs. Instead, she had started taking alternative treatment consisting of a special diet and homoeopathic remedies. Motsepe disappeared from the public eye as a positive role model for people living with HIV and AIDS. When she resurfaced it was as a statistic of the many who have died from AIDS.

Speaking at her memorial service at the SABC headquarters in Auckland Park, Johannesburg, former Isidingo co-star Hlubi Mboya was quoted as saying she was "heartbroken by Motsepe's death which could have been prevented if she had remained on antiretroviral treatment".

Treatment Action Campaign (TAC) spokesperson, Marcus Low said Motsepe's death was a real tragedy: "It is so tragic when something like this happens … We encourage all HIV-positive people who are eligible for treatment to take ARVs. It is the only proven way to suppress the virus. We wish there was another way but there is none. Some people are naturally resistant to the virus but without treatment the virus will reproduce," Low said.

Motsepe's suspension of antiretroviral treatment might be seen a manifestation of denial that still affects some HIV-infected people. Motsepe is not the first celebrity to refuse ARVs in favour of a diet-based treatment regimen. Popular YFM DJ Fana "Khabzela" Khaba also died a tragic untimely death as a result. Many of us know people who don't get reported on in the news – friends, relatives and partners – who refuse or stop taking ARVs for various reasons or beliefs, with the end result being severe illness, resistance to treatment when resuming taking it, or death.

What this clearly shows is that there is a need for a sustained awareness, and education programmes to encourage people to continue taking their anti-AIDS medicines since HIV is a chronic infection and the only way for them to stay alive, healthy and productive is to be on ARVs. The government treatment programme currently offers treatment to over two million people, but there is a real danger of non-adherence to treatment if we fail to actively follow up and encourage people to stay on treatment. That responsibility is ours as family members, relatives, friends, colleagues, partners, and spouses. It is government's responsibility. It is civil society's responsibility. Before 2003, too many South Africans died for lack of treatment. In the era of treatment availability and upscale, South Africa can ill afford the deaths of people due to lack of belief in its efficacy. ★

SHOW ME YOUR NUMBER HITS THE ROAD

Article supplied by Show Me Your Number

Sports ambassadors, Steve Sekano and Sibongile Khumalo on the road somewhere between Tshwane and Cape Town.

There was a great sense of determination about the journey, the route was planned and nothing was going to deter the group from the cycle tour which departed from Tshwane on World AIDS Day, Sunday, 1 December 2013 and arrived in Cape Town on 7 December 2013. It was a long but enjoyable ride.

Like people the world over, especially in South Africa, we at Show Me Your Number – the Secretariat for the Sports, Arts and Culture sector of SANAC – were deeply touched by the death of Nelson Mandela but continued on our 1 400 kilometre journey as our way of bidding farewell to Madiba. The expedition was led by former professional football players, Steve Sekano and Sibongile Khumalo.

Sekano has played for Orlando Pirates, Jomo Cosmos, Cape Town Spurs and Moroka Swallows. Khumalo played for Soweto Ladies FC and Banyana Banyana and went on to play overseas in Sweden in her prime. Both are ambassadors for Show Me Your Number.

Our strength and determination to start and finish the tour came from Nelson Mandela's words: "Let us give publicity to HIV and AIDS and not hide it because the only way to make it appear like a normal illness like TB, like cancer, is always to come out and say somebody has died because of HIV and AIDS, and people will stop regarding it as something extraordinary".

The Steve Sekano & Sibongile Khumalo HIV Prevention Cycle Expedition formed part of SANAC's activities linked to World AIDS Day and the ICASA Conference that took place in Cape Town from 7 to 11 December 2013.

The team cycled from Pretoria to Cape Town and made stopovers in various towns along the N1 where they engaged community members on issues relating to medical male circumcision, promotion of no discrimination against people infected and affected by HIV, HIV testing and safe sex practices.

Towns visited included Kroonstad, Bloemfontein and Colesberg in the Free State from 2-4 December and Beaufort West, Worcester and Paarl in the Western Cape on the 5th and the 6th. From 8-10 December, we engaged in various HIV prevention activities in the community of Mbekweni, using puppetry performances, soccer matches, dialogues and workshops. For the cycling team, every kilometre travelled meant living the legacy of Nelson Mandela who was a great campaigner in the fight against HIV and AIDS.

With the support of SANAC, we have been able to take the National Strategic Plan on HIV, TB and STIs (NSP) to the doorsteps of the people who live far away from the information hubs in city centres. This expedition will now become an annual event. We will continue the message of promoting HIV Counselling and Testing (HCT) campaign and will mobilise South African men and boys to take up medical male circumcision services.

"As we began our cycle expedition on 1 December 2013, a revitalised HCT campaign and call for men to take up medical circumcision was launched in Piet Retief in Mpumalanga province by SANAC chairperson, Deputy President Kgalema Motlanthe, his Deputy Ms. Steve Letsike representing civil society, and Minister of Health Dr. Aaron Motsoaledi. We carried this message to the far-flung communities and were inspired by the reception and enthusiasm shown. We should do this often!" said Sekano and Khumalo.

This Steve Sekano and Sibongile Khumalo HIV Prevention Cycle Expedition will take place annually as part of Show Me Your Number's legacy activities honouring the gallant act displayed by the family of the fallen soccer hero, Thabang Lebese, whose family disclosed HIV as the cause of his death. We believe that the family's act went a long way towards helping address the scourge of discrimination suffered by those who are HIV-infected. Thabang was an active member of Show Me Your Number. ■

SEX WORKERS COUNT

by Dr Fareed Abdullah, CEO of SANAC and Kerry Mangold, Senior Technical Officer: HIV Prevention (Young Women and Girls)

Picture courtesy African Sex Workers Alliance/Sisonke

A consultative meeting with sex workers and groups representing sex workers and their rights at the International Conference on STIs and AIDS in Africa, held in Cape Town from 7-11 December demonstrated that South Africa needs to recognise the significance of reaching out to sex workers. Sex workers remain marginalised and stigmatised in our communities, which makes it difficult for them to access health services. For the first time, the South African National Strategic Plan (NSP) on HIV, STIs and TB 2012-2016, implemented through the South African National AIDS Council (SANAC), raises the importance of providing HIV prevention, care and treatment to key populations, including sex workers. The provision of services to key populations is seen as one of the highest priority interventions, and the NSP makes it very clear that sex workers need a comprehensive response. This includes treatment, prevention, access to justice, addressing violence and harassment often meted out to them, and the culture of substance abuse amongst sex workers.

All these measures play an important role; studies conducted amongst female sex workers show prevalence levels as high as 59. 6%, compared with 13. 3%. prevalence among females in the general population. Recent research also shows that sex workers and their sex partners and clients account for 20% of all new HIV infections in South Africa. Stated differently, one in every five new infections in South Africa is directly linked to sex work. Despite this staggering statistic, sex workers have previously been marginalised and neglected – especially in respect of their needs for healthcare and HIV services. This compelling evidence that tells us that we can no longer ignore the need to address this sector of our society comprehensively.

The estimated 153 000 sex workers in South Africa are highly vulnerable not only to HIV, but to other sexually transmitted infections (STIs). This is due to multiple factors, including many sex partners, unsafe working conditions and barriers to the negotiation of consistent condom use. Sex workers often have minimal control over these factors because of social marginalisation and the restricted legal framework under which they are forced to work. Alcohol and drug use, and violence further exacerbate their vulnerability and risk.

Structural factors (factors outside the control of individuals which influence their perceptions, their behaviour and their health, including features of the social, cultural, economic, political and physical environment) which place sex workers at higher risk of HIV include the criminalisation of sex work and health systems issues, such as the limited coverage of sex worker-focused services and limited access to female condoms and lubrication.

High unemployment rates and low education levels contribute to the prevalence of sex work in South Africa. Social marginalisation of sex workers, prejudice and discrimination experienced when accessing health and other services add to their vulnerability to HIV infection and to poor health outcomes. Many sex workers use substances and are exposed to high levels of violence – both important risk factors for HIV infection. Unequal power relations between sex workers and their clients and non-commercial partners contribute to suboptimal condom use during sex.

At SANAC, we believe that we need to act boldly to turn the tide among sex workers, their clients and partners, as this

will ultimately turn the tide in the population. The time has come for us to suspend our moral judgments in respect of sex work in the interests of public health outcomes of the nation and upholding and protecting human rights and people's dignity. Similarly, the time has come to focus on prevention and direct our efforts to serving a neglected community, in spite of sex work being criminalised in South Africa.

Although sex work is criminalised in almost every country in the developing world there are numerous examples of very effective programmes to reach sex workers in countries such as India, Vietnam, Cambodia and Kenya. A lot can be done even in an environment where the laws are harsh and strict. But, at the same time, we do need to properly review laws when they become an obstacle to implementing effective programmes.

10 December 2013 was a proud day for SANAC. Consensus around the development and imminent launch of the National Sex Worker HIV Prevention and Treatment Programme was reached at the 17th International Conference on AIDS and STIs in Africa (ICASA), in Cape Town. This envisaged national programme will build existing capacity, coverage and expertise created by various non-governmental organisations that have fearlessly taken up the cause of sex workers in South Africa.

SANAC's responsibility is to ensure that the objectives of the NSP are met. A big part of this is ensuring effective oversight, coordination and management of the programme.

The objectives of the national programme are to:

1. Provide services to sex workers through peer education. This will include providing condoms and lubricant, education services, and psychosocial support. This will strengthen the social capital of the sex work community which we know to be protective for HIV.
2. Smooth the way for sex worker access to health services – particularly STI treatment, HIV testing and ART provision. In order to ensure this, it is critical to deal with stigma in health services.
3. Deal with the human rights abuses and violence from partners, clients and the police. We know that clients of sex workers tend to be more violent than the average South African man. Violence from partners and unacceptably high levels of unlawful arrests and harassment of sex workers by the police must be dealt with.
4. Educate clients of sex workers on the importance of using condoms, the rights of sex workers not to be assaulted and to be paid for their services.
5. Challenge legal barriers to reaching sex workers with services. There is a lack of a legal framework in which the programme for sex workers can operate optimally in South Africa.
6. Provide skills development and income-generating capacity for sex workers who want to leave sex work and address the social and economic factors that force many women into sex work. ■

NIGERIAN ANTI-GAY LAW AFFECTS HIV RESPONSE

Article first published in the *Cape Argus*, 19 January 2014

Local HIV and AIDS research organisations have slammed Nigeria's Same Sex Marriage Prohibition Bill, which criminalises gay marriage and outlaws gay rights groups, saying it could impede the treatment of HIV in that country. Professor Jan du Toit, Director of the Africa Centre for HIV/AIDS Management at Stellenbosch University, said the law could have a "devastating effect" on managing the spread of HIV/AIDS in Nigeria. "What this… means, is that many HIV-positive males or those wanting to find out their HIV status will be reluctant to do so, fearing prosecution from authorities…" he said.

Nigerians who belong to gay rights groups, or try to register such groups, face up to 10 years in prison. Those who "directly or indirectly make (a) public show of (a) same-sex amorous relationship" also risk jail.

A 2012 study by Nigeria's National Agency for the Control of AIDS (NACA) reported a median HIV prevalence rate of 4.6 percent, half a percent lower than in 2008. Among men who have sex with men (MSM), however, the rate was 17.2 percent – about four times the national average. The NACA study found there were "enormous hurdles" to overcome to slow down the transmission of HIV in at-risk groups, such as sex workers and MSMs. It said "increasing stigma and discrimination" was threatening AIDS prevention and treatment.

Dr Fareed Abdullah, chief executive of the South African National Aids Council, said the law was a "big mistake". "It makes it so much harder to reach MSMs. It will definitely affect the HIV prevention and treatment programmes in Nigeria," he said. "There will always be differences of opinion in society. What we need to do, in a time of Aids, is put aside our moral judgments and address the death and disease it is causing. "It is really unfortunate at this time that Nigerian society has decided to turn in this direction."

SANAC SECRETARIAT REPORT:
NSP IMPLEMENTATION

SANAC has the important task of rallying the nation behind a common National Strategic Plan and raising resources for the implementation of the Plan. The Secretariat not only coordinates and supports, but drives the implementation of the NSP. This is done on a number of levels.

The Secretariat has reformed the Programme Review Committee (PRC) formerly known as the Programme Implementation Committee and rendered it highly effective. The Secretariat has actively managed the planning, logistics and content of the PRC meetings to ensure a high quality of discussions and documentation and the efficiency of the meetings. The civil society co-chair of the PRC, Dr Ramneek Ahluwalia, has been elected and participated in the last meeting. There have been four meetings of the PRC where the following policy and programme issues were considered:

- Department of Basic Education (DBE) HIV and TB Policy.
- **Stigma Index Survey:** The Stigma Index Committee, consisting of the National Association of People Living with HIV and AIDS (NAPWA), the Treatment Action Campaign (TAC) the Positive Women's Network and the South African Network of Religious Leaders Living with or personally affected by HIV or AIDS (SANERELA), supported by the HSRC and UNAIDS, presented the proposal to the PRC and has received unanimous approval to undertake the research in 2014. The Stigma Index Survey will measure levels of stigma in at least one district in each province.
- **Access to legal services for PLHIV:** Legal firm Webber Wentzel, social rights group SECTION 27 and the International Labour Organisation (ILO) had several meetings with SANAC's Legal and Human Rights Technical Task Team (TTT) and provinces in an attempt to revive the AIDS Legal Clinic with a key emphasis on educating legal professionals on how to register and maintain records (database) of stigma and discrimination cases and facilitate access to legal services. The PRC approved the proposal to conduct provincial dialogues and to pilot the HIV and TB Legal Clinic in four provinces – Gauteng, KwaZulu-Natal, Mpumalanga and the Eastern Cape.
- The PRC also reviewed work on the National Sex Worker Programme, alcohol and HIV, supporting the banning of alcohol advertising, and the National Department of Health (NDoH) HIV prevention strategy.

YOUNG WOMEN

The Secretariat has highlighted the importance of tackling new HIV infections in young women between the ages of 15 and 24 following a presentation to the SANAC Plenary and further work with the Prevention TTT. It should be noted that in the NSP this target group is identified as the most vulnerable. The Secretariat has worked hard to appoint a sixth Principal Recipient for Global Fund money, which will open a new front in this battle. The programme will reach 18 000 young women, mostly in informal settlements with a comprehensive multi-pronged intervention. In addition, the Secretariat has partnered with JHHESA and the Department of Women Children and People with Disabilities (DoWCPD) to implement the ZAZI campaign.

SEX WORKERS

The Secretariat has worked closely with the Sex Worker Sector to design and plan a national sex worker programme that draws from international best practice. The programme has commenced and will reach 33 000 sex workers in all nine provinces through a peer educator led intervention. The programme adopts a human rights approach. The Secretariat has interviewed candidates for a national programme manager position. Funds will be provided from the Global Fund and PEPFAR.

MIGRANT AND MOBILE POPULATIONS

The Secretariat has made substantial progress in terms of coordinating, leading and supporting the country response to migrant and mobile populations. SANAC's achievements include fostering dialogue between government, civil society and other stakeholders through the establishment of a national forum on migrant and mobile populations and a technical working group. The Secretariat also works very closely with the Department of Transport to strengthen the coordination of their response to HIV within the sector. SANAC has mobilised funds and will be leading a national size estimation study on mobile and migrant populations scheduled to begin this financial year.

RELAUNCHING HCT

The Secretariat has provided extensive support to the NDoH to implement the re-launched HIV Counselling and Testing (HCT) campaign. HCT levels dipped in the last financial year to a four-year low of 8.9 million tests. This slump led to a decision at the SANAC Plenary to revitalise the HCT campaign. The Secretariat has run HCT revitalisation workshops in seven of the nine provinces and also co-chairs the NDoH HCT campaign nerve centre. The HCT campaign was re-launched on WAD 2013 with the Deputy President,

Kgalema Motlanthe, publicly taking a test. The NDoH set a target of 13 million tests for the current financial year. This will require a major effort and the Trust will have to increase its investments in time and money to support this campaign.

STRUCTURAL DRIVERS

Progress is being made with respect to addressing the structural drivers of the epidemic. The Secretariat, working with the Social and Structural Drivers TTT, has identified the following six priority areas for policy reform, advocacy and programme implementation:

- Substance abuse, with a particular focus on alcohol
- Mental health and behaviour
- Poverty and sustainable livelihood
- Migration and mobility
- Gender-based violence
- Gender and sexuality (masculinity)

ADDRESSING HUMAN RIGHTS

Progress is being made in respect of Strategic Objective 4 (Human Rights and Access to Justice) and the TTT has proven to be extremely capable. The issues that are being tackled are the following:

- A legal framework for sex work, including a closer working relationship with the police commissioners to stop police brutality against sex workers.
- Access to justice through legal services.
- Weaknesses in the Sexual Offences Act in respect of children.
- Stigma.
- Establish and address the reason for cases being withdrawn from Thuthuzela Care Centres.

MONITORING AND EVALUATION

Progress is finally being made on the M&E front in respect of both staffing and commencement of crucial M&E activities. An M&E Manager has been appointed and further expansion of the team is planned over the next year to include M&E positions at provincial level. Measuring of the internal monitoring of performance against predetermined objectives is in progress.

Work has commenced on supporting M&E in the sectors and in the provinces with a focus on building the M&E structures and enhancing data quality management. M&E tools are developed and are being disseminated to the sectors.

Plans are underway to produce the first Annual NSP M&E report. A contract is being negotiated with a partner to develop this report of the NSP. The report will measure progress made in the achievement of the set NSP impact and strategic objectives indicators. The report is due for completion by March 2014.

SUPPORTING GOVERNMENT

Support to government departments is provided through fundraising and technical assistance. The following technical assistance has been provided to government departments to enhance their implementation of the NSP:

- DoWCPD: SANAC has HIV, human rights and gender review workshops in Mpumalanga, KZN and Eastern Cape. SANAC has also supported the department by providing technical inputs. The young women and girls programme manager from SANAC attended the KZN gender-review workshop. The workshop was chaired by the Deputy Minister of the departmnet and attended by the premiers of the province. SANAC gave a presentation on South Africa's progress towards, and challenges in, achieving UN Political Declaration target 7 (which focuses on gender inequality and gender-based violence) and assisted with the facilitation of the session and providing inputs into the workshop report.
- DBE: SANAC has provided written technical inputs to the DBE's HIV and TB policy through the Prevention TTT.
- NDoH: SANAC, through its Prevention TTT, has discussed and provided feedback to the NDoH on their HIV prevention strategy.
- Sexual HIV Prevention Programme (SHIPP): Under SANAC's leadership, the SHIPP programme recruited and placed technical assistance (costing and budgeting, Monitoring and Evaluation, etc.) to five government departments: DBE, the Department of Social Development (DSD), NDoH, SANAC and the Presidency.

The biggest impact of the Secretariat in the support to government departments has been through the mobilisation of funds through the Global Fund (GF). The GF Grant for Oct 2013 to March 2016 contributes the following (directly and indirectly) to each of the government departments:

- National Protection Authority (NPA): 6,824,129 USD for the Thuthuzela Care Centres and Domestic Violence Courts.
- DBE: 3,282,082 USD for teachers' survey and programmes to keep girls in school.
- Department of Higher Education and Training (DHET): 3,946,325 USD for programmes for MSM and then to roll out the HIV package of prevention services to all Further Education and Training (FET) Colleges and expand those in universities.
- DSD: 2,179,349 USD directly for the employment of data capturers and 17,442,626 USD indirectly for Orphaned and Vulnerable (OVC) services.
- NDoH: 116,476,916 USD for antiretroviral treatment (ART) drugs, Central Procurement Unit (CPU) and Direct Distribution Centre (DDC) and drug delivery system.
- Western Cape Department of Health (WCDoH): 24,074,921 USD for ART drugs, personnel, M&E.
- NDoH also indirectly supported by 34,745,389 USD through the provision of medical male circumcision (MMC), ART adherence support and drug resistance monitoring testing and 16,515,836 USD for management of multi-drug resistant (MDR) TB.

A total of 154,362,250 USD goes directly to government departments.

A LIFE WELL LIVED

The evening of the 5th of December 2013 was like no other for South Africa. The stars that offered light seemed bleak and dark. As night beckoned for the dawn, it ushered in a new chapter, albeit sad and painful. Nelson Rolihlahla Mandela, the first democratically elected president of South Africa, was no more. Although his death was expected due to his unstable health over a long time, the pain and sadness over his loss is heartfelt. Nelson Mandela was an iconic world leader who dedicated his life to fighting the injustices of apartheid and defending the rights of the down-trodden. He was also a unifier of the oppressor and the oppressed. Loved by many he truly was the father of our nation.

Nelson Mandela was instrumental in raising global awareness of HIV/AIDS, particularly after his single term of office between 1994 and 1999. After this, he became a global voice in the fight against the epidemic. His most prominent contribution was through the 46664 campaign, a music-led HIV/AIDS awareness campaign which derived its name from his prison number during his imprisonment on Robben Island. Mandela financed a number of HIV/AIDS projects through the Nelson Mandela Foundation and the Nelson Mandela Children's Fund, from scientific surveys to programmes for AIDS orphans. Mandela had a deep love of humanity, and children in particular.

On January 6, 2005, Mandela lost his only surviving son, Makgatho Mandela, to an AIDS-related illness. At a time when many people were silent because of the shame and stigma that AIDS attracts, Mandela was bold enough to announce the cause of his only son's passing.

"Let us give publicity to HIV/AIDS and not hide it, because the only way of making it appear to be a normal illness, just like TB (tuberculosis), like cancer, is always to come out and say somebody has died because of HIV," Mandela said shortly after his son's death.

In June last year, while he was fighting for his life in hospital, the head of the UN AIDS prevention agency hailed Nelson Mandela for his role in breaking the silence and shame surrounding the deadly disease. "He was the one who really helped us break the conspiracy of silence," said Michel Sidibe, the executive director of UNAIDS, in an interview with French news agency, AFP. "His legacy is that of non-discrimination, inclusiveness, and making sure that we will continue to fight for the rights of people without rights ... That is what he brought to the fight against HIV/AIDS."

Such selflessness and dedication is the kind of force that South Africa needs to break the back of the HIV epidemic.

"Mandela played a significant role behind the scenes in 2002 – 2003 to change the government's policy on antiretroviral treatment," said CEO of the South African National AIDS Council, Dr Fareed Abdullah. "He visited the first public sector anti-retroviral treatment programme in Khayelitsha, Western Cape, and publicly declared his support for treatment. During his visit, he told people that he was paying for a university student's ARV treatment and has seen her rise from her death bed and live a purposeful and successful life," recalls Abdullah.

"We salute the leadership Nelson Mandela has provided in raising awareness around HIV/AIDS, especially through his 46664 campaign. We also salute him for his role during a difficult time in 2003, when he lent his support to ensuring that people living with HIV access appropriate treatment and services," said Mmapaseka "Steve" Letsike, deputy chairperson of SANAC and chairperson of the Civil Society Forum. "uTata Madiba's steadfastness, courage, dedication and pledge to the liberation of South Africa and the people of Africa against apartheid, racism, sexism and homophobia, amongst others, will continue to be an example of strong leadership, great devotion and patriotism."

The South African National AIDS Council and, indeed, the HIV community, can never thank Mandela enough for his role and contribution in our cause. We say: *Ndlela nhle! Lala ngoxolo! Tsela tshweu tata Nelson Rolihlahla Mandela!* ■

IS AIDS FINALLY ON THE RUN?

This article was first published in the Financial Mail *on 6 December 2013.*

The war against HIV has at times seemed more like a battle between David and Goliath. But if history has proved anything it's that giants can be brought down. Will we one day find our proverbial pebble and slingshot to slay the infectious killer or will it prove to be societal transformation which saves the day? What we do know is that we are making positive advances and now is the time to give the battle everything we've got. It's time we put AIDS on the run, once and for all.

South Africa remains the country with the most cases of AIDS. According to statistics produced by UNAIDS, South Africa accounts for 0.7% of the world's population yet it is home to 16% of the global HIV population. The Human Sciences Research Council (HSRC) conducted a household survey in 2012 which revealed that 12.3% of our population is living with HIV.

These may seem like formidable statistics – and they are – but when we note just how far we've come over the past five years we realise that the picture is far brighter than it first appears. Associate Scientific Director for the Centre for the AIDS Programme of Research in South Africa (CAPRISA), Professor Quarraisha Abdool Karim is extremely optimistic. "Never before have we had such a confluence of information around treating and preventing HIV. Scientifically, we are at a very promising point in time," she maintains.

"NEVER BEFORE HAVE WE HAD SUCH A CONFLUENCE OF INFORMATION AROUND TREATING AND PREVENTING HIV."

Her enthusiasm stems not only from breakthroughs in technology, but also from the incredible commitment to combating the virus which the South African Health Department has demonstrated. Under Dr Motsoaledi's leadership, South Africa has managed to develop one of the largest treatment programmes in the world – 82% of those in need of antiretroviral treatment (ART) are receiving it. To put it into context, one in every 5 people in the world who are receiving ART live in South Africa.

The current statistics around HIV testing are encouraging: 13 million people were tested for HIV between 2010 and 2011. Programmes rolled out by the Health Department have reflected sound strategy, with the critical first step of encouraging South Africans to test their HIV status having been well executed. A significant barrier to testing has been the stigma around HIV and the tendency of people to avoid the issue altogether - which is exactly why the current number of individuals receiving treatment is a truly remarkable feat.

"Over two million people are now on antiretrovirals (ARVs), which is 31, 5% of the people who are infected," informs Director of Health Economics and HIV/AIDS Research Division (HEARD), Professor Alan Whiteside. "It's an absolutely astonishing achievement."

Treatment of pregnant women has been a strategic area of focus for governing bodies. CEO of the South African National AIDS Council (SANAC), Dr Fareed Abdullah, reveals that there has been a drastic decrease in the number of children being diagnosed with HIV, largely because of the impressive upscale in ART for pregnant women. "Pregnant women were the first to gain access to the one pill per day ART programme and consequently we've seen a 90% reduction in transmission from mother to child," he provides.

Male medical circumcision is known to reduce the risk of contracting HIV amongst men by 60%. Not surprisingly, it too has been a priority for the national Health Department with one million men in South Africa having already been circumcised and there is a future target of 4.2 million circumcisions in the pipeline.

Antiretrovirals remain the most advanced innovation for the treatment of HIV. Because ARVs are now so prevalent, it's sometimes too easy to forget just how ground breaking the treatment has been. According to data from the Medical Research Council, the antiretroviral treatment programme in South Africa has led to an increase in life expectancy for all South Africans by six years since the programme was scaled up three years ago. In 2009, the average life expectancy for the average South African was 54 years, but by 2012 this had risen to 60 years. As one of the most common and debilitating infections associated with HIV, the improvement to the general well-being of those living with AIDS has been life-changing.

Abdool Karim notes that not only have ARVs meant that now we are seeing people who were previously bed-ridden with TB normalising as well as women over 30 who were dying in substantial numbers now surviving, but we are

also starting to see communities flourish as the knock-on effect takes place throughout the country's economy. "ARVs opened up an entirely new era in HIV treatment," she points out.

Innovations in treatment continue to take place. According to Whiteside, there are huge numbers of people working on ways in which to improve and enhance the drugs currently available, simultaneously seeking out ways to make them cheaper.

Among areas of particular focus is co-formulation. When ARVs were first introduced to the public, patients were required to take a substantial number of pills every day. While at the moment treatment sits at just one pill per day, efforts are being made to increase the intervals between which medication must be administered. Abdool Karim explains that getting people to adhere to long-term prescriptions has been a major challenge and one which future innovations will hopefully address.

The microbicide gel has given South African researchers, and indeed the country as a whole, reason to celebrate. The fact that most preventative measures on the market are only suitable for men has been a major cause for concern. It's recently been discovered that ARVs in tablet form can help prevent HIV-free individuals from contracting the virus from their partners, but now scientists have found that by formulating a gel which can be applied directly to the genital tract, the drug's ability to abort the HIV infection is far greater. "If we can prevent the virus from getting into the blood stream, we can also reduce the side effects," says Abdool Karim. What's more, the drugs become active within 15 minutes.

Health officials are taking steps towards the manufacture of microbicides in South Africa and will also be focusing on the development of alternative preventative measures designed specifically for women. Over the next five or ten years, we may see the introduction of innovations such as implants and injectables geared towards helping prevent women from contracting HIV.

At the moment HIV patients with a CD4 count of 350 or less are put on to ARVs. However, according to Abdullah, research indicates earlier intervention can help to prevent transmission from infected individuals to their partners. As a result, government is now considering placing individuals with counts of 500 or less on treatment, although the cost of such an initiative needs to first be assessed.

Whiteside maintains that while South Africa has performed exceptionally well in managing to provide HIV patients with treatment, there are still major shortcomings to be addressed as far as prevention is concerned. Around half a million people contracted HIV in 2008 – a figure which had decreased considerably to 370 000 in 2012. But as Abdullah asserts, the figure is still far too huge, and considering that 240 000 people died from AIDS in 2012, we are far from where we need to be.

"AIDS HAS A WAY OF FINDING US OUT WHERE WE'RE WEAK."

We may have reached a point in time where we have the technology required to resolve most of the challenges presented by HIV, but all that may prove to be of little use if there aren't some massive changes in social behaviours.

"South Africa's response to the HIV epidemic has changed dramatically; we've been hugely successful in putting people on treatment, and hundreds of thousands of people are now surviving. My concern is that we have still not cracked the prevention code.

We have to find a way of ensuring that the pool of people who need treatment does not continue to fill," comments Whiteside, in reference to the need for more responsible behaviours.

The social barriers to achieving this reach across a number of pressing issues; challenges such as gender relations and xenophobia which need to be addressed in order to successfully catalyse large-scale social change. Whiteside captures the complex and destructive nature of the HIV virus well when he says that "AIDS has a way of finding us out where we're weak".

Breakthroughs in research and technology have provided us with formidable weapons to wage a brutal battle, but a drastic change in the way that people think and behave is required – and that may ultimately prove key to winning the war.

The rate of infection among young women is a battle ground which requires particular attention. Current statistics in this area are alarming. "Not only do young women contract HIV on average five to seven years before men, but their infection rate is also three times higher," reveals Abdool Karim.

She says that preventing adolescent women from contracting HIV is the potential Achilles heel in South Africa's fight against AIDS. "If we can find a way to keep young women uninfected, then we may well be able to say that the end is in sight."

Pushing for a reduction in HIV transmission among women between the ages of 15 and 24 will require substantial investment in educating the public around inter-generational and transactional sex. Abdullah explains that older men who are already infected with the virus are inclined to have sex with younger women – a scenario which is currently driving the entire epidemic. "We have to make this an area of highest priority," he maintains.

Other key populations which need urgent attention include those which have previously been marginalised by society. Sex workers, homosexuals, prison inmates and drug users are all groups which require crucial intervention in the form of preventative treatments. "It's an absolute indictment on our society that we have not looked after these communities," laments Abdullah. "We all need to learn to suspend our moral judgement in the interest of our nation's health."

In line with this, SANAC is working towards launching the first South African National Sex Worker Programme to

address HIV and AIDS among sex workers.

An entirely different battleground is the cost of managing HIV, most particularly in conjunction with other lifestyle-related diseases. Organisations such as Aid for AIDS (AfA) are conducting research into the co-management of HIV and other common illnesses. Through enhanced management of multiple conditions, the AfA has been able to reduce hospitalisation costs by up to 71%.

A miraculous cure for HIV continues to elude us and may ultimately prove unreachable in spite of the fact that there have been isolated cases of HIV-infected people who have managed to break free from the virus.

The world was set a twitter with the news that Timothy Brown, otherwise known as "The Berlin Patient" had tested negative for HIV after having been diagnosed with leukaemia and undergoing a stem cell implant. More recently a Mississippi toddler has been confirmed to be HIV-free as well. The child, who was born with HIV and dosed with high doses of antiretroviral drugs just hours after her birth, continues to show no signs of the virus whatsoever.

Cases such as these are greatly inspiring but as Whiteside cautions, there are 34 million people around the world living with HIV and two of them have been cured. Incidents such as these in which circumstances have aligned perfectly to create real miracles are rare in the extreme and can unfortunately not be reproduced on a larger scale.

But do these reports still give us reason to hope? Absolutely - largely because they provide leading researchers with the necessary clues to point them in the right direction. If the global community is ever to reach that elusive cure, these developments will provide the stepping stones.

Equally as remarkable as a cure would undoubtedly be the development of an AIDS vaccine. Imagine a futuristic society in which HIV is referred to in the past tense. In fact, Abdullah is of the opinion that the only way to truly close the door on the dreaded disease forever would be to achieve exactly that. "The end game will have to do with developing a vaccine," he believes.

While we may be years away from such a game-changing development, research into the production of a vaccine has seen a resurgence. Right now there is more work being done to develop a vaccine in South Africa than anywhere else in the world. "If a vaccine is going to be developed, it will be done in South Africa," Abdullah asserts, though he cautions that a great deal more time and investment is needed in order for this to happen.

In the meantime, health officials need to launch a full scale attack on all fronts. Not only do they need to continue driving and improving on programmes which have been working well but they also need to institute new drives in critical areas. Abdullah summarises the necessary course of action with the following: "Current steps need to include doubling the number of people we have on treatment, starting treatment earlier and investigating further innovations," he argues. "But the single biggest thing we need to improve on is behavioural change."

What does the future hold for HIV in South Africa? At the moment it seems impossible to say. What matters most now is that we throw everything we have at this deadly tyrant. Let's hope that the answer to our final question is – no future at all. ■

NEW APPOINTMENTS

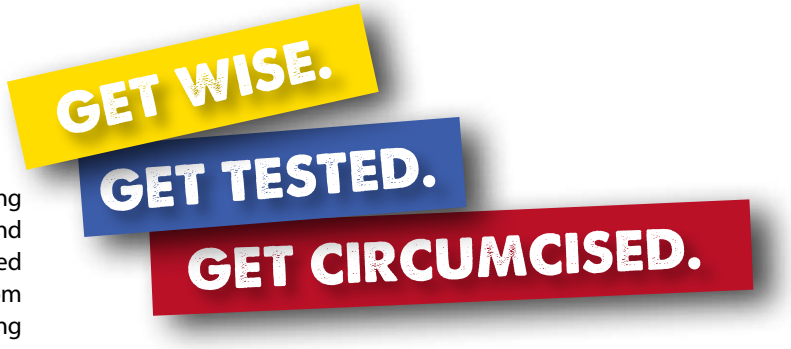
We welcome **Nonhle Mkhwanazi** to the SANAC family. Nonhle is our newly appointed Procurement Officer. She brings with her considerable experience in the procurement field, having previously worked for the Department of Health, South African Medical Research Council and the Western Cape Gambling and Racing Board. "It is a pleasure to join the SANAC Trust and I am looking forward to a fruitful working experience," enthuses Nonhle.

Andrew Nair also goes by the nickname, King. He has taken up the position of Finance Administrator in the Finance unit of SANAC. "I had previously been working for the National Department of Health (NDoH) for four years in the Supply Chain Management, Asset Management Unit," he says. "My nickname, King, comes from my attitude. I always go the extra mile to help my colleagues. That's why everyone at the NDoH called me King," he adds.

Kanyisa Sunduzwayo is another of the latest additions to the SANAC staff and is based within the National Strategic Plan Implementation Unit as an administrator. Ms Sunduzwayo is a Journalism graduate who previously worked in news reporting. She joins us from the Administrative Support Division of the National Pharmacovigilance Centre at the Department of Health.

THE STATE OF OUR HIV RESPONSE

by Dr Fareed Abdullah
CEO of SANAC



About six million South Africans are living with HIV. Estimates range between 5.4 and 6.4 million. The estimate of 6.1 million used by SANAC and the NDoH is generated from the UNAIDS sponsored Spectrum Model and uses HIV testing data from the government's annual HIV survey of pregnant women and the recent household survey conducted by the Human Sciences Research Council.

Six million is a staggering statistic by any measure. Stated differently, 18% of adults between the ages of 15 and 49 – almost one in five – are HIV positive. Although South Africa accounts for 0.7% of the world's population, we make up 16% of all people living with HIV globally. HIV has been the single largest cause of premature death of adults and children for more than a decade.

The tide, however, is turning and South Africa is finally getting on top of the problem. The most important change has been the government's decision to provide antiretroviral treatment. More than two million South Africans are now on antiretroviral treatment. It is true we have the largest HIV epidemic in the world, but we can proudly claim that we also have the largest antiretroviral treatment programme in the world. Without treatment almost all two million people on treatment would be dead within two years.

The ART programme is measurably reversing the effects of HIV. Life expectancy has increased from 54 to 60 years between 2009 and 2012 and infant and child mortality has decreased by 25% over the same period. These findings of the Medical Research Council made headlines in medical journals across the world and removed any doubt of the powerful effects of scaling up the treatment programme for adults and pregnant women.

The widespread availability of antiretroviral treatment has given hope to millions of South Africans and it should give hope to the nation that we may yet climb out of a deep dark hole that had the scary potential to bury us all.

World AIDS Day 2013 was an occasion to reflect with gratitude on three counts that have caused us to be in a much better place than we were a decade ago. The first is that we have Aaron Motsoaledi as our Minister of Health. He has provided the clarity of vision and the drive that was essential to unlock the potential that exists within our health system to do remarkable things. Now we know that in many other areas the system is failing, but when it comes to antiretroviral treatment its success is extraordinary.

The unsung hero in the antiretroviral treatment success story is the Treasury. Treasury officials have always been committed to funding antiretroviral treatment – even in the dark days of denialism.

As we commemorated World AIDS Day, we were buoyed by the commitments that the Treasury has made to continue funding the scale up of antiretroviral treatment even in a constrained fiscal environment. Government has provided funding to increase the number of people on antiretroviral treatment by an additional 1.5 million by 2016.

With the right tone from the top and the funding from the holders of the purse strings the scene was set for the doctors, nurses and pharmacists to make the programme work, patient by patient until we arrived at this staggering number of two million people on treatment. These are the real heroes of the struggle against HIV.

Though great progress has been made, we are not out of the woods by any means. We still have a massive problem with new infections. In 2012 alone, there were an estimated 370 000 new infections in South Africa. This means that we have to turn our attention to stemming the tide of new infections. Much of this work is about changing patterns of sexual behaviour and effectively implementing prevention methods that we know work.

The biggest drivers of unsafe sex are structural. Older men with a greater accumulated risk of HIV exposure are infecting younger women. This is a major driver of HIV in South Africa and accounts for a significant proportion of new infections. The age-sex disparity is so marked that we now see that the infection rates in young women between the ages of 15 and 19 are three times higher than their male counterparts. This age-sex disparity is often driven by the poverty of young

by Dr Fareed Abdullah
CEO of SANAC

women and results in what we now call transactional sex. Reversing this trend of intergenerational and transactional sex may be the single biggest change we need to see to turn the tide against new infections.

Gender inequality and gender based violence are key drivers of HIV transmission. At the moment, it would appear that we may even be moving backwards when it comes to this key driver. So much more needs to be done and the AIDS movement in this country has a critical role to lend its weight to the institutions and NGOs doing battle with this scourge. Alcohol, and binge drinking amongst young people, is well described to be associated with HIV infection and SANAC must join forces with those who are taking on this battle.

At SANAC we take the view that we could achieve a great deal more if we did the things that we know work and did them well when it comes to prevention. Promoting the use of condoms in ways that significantly increase their use in a way not seen before is high on our agenda. The two most effective prevention methods available to us at this time are HIV testing and medical male circumcision.

HIV testing is the key to both prevention of HIV and access to antiretroviral treatment. HIV testing has to become common place in a country where the risk of contracting HIV is so high. Every visit to the clinic for someone who does not know their status or who is negative should be associated with a test for HIV. Testing should be available in the community and through all NGOs. Medical male circumcision - and it must be emphasised that this has to be the complete excision of the foreskin (traditional circumcision are often partial) - reduces the risk of HIV transmission in men by up to 60%. The Department of Health has set a target of circumcising 4.2 million men by 2016. These are the reasons that the clarion call for the last World AIDS Day going into 2014 is 'Get Wise. Get Tested. Get Circumcised.' ■

When the management team worked with our internal audit unit to identify the biggest risks facing the Secretariat we agreed that the top three risks were communications, human capacity, and monitoring and evaluation.

There has been good progress with communications. SANAC now has a fully functional website that has 6000 to 8000 visits a month, and the quantity and quality of the content has vastly improved. We encourage you to visit the site at www.sanac.org.za and give us feedback about what you would like to see on the website. The Secretariat has developed a good network with journalists and communications officers in government departments and NGOs and now has the infrastructure to print publications, produce advertorials and public service announcements for radio, print and television media. Social media is under development and will grow with time.

Behaviour change communication received a major boost when Soul City was selected as a sixth Principal Recipient to manage a Global Fund grant that aims to reduce new HIV infections in young women. The Secretariat, working with government and civil society representatives in the Country Coordinating Mechanism (CCM), set a high bar in the process of selection. There was an open competitive process and all major South African institutions working in this field submitted applications. A technical review panel and selection committee then brought two finalists to the CCM meeting where a final decision was made. The process was independently audited and closely monitored by the Global Fund's Local Fund Agent. The programme's chief target is young women informal settlements.

Progress is finally being made on the M&E front in respect of both staffing and commencing the crucial M&E activities. An M&E Manager has been appointed and further expansion of the team is planned over the next year to include M&E positions at the provincial level. Plans are underway to produce the first Annual NSP M&E report. A contract is being negotiated with a partner to develop this report of the NSP. The report will measure progress in the achievement of the set NSP impact and strategic objectives indicators. SANAC's role as the central location for collation and analysis of data relating to the NSP is paramount. Much more needs to be done in this area.

Finally, human capacity is being strengthened at the Secretariat. There are now 17 staff on the SANAC payroll and further recruitments are under way with priority being given to strengthening the components dealing with donor coordination and provincial and sector support. Most important has been the development of the administrative infrastructure for building capacity. HR policies and procedures are in place as are contracts for all staff. In the coming year there will be greater emphasis on staff training and the introduction of a system of performance management.

A luta continua. ■

GET WISE.

GET TESTED.

GET CIRCUMCISED.