

SANAC NEWS



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Board of Trustees announces appointment of Acting CEO

- *Comms Team*



In view of the end of the fixed term employment contract for Dr. Fareed Abdullah, who has served as CEO of SANAC for the last 5 years, SANAC's Board of Trustees would like to thank Dr. Abdullah for his significant contribution in which he led SANAC through a transformation that has strengthened the organisation.

The Board would like to announce the appointment of Dr. Malega Constance Kganakga as acting CEO, effective 1 February 2017 to 30 April 2017. Dr Kganakga is currently SANAC's Executive Manager for the National Strategic Plan Unit.

The recruitment process of the CEO is at an advanced stage and expected to be concluded during this period. ■

Deputy President Cyril Ramaphosa appoints new Acting Board Chairperson

- *Comms Team*



Deputy President Cyril Ramaphosa, in his capacity as chair of the South African National AIDS Council (SANAC), on Monday 13 February 2017, announced changes in the leadership of the South African National AIDS Trust.

"Following the appointment of Dr Gwen Ramokgopa as Gauteng Member of the Executive Council (MEC), I have accepted her resignation as a Trustee of the South African National AIDS Trust, which is responsible for overseeing the Secretariat of the South African National AIDS Council (SANAC)" said Deputy President Ramaphosa.

"I thank Dr Ramokgopa for her valuable contribution to the Trust and look forward to working with her further as she steers government's AIDS response in Gauteng" said Deputy President Ramaphosa.

"To ensure stability and continuity, I am happy to announce the appointment of Dr. Ayanda Ntsaluba as acting Chair of the Trust. Dr. Ayanda Ntsaluba has been a member of the Trust for the past two years" continued Deputy President Ramaphosa.

Dr Ntsaluba is a former Director-General in the Departments of Health and International Relations and Co-operation.

"His immediate task includes the finalisation of the process of appointing the Chief Executive of the Trust (SANAC Secretariat), a position vacated by Dr Fareed Abdullah at the end of January this year" said Deputy President Ramaphosa.

Noting the excellent contribution to the work of SANAC done by Dr Abdullah, Deputy President Ramaphosa wished him well in his next assignment. ■

Official statement from the Office of the Deputy President

NSP 2017-2022: Where are we now?

Interview with Dr. Nevilene Slingers

- Nelson Dlamini



"This document reflects the lessons learnt from the ending NSP and what helped shape the objectives of the new one. The steering committee is now finalising the objectives of each goal of the NSP 2017-2022."

Dr. Nevilene Slingers

How far are we with the finalisation of the new NSP?

It was initially supposed to have been launched on World AIDS Day (December 1, 2016) however, a request was tabled to launch it on World TB Day since TB is the leading cause of death to people living with HIV. Our Health Minister, Dr. Aaron Motsoaledi has been instrumental in shining the spotlight on TB at UN level. So, on World AIDS Day we launched a document tabling the Goals and Objectives of the new NSP with the theme, 'Let Our Actions Count'. This document reflects the lessons learnt from the ending NSP and what helped shape the objectives of the new one. The steering committee is now finalising the objectives of each goal of the NSP 2017-2022.

What were some of the challenges during the development process?

We wanted to be as thorough as we possibly can on the new NSP and so we wanted to interrogate everything and properly scrutinize the current data. We also wanted to ensure that everyone is heard. As you can imagine, consolidating input from all stakeholders was a bit of a challenge. Also, we're currently operating under trying economic times and considerable financial constraints so things haven't been easy. There were also a few technical challenges which posed the questions such as, 'Do we know enough? Are we going to adequately address all the issues before us and, how far can the NSP go' because it is affected by many other challenges in our society. For example, we advise young girls against "blessers" but, is the environment in which they live in favour that? We need to be cognisant of what drives them to blessers in the first place and deal with those issues.

What were the highlights?

The consultations held in September last year were very helpful, especially the 2-day civil society consultation which was well attended. We held successful engagements that really helped inform a lot of decisions going forward. I really appreciated the willingness in people to engage. The community voices were incredibly interesting. We also learnt a lot about what people are doing out there in response to HIV, TB and STIs.

What excited you the most in the process?

The emphasis on impact! What are the best choices to make that will yield the desired outcomes?! What does the data and evidence we have taught us going forward and, how will that help us reach our targets?! The interesting discussions we held with civil society and the important role they play. ■

New leaders, new ideas and new approaches for CSF in 2017

- *Comms Team*



SANAC's Civil Society Forum (CSF) is in for a busy year as it prepares to elect new sector leaders in February.

According to CSF Chairperson, Steve Letsike, the newly elected leaders will have to work with the Forum to ensure they remain vigilant and committed to the principles of CSF. 2017 is also the year where the Forum will adopt a new strategy to strengthen the gains made by the Forum. "We'll have to bring up new advocacy approaches and hold each other accountable," Letsike said.

She called for civil society leaders to be true representatives of the communities and constituencies they serve.

Priorities

Reflecting on the work of the CSF over the last five years, Letsike noted that the CSF needed to do more to push for a prevention agenda in order to turn the tide against HIV and TB.

"We have 7 million people living with HIV in South Africa and we have about 45 million who are assumed to be HIV negative. We need them to test so we can be sure what we're dealing with. We need clear, cutting-edge interventions at provincial level because

that's where implementation takes place. At national level, we're concerned with advisory, accountability, governance, strategy and advocacy," she added.

Letsike challenged the Civil Society Forum to talk less and do more in 2017. She also said that the CSF Priorities Charter, a 5 year plan which sets out the priorities for sector leaders, will help pave the way for the incoming leaders.

Challenges and highlights

The CSF Chair expressed concern over the limited financial resources that hampered the work of civil society sectors. Nevertheless, the Civil Society Forum has managed to accomplish a lot with very little and can be proud of its achievements.

"The commitment by sector leaders even in the midst of struggles was humbling. CSF leaders have selflessly volunteered their time in fighting HIV, TB and STIs without expecting or receiving any compensation. There are good programmes currently running, such as the "A re dlale safe" campaign by the Sports, Arts and Culture Sector and the "First things First" by the Higher Education sector and many others." ■

HIV vaccine trial begins in South Africa

- *Kanya Ndaki*



The largest and most advanced HIV vaccine trial to be undertaken in South Africa was launched in Soshanguve on 30 November 2016.

"This is the most important trial in the history of the country," SANAC CEO Dr. Fareed Abdullah told the audience at the launch.

Here are six things you need to know about the groundbreaking HVTN 702 trial:

What is the HVTN 702 study?

HVTN 702 is a large, advanced-stage vaccine study testing whether a combination of two vaccine candidates can safely prevent HIV infection in South African adults. The study vaccines do not contain whole, active HIV, and cannot cause HIV infection or AIDS.

Half of the participants in HVTN 702 will be assigned at random to receive the vaccine candidates, and the other half will receive a placebo. A placebo is an injection without any study vaccine in it. In this study, the placebo is sterile salt water. Neither the participants nor the study team will know who receives which type of injection until the end of the study.

Participants will receive a total of five injections over one year and then will be followed for another two years.

On what are the HVTN 702 study vaccines based?

The vaccines in HVTN 702 are based on the ones tested in the only study to-date to show that vaccines can protect people from HIV infection: the RV144 vaccine study, which took place in Thailand from 2003 to 2009. The RV144 vaccines were found to be 31 percent effective at preventing HIV infection.

For the HVTN 702 study, the RV144 vaccines have been adapted to the HIV subtype that predominates in southern Africa. The vaccines also have been adjusted to try to elicit greater, longer-lasting protective immune responses than were seen in RV144.

Who is participating in the HVTN 702 study?

Approximately 5,400 healthy, sexually active South African men and women aged 18 to 35 years will participate in the HVTN 702 study.

Where is the HVTN 702 study taking place?

The HVTN 702 study is taking place at 15 sites across 5 provinces:

- Gauteng: Pretoria (2 sites), Soweto (2 sites), Tembisa
- KwaZulu-Natal: Durban (3 sites), Ladysmith
- North West: Brits, Klerksdorp, Rustenburg
- Eastern Cape: Mthatha
- Western Cape: Cape Town (2 sites)

When did the HVTN 702 study begin and when will it end?

The first participant was enrolled in HVTN 702 on Oct. 26, 2016, and results are expected in two to four years.

Who is funding the HVTN 702 study?

The National Institute of Allergy and Infectious Diseases (NIAID), part of the U.S. National Institutes of Health, is co-funding the HVTN 702 study with the Bill & Melinda Gates Foundation and the South African Medical Research Council. The study is estimated to cost US\$130 million (R1.9 billion). ■

With input from the Medical Research Council

Gauteng progress report

- Comms Team

Update | POSITIVE

GAUTENG STRATEGIC & IMPLEMENTATION PLAN ON HIV, TB & STIS, 2012 – 2016

In 2012 the Gauteng AIDS Council adopted the revised multi sector Gauteng Strategic and implementation Plan on HIV, TB and STIs for 2012 to 2016. This came after an extensive participatory review with the sectors. The multi sector strategy and plan addressed the socio economic drivers of HIV infections and impacts of AIDS. It continues to support social development, poverty relief, health services, community sectors and local coordination of services for vulnerable households.

The council had identified five priorities for the province to achieve between 2013 and 2016. With the new strategic plan due in 2017, the province has achieved some milestones despite some challenges:

1 **Combination HIV prevention focused on young women 15 – 34 years and their male sex partners including high risk groups.**

2 million

Leaners reached through HIV life-skills training and extra curricular activities.

43%

Reduction in youth HIV prevalence from 11.6% in 2008 to 5.8% in 2012. This is significant reduction when compared to other.

800 000

People reached per year with HIV, TB and STI peer education and support programme through funded NPOs.

20%

Reduction of HIV prevalence among sex workers under 25 years of age.

2 **Reducing the rate of new HIV infections by at least 50% using combination prevention approaches.**

84%

Reduction of new HIV infection in babies through the PMTCT programme.

50%

Reduction of new HIV infections amongst youth by is by 50% from 2.6% in 2002 to 1.3% in 2015.

7 YEARS

Increase in life expectancy in Gauteng as a result of comprehensive HIV, TB and STI treatment including introduction of the ART programme.

3 **With health services for prevention and treatment include health screening, and treatment for HIV, TB and STIs with focus on people staying on treatment.**

84%

Facilities providing ART services following the HCT campaign in 2010.

84%

Percentage of TB cure rate in the province.

100%

Facilities that provide services for HIV counselling and testing including screening and treatment for STIs and TB.

30%

Overall reduction in deaths among adults as a result of AIDS related illnesses.

4 **Multi sector support for orphans and vulnerable children (OVC) with systems to track OVC.**

40 000

OVCs access children and social services through the department of social development. Most access subsidised pre-school care.

5 **Ensuring an enabling and accessible legal environment that protects and promotes human rights in order to support the implementation of the GSP.**

DISCRIMINATION

Discrimination: PLWHIV sector and community leaders play leading roles in mitigating stigma and discrimination.

Getting to know ... Petro Rousseau

- Nelson Dlamini



"I thoroughly enjoy dealing with the complexities of the HIV response. It is an amazing opportunity for me to bring together some of my stakeholder engagement, strategic planning....."

Petro Rousseau

What does your work at SANAC entail?

My work contributes to SANAC's mandate through the Donor Co-ordination unit. At the moment I am focusing on the development of the Focus for Impact interactive web-based application.

This is a tool that support decision-makers to answer some key questions around HIV such as **where** is the HIV burden the highest and what is happening in this area that increases the associated risks of HIV. This refined understanding about what increases the HIV risk in the community enables decision-makers to take better decisions about programme implementation and resource allocation.

Through this Focus for Impact application we are able to bring various data sources together to understand the geographical distribution (patterns) of HIV positivity up to Primary Health Care facility level. Secondary data is then added for a richer picture to help us understand the associated risk profile for the facility catchment population. We are now also adding TB and STI detail to the existing approach.

Interesting things you love about your work?

I thoroughly enjoy dealing with the complexities of the HIV response. It is an amazing opportunity for me to bring together some of my stakeholder engagement, strategic planning, public health and technology development skills and expertise into a meaningful contribution for the HIV response in South Africa.

Highlights and/or challenges experienced in 2016 as far as your work is concerned?

2016 has been a very interesting journey of learning, refining ideas and making ideas a reality. I've experienced the willingness of very diverse stakeholders to work together for a common vision – how can we refocus what we know and do to improve the impact of the HIV prevention response in South Africa. I had the opportunity to work with different stakeholders at a national, provincial, district and community level and was amazed at their willingness to work together and contribute towards this common vision. Any preconceived ideas that I might have had about what 2016 might bring has been blown out of the water by the real live experiences I had – what an amazing year!

The one thing people don't know about you?

I've just completed a masters in Neuro-linguistic programming (NLP). This really opened up a new (old) world for me and even got me to start painting and sculpturing again. ■

The HR Hangout

- HR & Comms Desks



We are so excited to launch our back page “The HR Hangout” - your place to connect with SANAC HR and admin issues. We will use this page to celebrate internal promotions and new hires; learn about new benefits, stay abreast of health and wellness programs and learn of professional development and training opportunities.

In this issue, we share some important reminders on the issue of leave.:

- Line managers should approve all leave requests before being submitted to HR. Leave that wasn't signed off by a line manager shall be deemed unofficial and therefore unpaid.
- Staff members must ensure that they attach the required supporting documentation for Sick, Family Responsibility, Compassionate and Study Leaves.

- Original forms and supporting documentation must be submitted to HR for all Head Office staff. In the case of provincial staff, these can be emailed and the respective manager must be copied on the email correspondence.
- When a staff member requests Special Leave or Unpaid Leave, he/she must submit a written motivation to his/her line manager as well as the CEO respectively for recommendation and approval.

If you have any further questions, or would like more information on this, drop SANAC HR Manager Hlengiwe Nhleko an email: hlengiwe@sanac.org.za

Share your thoughts, ideas and contributions with us!
 Email: communications@sanac.org.za ■