

SANAC NEWS



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I was tired of having to ask somebody for transport

Is the National Strategic Plan credible?

We're not the leaders of tomorrow. We're the leaders of today

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National Strategic Plan for HIV, TB and STIs (2017-2022) launched

- *Kanya Ndaki*

SANAC launched its fourth National Strategic Plan for HIV, Sexually Transmitted Infections and Tuberculosis (2017-2022) on 31 March. The plan was launched at a special event in Bloemfontein, by Deputy President Cyril Ramaphosa.

The Executive Director of UNAIDS, Michel Sidibé, US Chargé D'Affaires Jessye Lapenn, UN Goodwill Ambassador Yvonne Chaka Chaka and Minister of Health Aaron Motsoaledi were present at the event to show their support for the new plan.

In the plan are a set of bold and ambitious targets which include reducing new HIV infections from 270 000 to less than 100 000 per year, reducing new tuberculosis (TB) infections from 450 000 to less than 315 000 per year and reaching the 90-90-90 targets—whereby 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment and 90% of people on treatment have suppressed viral loads—by 2020.

"All sectors of society must contribute to the effort to eliminate AIDS and TB as public health threats. Our individual and collective actions must count," said SANAC Chairperson, Deputy President Cyril Ramaphosa.

To achieve the targets, the government and partners will use a combination of high-impact programmes in the locations and among the populations most affected by HIV. The plan also outlines a special focus on HIV prevention among adolescent girls and young women, who have the highest rates of new HIV infections in South Africa—100 000 young women became newly infected in South Africa in 2015.

During a panel discussion on how leaders will implement the NSP, Cosatu's Xolisile Qayiso pledged the support of the labour federation in the implementation of the NSP.

South Africa is also stepping up its efforts to treat TB. Most AIDS-related deaths in South Africa are due to TB, and in recent years South Africa has experienced a new epidemic of multidrug resistant and extensively-drug resistant TB. As part of plans to dramatically improve adherence and drug resistance issues, the Minister of Health, Aaron Motsoaledi, also launched a new nine-month drug regimen to treat multidrug resistant TB. ■



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"All sectors of society must contribute to the effort to eliminate AIDS and TB as public health threats. Our individual and collective actions must count,"

SANAC Chairperson, Deputy President Cyril Ramaphosa





"Some of them have structures that don't really have the capacity needed to function optimally."

Dr. Kganakga

NSP Provincial Implementation Plans: Where are we now?

- Nelson Dlamini

Following the launch of South Africa's National Strategic Plan for HIV, TB and STIs (NSP: 2017-2022), the next step was for provinces to draft their plans in order to adequately respond to these three infections in their context.

Although the Provincial Implementation Plans (PIPs) are guided by the National Strategic Plan, it is important for Provincial Councils on AIDS (PCAs) to look at the goals and then align them to their own burdens. According to SANAC Acting CEO, Dr. Connie Kganakga: "They need to study their own indicators and identify priority areas that are the drivers of the epidemics and address those in line with the NSP objectives. Every province differs from the next," she said.

Dr. Kganakga also added that following the review of drafts provided by some provinces thus far, it seems they are on the right track; however, other provinces still need to be capacitated.

"Some of them have structures that don't really have the capacity needed to function optimally. PCAs need to provide leadership and facilitate a strong coordination of all implementation mechanisms," said Dr. Kganakga.

A strong monitoring and evaluation mechanism is another element that will make or break any PIP. With the hotspots mapping tool however, provinces will be better equipped to implement their Plans. "The mapping tool is brilliant. It improves the quality of data and therefore provides a much more reliable picture of the status quo. This will greatly assist provinces to understand their burdens better," added Dr. Kganakga.

Dr. Kganakga is confident that, with strengthened leadership, a strong monitoring and evaluation process, coupled with proper coordination of all partners, provinces will conclude their PIPs with great results that will bring the country closer to ending HIV, TB and STIs as public health threats. ■

Is the National Strategic Plan credible?

- *Dr. Connie Kganakga*

The South African National Strategic Plan for HIV, TB and STIs 2017-2022 was launched by the Deputy President, Cyril Ramaphosa on 31 March 2017. It will rightly be in the spotlight again at a satellite session of the South African AIDS Conference this week. Rightly because, while we have made exceptional progress in tackling these infections, HIV, TB and STIs remain national health, social and development priorities. 270 000 people became newly infected with HIV last year, 100 000 of whom were adolescent girls and young women and more than 3 million more people need to receive lifelong HIV treatment. tuberculosis (TB) is our leading cause of death and large numbers of South Africans have untreated, asymptomatic sexually transmitted infections (STIs). Is the National Strategic Plan a credible response and what does it offer?

The development of the Plan began with a national 18 sector civil society consultation in September 2016 and a 400 participant national multi-stakeholder consultation people and it ended with the Plan's endorsement by the national cabinet in March 2017. In between there was extensive further consultation to solicit the exceptional experience and insight of those living with these diseases, working in the field or researching it. There was also an open call for comments on drafts of the Plan.

All of this wisdom was blended into the final Plan, a Plan that is certainly ambitious. Ambitious because it seeks to reduce new HIV infections by 63% by 2022 (from 270 000 in 2016 to less than 100 000 by 2022) compared to a 25% reduction in the last 5 years, a doubling of the number of people receiving anti-retroviral treatment (ART), and concomitant impacts on TB and STIs. Is there enough that is new and different in this Plan to its predecessors to warrant confidence that we can achieve these goals and the other goals of the Plan? The South African National AIDS Council (SANAC) believes this to be the case.

While continuing to be grounded in human rights principles and approaches, the 2017-2022 Plan has a strengthened focus on equal treatment and social justice. The Plan heralds a "focus for impact" approach, which will see an intensified focus on districts and locations with high burdens of HIV, STIs and/or TB; on adolescent girls and young women and on tailoring interventions for the key and vulnerable populations disproportionately affected so that nobody is left behind. HIV prevention will be prioritised, this time through intensification of the combination prevention approach.

Implementation of the recently launched universal "test-and-treat" approach for HIV will be accelerated. This means that people with HIV will start ART as soon as possible after their diagnosis. The

aim is for 90% of those living with HIV to know their status, 90% of them to be on sustained antiretroviral medication and 90% of these to have suppressed viral loads – and live healthily. Test and treat will now be accompanied by differentiated care to provide a client-centred approach that takes into account the treatment needs of people living with HIV across the treatment cascade and stages of HIV disease. The about to be introduced master patient index number will enable early identification of those missing appointments and allow for continuity of care if people change their clinic.

There will be a new focus on prioritizing service quality and on the critical health and social system enablers that are needed to translate the Plan into reality. This includes trained, caring health and social service workers, effective supply chains so that there are no shortages of drugs or condoms, the use of innovative Social Behaviour Change Communication strategies for effective messaging and building the strong social systems, including of families and communities, needed to address the root causes of infection. There will be a focus on the specific social and structural drivers of HIV, TB and STIs, such as sexual and gender based violence, harmful alcohol consumption, drug use and overcrowding and poor ventilation. While the public health cases are clear for decriminalisation of sex work and of people who use drugs, their absence remains a gap in the Plan that needs to be advocated for.

Success will also require a strengthened multi-sectoral response. The Plan seeks to capacitate civil society to be resourced to play its full role, to embrace the potential of the private sector and for every government department to contribute. HIV, TB and STIs are not just Health and Social Development responsibilities: the new Basic Education approach, the initiatives in Higher Education and the advances in Correctional Services all have much potential for impact, as does the call on other departments to contribute more; like Agriculture to take the message to every farm and fishing village, Sport, Arts and Culture to every event and Transport to every truck stop, taxi rank, marine vessel and airline.

The ingredients for success are there, but the ambitions of the NSP will not be realised without exceptional leadership, effective implementation and adequate financing. An action framework for

Leadership and accountability has been committed to and SANAC and AIDS councils will need to be strengthened at all levels. Implementation will need to be more focussed at ward level and in local communities and better driven at the provincial level through the multi-stakeholder provincial implementation plans that are currently under development, and by matching plans in each civil society sector and the private sector.

Detailed economic modelling has shown that South Africa spent R28.8 billion on HIV, TB and STIs in 2016/17 and this is projected to reach R38.5 billion in 2021/22. However, if we want to realise the goals of this NSP and the NDP vision of a generation free from the burden of HIV, TB and STIs then the projected funding gap, reaching R7.2 billion in 2021/22, will need to be breached in tandem with greater efficiency in the use of available resources. SANAC will continue to mobilise for the necessary funding so that the country can realise the social, economic and health benefits the Plan offers and be on track to eliminate HIV, TB and STIs as public health threats by 2030.

The goals of the NSP are attainable, but only if the Plan is followed in its totality to achieve compounding benefits, if systems are actually strengthened, if all heed its call to action and if additional resources are mobilised to bridge the funding gap. Delivering on these is the heart of the challenge. We all need to work together to let our actions count. ■



South Africa's National Strategic Plan 2017-2022 responds to young women and girls

- Relebohile Motana

Every 5 years South Africa reviews its health and social approaches in responding to challenges presented by STIs, HIV and TB. The challenges include reducing new HIV infections, encouraging the use of condoms and adherence to treatment. The government has made notable progress in responding to STIs, HIV and TB. This is seen through the previous National Strategic Plans (NSP) and now the current NSP 2017-2022 for HIV, STIs and TB.



To address these issues the SHE Conquers Campaign focuses on the following objectives:

1



Decrease new HIV infections in girls and young women.

2



Decrease teenage pregnancies, in particular to decrease under 18 deliveries.

3



Keep girls in school until matric, and increase the retention of young women and girls in school.

4



Decrease sexual and gender based violence amongst young women and girls.

Since the initiation of the NSPs the country has made progress in:

- Reducing new infections from 360,000 in 2012 to 270,000 in 2016.
- Mother-to-child HIV transmission rates at 6 weeks decreased from 3.6% in 2011 to 1.5% in 2016.
- The number of people on antiretroviral therapy increased from 2.4 million in 2012 to 3.7 million people in 2016.
- South Africans are living longer thanks to awareness campaigns and improved access to HIV, TB and STI treatment.
- A steady decline in new TB infections and TB cure rates have increased.

It is worth noting that the success made over the years is credited to the composition and implementation technique of the NSP, which is that HIV, STIs and TB need to be addressed in a multi-sectoral approach. That means targeting and involving stakeholders from business, science, health and social groups, to ensure that the composition of responses is comprehensive, targeted, implementable and impactful.

The NSP 2017 - 2022 is implemented as an umbrella plan to many programmes in the country, due to the various needs for intervention. One of the reasons for intervention is the reality that more than 2000 young women and girls are infected with HIV weekly in South Africa.

The government and SANAC responded with the SHE Conquers Campaign launched in March 2016. The programme offers a holistic response to challenges that are faced by young people which ultimately pushes them to being vulnerable to social and economic ills. It has been noted that young women fall prey to unprotected sex and engage in relationships with older men due to a lack of financial or psychosocial support from their communities.

The NSP 2017-2022 has to assure young women and girls that plans and resources are prioritised to meet their needs. It is encouraging that government is supporting the drive to uplift and protect young women by ensuring that all the goals and initiatives will bring light to young women's future.

The structural interventions promoted by goal 6 to 8 will ensure sustainability because they include plans to foster leadership, accountability, resource mobilisation and application of strategic management principles, which will bear fruit to greater impact. That is seeing a decline in new infections, seeing young women and girls being empowered to make healthy choices about their future because of an enabling environment. ■



"The times are changing" famously remarked by Nobel laureate, Bob Dylan. This couldn't be further from the truth.

We're not the leaders of tomorrow. We're the leaders of today

- Levi Singh, Secretary-General, African Youth and Adolescents' Network: Eastern and Southern Africa

As a 22 year old I note the tremendous progress in the global HIV response. But I believe that the programmes addressing HIV interventions and providing sexual and reproductive health and rights (SRHR) services should not only designed on the assumption that young people are beneficiaries and passive recipients. Young people deserve also to be part of policy and programme formulation as equal partners of change. I fully recognise and appreciate the actions taken by various government departments and the UN system, however we cannot

sustain the gains in the response if adolescents and young people do not become a critical part of the response going forward.

We must dramatically increase investment in young people today if developing regions of the world with increasingly growing young populations are going to reap their demographic dividend. We must advocate for actions that will prevent social, cultural, regulatory and discriminatory barriers in the accessing of quality and youth -friendly

**We're not the leaders of
TOMORROW.**

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health information and services, specifically as they relate to SRHR. It is imperative that we develop and strengthen policies and programs to ensure that all young people have access to comprehensive sexuality education and adolescent- and youth-friendly services, delivered in both formal and non-formal settings; that we adequately fund comprehensive sexuality programs; and invest in building the capacity of teachers and trainers to deliver programmes to a high standard whilst realising free, equal, age-appropriate adolescent and youth-friendly services that provide access to SRHR services for all young people.

As young people we must further be capacitated to monitor and evaluate these programs to ensure effective and consistent delivery.

In order to ensure that we truly are living up to the spirit of the Sustainable Development Goals (SDGs) and “leaving no one behind”, we must recognise that sustainable societies rely on empowered individuals who are able to exercise their rights to obtain the highest quality of life, including education, decent employment, quality health services, and lives free of all forms of stigma, discrimination and violence. We need to further the obligations of government to respect and protect the rights of citizens, particularly its adolescents and young people.

However, in many cases, young people from key populations are made more vulnerable by policies and laws that demean, criminalise

and/or penalise them; by education and health systems that ignore or reject them and that fail to provide the appropriate information and services including treatment. It is imperative that we work with governments to ensure that human rights based principles are reflected throughout all laws, policies and programs, particularly health-related, in line with international agreements, resolutions and conventions.

Due to existing gaps and inequalities young people do not have the adequate knowledge and skills to adapt to real world challenges and opportunities, thus rendering them vulnerable to a variety of social ills and associated harmful behaviour. Studies have shown that current structures are producing more job seekers rather than job creators.

We must demand that partnerships be formed between young people, governments, the private sector and institutions to identify opportunities to improve content and delivery, skills building and transfer, and the utilisation of new methods and technologies.

An AIDS free generation is possible. The enthusiasm, energy and curiosity of adolescents and young people must be encouraged, supported and effectively and meaningfully included in the HIV response and the implementation of SDGs to ensure that. We aren't the leaders of tomorrow; we're the leaders of today.

This is an extract from the new publication: SOUTH AFRICAN CIVIL SOCIETY AND THE AIDS RESPONSE: Recognising the Past, Securing the Future. ■

We're the leaders of TODAY.

Addressing the needs of sex workers is key to HIV response

- *Karabo Skosana*

In a country serious about ending HIV, taking services to the people has become even more important. Factors such as economic disadvantages, psychosocial and societal issues are often barriers to accessing health care and sex education.

Stigma and discrimination are also contributing factors to the fear and lack of interest in people getting tested for HIV, TB and STIs. Sex workers especially find it more difficult to access health facilities. A SANAC team spent a couple of nights in the streets of Durban to observe interventions introduced by TB/HIV Care Association for sex workers.

TB/HIV Care has two mobile clinics fully equipped with testing kits, counsellors, nurses and peer educators. The peer educators help in identifying hot spots, building relationships with the sex workers and the brothel owners, as well as assisting with condom distribution and sexual health education.

UNAIDS is also involved in similar projects of using mobile clinics to bring health services closer to communities. SANAC recently visited their site in Diespsloot, a Johannesburg township, where one of their mobile clinics operates. The clinic offers a range of health services to the broader community but it pays particular attention to sex workers.

Other health services to disadvantaged communities

With the number of informal settlements in South Africa, getting services to the people is often an impossible task. Community outreach programmes are an important entity in fighting HIV/AIDS. Informal settlements are often situated far from health services and as such, many people end up having to choose between buying a loaf of bread and catching a taxi to a clinic. More often, the former loses out to the latter.

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Health Systems Trust (HST) is one organisation that works closely with communities in response to HIV by bringing services closer to the people. SANAC recently tagged along with HST to Kennedy and Bernwood informal settlements to observe the work they do to bring health services to the people. One of the facilities visited included Kennedy clinic, which supports 12000 people from the area.

To persuade people to come for testing, Shyra Moodie said that they use howlers to inform people about the HST tents in the community. They also use incentives (in the form of freebies) such as water bottles, T-shirts and pens to encourage people to come and access health services. In addition Moodie noted that building relationships with the community and other health facilities is a critical factor that has contributed to the success of their programme. ■



TB/HIV Care has two mobile clinics fully equipped with testing kits, counsellors, nurses and peer educators.



LGBTI Sector: Not adequately covered

- *Nonhlanhla Mkhize & Brian Kanyemba*

From insufficient HIV prevention barrier methods such as condoms, dental dams and condom-compatible lubrication to pre-exposure prophylaxis discussions, the voice of civil society in the HIV response since 2009 has been growing and been more meaningful on required social, behavioural biomedical and structural issues.

The Lesbian, gay, bisexual, transgender and intersex (LGBTI) sector has set its path on a bottom-up approach because for us, communities matter.

Some of the key gains scored by the sector include:

- Recognition of LGBTI persons a key population
- Launch of the LGBTI HIV Plan
- Funding for LGBTI work, including research, advocacy, training, treatment, support and care initiatives
- An annual LGBTI parliament, hosted by the Gauteng Provincial Legislature
- Establishment of a National Task Team on gender and sexual orientation-based violence by the Department of Justice

But while the needs of men who have sex with men a key population have been prioritised in national prevention, treatment, care and support programmes, lesbian, gay, intersex, trans-people and women who have sex with women populations have not been adequately covered. More research is needed, but we understand that trans-communities potentially have a higher HIV infection rate, and that HIV infection among lesbians is primarily because of social and structural issues.

At community level, violence and sexual attacks against LGBTI people continues and goes undocumented as hate crime or is unreported for fear of victimisation. And many clinics still do not favour LGBTI people and do not provide adequate HIV prevention barrier methods.

The LGBTI Sector understands what needs to be implemented to meet the 90-90-90 targets, and its plan details what is recommended in the response. What is lacking is costing to ensure that the plan is sustainable. Support is required at both provincial and national levels. Funding is available for HIV and TB treatment and care however, we need funds to equip and support CSOs to meet targets.

We appreciate contributions by the Global Fund, PEPFAR and other developmental partners in enhancing multilateral approaches to the pandemic. We call on them to support the departments of health, social development and justice to ensure sustainability of these plans.

The majority of LGBTI organisations are capable of managing funds. We recognise that there are many grassroots, provincial and even national formations that still require support to manage funds and ensure compliance. We have the technical capacity and expertise that can be deployed. The LGBTI Sector has identified CBOs that require technical and capacity building and plans to host a series of LGBTI community engagements to support these CBOs.

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South Africa's Groundbreaking LGBTI HIV Plan

- *Karabo Skosana*

During this year's Southern African AIDS Conference scheduled to take place at Durban's ICC from 13 to 15 June 2017, SANAC will launch the first ever LGBTI HIV Plan – a ground-breaking strategy to address HIV within the LGBTI community. The Plan is not only a first for South Africa but the continent.

The LGBTI Plan is inspired by the multi-sectoral nature of the country's HIV response and is underpinned on human rights principles. It brings together members of the LGBTI community, experts and service providers in the field of HIV and produces comprehensive basic packages of services such as health, empowerment, psychosocial and human rights.

The Plan aims to assist the country in providing consolidated guidance to reverse the prevalence of HIV infections amongst LGBTI, especially men who have sex with men (MSM) and transgender populations while also promoting the rights of LGBTI people. Moreover, it aims to bring the HIV epidemic under control among sexual minorities.

The Plan is in line with the recently launched National Strategic Plan 2017-2022 (NSP) as it calls for the reduction of HIV/STI and TB in line with the 90 90 90 targets of the NSP. Lebowa Malaka, Key Populations Manager notes that the 90-90-90 objectives can only be achieved if all five packages detailed in the LGBTI Plan are synergistically implemented.

The five packages are:

- Health Services
- Empowerment Services
- Psychosocial Services
- Human Rights
- Research & Evaluation

"Overall the Plan brings us closer to a world in which members of the LGBTI populations realise their health and human rights in an environment that is affirming of their sexual orientations and identities" adds Malaka.

The National Strategic Plan 2017-2022 recognises that more has to be done to serve this key population. In its mandate, the Plan recommends evidence-based practices that address the challenges that make the LGBTI community vulnerable to HIV, TB and STIs. The Plan hopes to reach 200 000 MSM, 5000 transgender, women who have sex with women (WSW) and intersex people.

Dr Connie Kganakga, acting CEO of SANAC strongly argues that leadership is at the epicentre of making the Plan a success and further asserted that SANAC, as a multi sectoral coordinating

body, will work hand in hand with government, NPOs and other stakeholders to successfully implement the Plan. She also believes that using a peer led approach will yield more results and reach more people. In addition that educating health care workers and the communities about the LGBTI sector is critical to end stigma and violation of human rights.

Steve Letsike, Deputy Chairperson of SANAC, is upbeat about the Plan and urges communities and the nation at large to rally behind the Plan.

"It is in our hands to lead the national response to HIV. We must take charge... I state that communities should be the centre of everything we do and I know we can achieve this Plan; we have worked for many years since 2006 to get the meaningful programming for the marginalised community which is the LGBTI people" commented Letsike.

Speaking about the rights of the LGBTI community in the country, Letsike said, "We have an obligation to protect, promote and fulfil the constitution and the rights of people in all their diversity as enshrined within the Constitution of the Republic of South Africa. The NSP 2017-2022 is the guiding principle, and this strategy is demonstrating the bravery and bold leadership in our lifetime to realise the rights of all. We commend SANAC and its leaders for a much needed strategy that will ensure that LGBTI people have access to competent services, the most important process now will be implementation, of which all stakeholders and partners must ensure it is done adequately."

Nonhlanhla Mkhize, Co-Chairperson of SANAC's LGBTI Sector, believes that South Africa has made great strides in recognising and protecting the rights of the LGBTI population through the Constitution. Mkhize believes that the Health Department, more than other government department, has a lot to do in changing the attitudes of health care workers towards LGBTI, MSM and WSW populations. "Sexual minorities experience prejudice when trying to access treatment, a challenge which hinders enrolment to care and progress in ensuring an uptake. The key is ensuring that health care providers are sensitised and educated about human diversity and needs of LGBTI populations," Mkhize asserted.

She also urges healthcare service providers, and all other service providers, to treat members of the LGBTI and MSM communities with respect and dignity when they visit health care facilities, and a variety of other facilities. ■

Splash for Hope and Help Civil Society Organisations

- Nelson Dlamini



The SANAC Civil Society Forum recently launched a bold fundraising initiative, Splash For Hope, to assist civil society organisations working in HIV response. This was motivated by the dire shortage of funds and other resources needed by such organisations to function effectively.

Civil society organisations are credited to have been at the forefront of ending AIDS in South Africa, however funding constraints are a major challenge, the fickle funding climate presents adverse challenges against their work. Through a fun, yet effective way of raising funds, Splash For Hope is a campaign calling on all South Africans to work together in support of people living with HIV. Funds are raised through a 'Dunk or Donate' challenge where a person may choose to donate or be dunked in a water tank. The person being challenged makes their choice and then nominates the next person.

Participants should then record the donation (or the dunk) and share on the Splash For Hope social media platforms on Twitter and Facebook using the hash tag **#DunkOrDonate**.

Splash for Hope aims to kill two birds with one stone (or three in this case) through the following ways:

- Raise funds through the 'Dunk or Donate' challenge with a projected R10 - 20 million annually.
- Raise awareness about South Africa's National Strategic Plan



(NSP) on HIV, TB and STIs, particularly its focus on achieving the 90-90-90 targets and keeping adolescent girls and young women HIV negative.

- Celebrate South Africa's successes on HIV response.

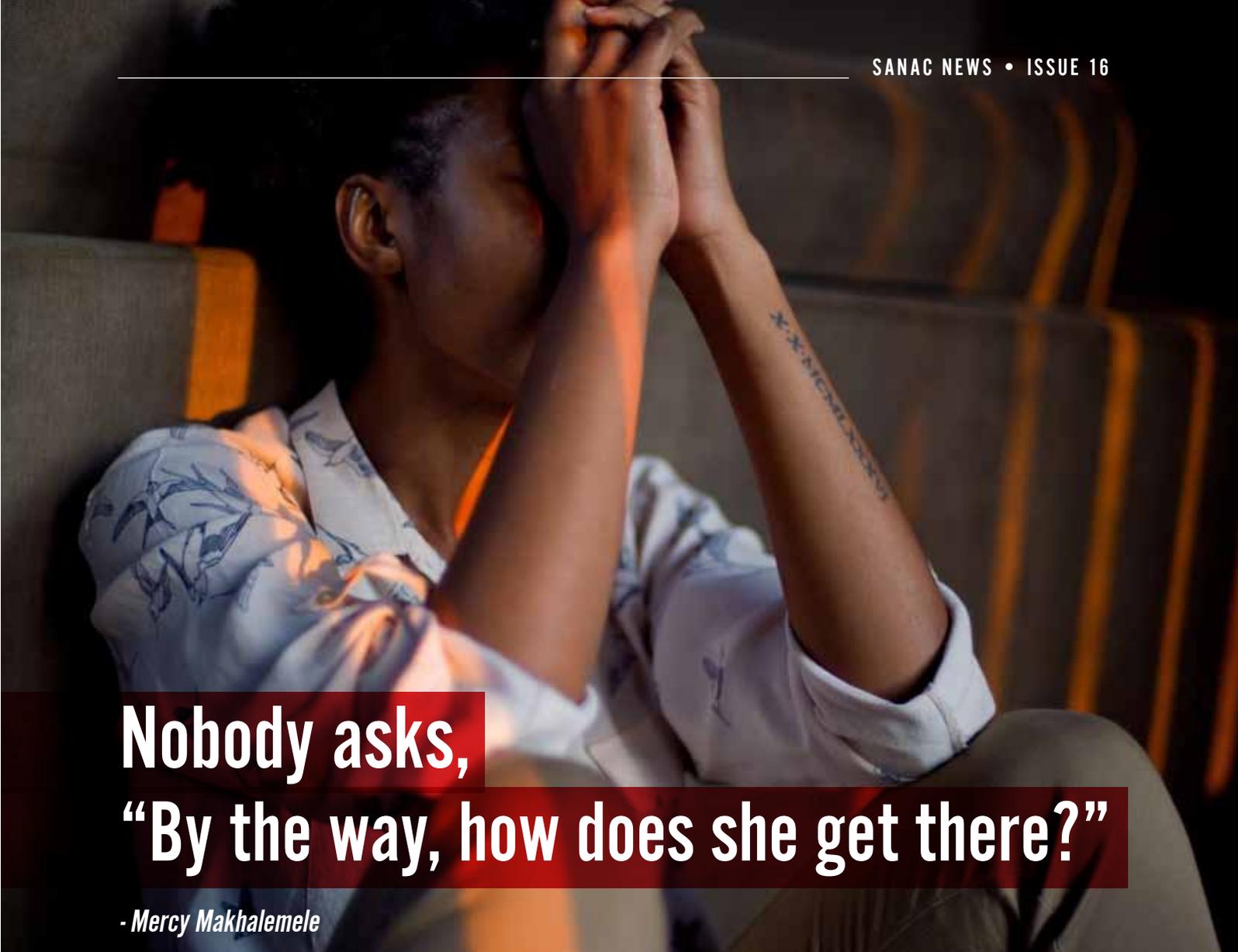
A fundraising initiative that accommodates all

The campaign is tailored to ensure that all South Africans from all walks of life are able to make a contribution. It is broken down into four categories to accommodate the different LSMs:

- **Platinum Challenge:** this is for high profile individuals like CEOs, politicians, business people etc. These individuals will need to donate R150 000 or more.
- **Gold Challenge:** this is for corporates and organisations where employees can challenge each other or raise funds as a company and then challenge their CEO to 'Dunk or Donate'.
- **Silver Challenge:** this is for DJs, presenters and celebrities to challenge each other to a popularity contest to raise funds through their followers/listeners/supporters. This goes on for a week and the one with the lowest amount raised gets dunked.
- **Bronze Challenge:** this is for the general public through activations staged by Splash For Hope at strategic public locations where anyone passing by can donate and challenge the next person to donate or be dunked. This is platform will also be highly used for NSP awareness and to educate the public about progress made on HIV response efforts.. ■

SMS Donations: Members of the public can also SMS "Hope" to 36239 to make ad-hoc donations. SMS costs R5.

For more information about the campaign and how you or your company/institution can participate, please search for 'Splash For Hope' on Facebook and Twitter or contact Tshepang Koloko: 011 339 1000 / tshepang@splashforhope.co.za



Nobody asks, “By the way, how does she get there?”

- *Mercy Makhalemele*

Today, it breaks my heart to see that executives and managers in NGOs that support people living with HIV are poorly paid and other staff members are not even paid. This was my story donkey years ago. How are unpaid workers expected to work effectively?

People should be recognized and fairly compensated for work done. I see a role here for organisations such as the International Labour Organisation (ILO) to influence companies and institutions supporting networks of people living with HIV to give the people working in these organisations the dignity that they deserve for the work they deliver.

The lack of and poor compensatory practices in this sector is one of the reasons why I immigrated to England. Going away was an opportunity to be able to earn a living every month without worries, because that was my reality. I was tired of not being able to make ends meet; not having the means to get from one point to the next when I was thought of as an activist who could save the world.

The first time I went to a WHO meeting in Geneva, I had no credit card. I didn't speak any other language. The assumption of the partner institution was that somebody from NAPWA, a positive woman from this institution, must come and discuss with us. But the process of them engaging me to participate was more destroying.

It made me vulnerable in all sorts of ways. I arrive at the hotel with no credit card, no money in my pocket. The next morning, I am in this technical meeting with all of these scientist and directors with their ties on. I was so hungry and I was so tired. Nobody asked me anything. I got home and I was like “this is not real”, and there was nobody to talk to, to share this demoralizing and unjust way of asking somebody to participate.

I am an immigrant now in England. It's not easy from a perspective of being HIV positive and a black woman. I have left South Africa not because I wanted to. I call it exile. I left the country because I was tired of not having means to get from one point to the next point. I was tired of having to ask somebody for transport.

Young women must know these things; that when you are put in these positions, pressure comes with it. It is so disempowering that if you don't have the right people around you, you will be called a failure and uneducated because you do not pitch to meetings on time. Nobody will ask: by the way how does she get there?

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