



# SANAC NEWS

THE OFFICIAL NEWSLETTER OF THE SOUTH AFRICAN NATIONAL AIDS COUNCIL

**W**elcome to the twelfth edition of SANAC News. 2015 is a historic year in the world of HIV, TB and non-communicable diseases. The 70th General Assembly of the United Nations in September in New York saw us bid farewell to the Millennium Development Goals (MDGs) and the ushering in of 17 new comprehensive sustainable development goals for the next 15 years. While countries' achievements with regard to the MDGs were inconsistent, one area where the world achieved massive success was meeting the global target of 15x15 nine months early: 15 million people on HIV treatment by 2015. South Africa played a significant role in the achievement of this goal, considering the

country has over three million people on HIV treatment – the largest treatment programme in the world. The exciting aspect of the new “global goals” is that HIV and TB are being seen in a much broader health context where addressing the social determinants of health such as poverty, inequality and gender are critical to ensuring an AIDS-free generation. SANAC continues its drive to keep prevention of sexual transmission of HIV high on the agenda, with a focus on key populations and adolescent girls and young women. We hope you enjoy this new issue of SANAC News. Please look out for our special World AIDS Day edition, as we commemorate and celebrate in Ugu District in Kwazulu-Natal Province. ■



# SANAC NEWS



## CONTENTS

Taxi industry drives HIV response.....	2
Ithini into yakho? ..... The Eastern Cape AIDS Council takes testing to the people	3
An everyday struggle ..... Addressing violence against women and children	4
National Men's Dialogue calls on all men to stand up and be counted.....	6
Fruits of legal services to people living with HIV and TB .....	7
New appointments .....	8
Last word .....	8

For more SANAC news, go to  
[www.sanac.org.za](http://www.sanac.org.za)



Find us on facebook at:  
[www.facebook.com/](http://www.facebook.com/)



Find us on twitter at:  
[@SA\\_AIDSCOUNCIL](https://twitter.com/SA_AIDSCOUNCIL)

# TAXI INDUSTRY DRIVES HIV RESPONSE

**SANAC has been weaving among the queues of passengers at KwaZulu-Natal's busiest taxi ranks as part of a new partnership with the taxi industry.**

**S**outh Africa's National Taxi Council (SANTACO) has partnered with SANAC, SA Taxi and the Department of Health to drive the HIV response in the taxi industry.

Minibus taxi drivers are the cornerstone of public transport in South Africa. Although they provide a much needed service to a staggering 19 million commuters every day, their dangerous driving has given them a bad reputation and made it difficult to reach them with HIV services.

Low levels of HIV knowledge and long hours on the road have made taxi drivers a group long recognised as particularly vulnerable to HIV. However, not much is known about HIV prevalence in this group. But this new partnership kicked off by bringing HIV Counselling and Testing (HCT) services and health and lifestyle disease screening to taxi ranks.

The partnership was launched during Transport Month in October, where mobile clinics were stationed for three days at Pietermaritzburg's Market Square taxi rank, Durban Central and at the Umlazi and Kwa-Mashu ranks, offering minibus taxi drivers, rank marshals, operators, and commuters free testing for HIV as well as other lifestyle diseases such as hypertension and diabetes.

SANTACO CEO Phillip Taaibosch welcomed the partnership with SANAC, and described it as long overdue. "We have been waiting for this for a very long time," he said.

Taxi industry leaders have now committed to spearhead a range of initiatives to keep taxi drivers healthy, to be able to better serve their passengers. At the same time, passengers will also be empowered with information and easy access to free health tests.

Free counselling will be available to everyone who has their health assessed. All test results will be kept confidential and, where necessary or requested, mobile clinic staff will make referrals to local health care providers.

In KwaZulu-Natal, the provincial health department has identified taxi drivers as a key population and since November 2014, mobile clinics have been deployed to the taxi ranks during weekdays. The next step of the SANTACO-led initiative will be to duplicate this model in other provinces. ■

7 AFFORDABLE AND  
CLEAN ENERGY



8 DECENT WORK AND  
ECONOMIC GROWTH



9 INDUSTRY, INNOVATION  
AND INFRASTRUCTURE



10 REDUCED  
INEQUALITIES



11 SUSTAINABLE CITIES  
AND COMMUNITIES



12 RESPONSIBLE  
CONSUMPTION  
AND PRODUCTION



# ITHINI INTO YAKHO?

## The Eastern Cape AIDS Council takes testing to the people

**The Eastern Cape AIDS Council (ECAC) and the provincial Department of Health have an ambitious HIV Counselling and Testing (HCT) target: to test one million people in nine months. While the province's HCT campaign is not new, it is being revived with a new approach and a new tagline, to drive the province's HIV prevention strategy and to reach the Provincial Strategic Plan goals of a 50 per cent reduction in new HIV, TB and STI infections by 2016.**

**T**he new tagline “*Ithini into yakho* – do you know your status?” embodies a comprehensive message. It relates to a person's individual knowledge of his/her HIV status as an entry point to HIV prevention. It also encourages behaviour change as it refers to the use of condoms and adherence to treatment.

Speaking at the launch of the campaign at the Volkswagen SA Uitenhage plant, MEC for Health in the Eastern Cape, Pumza Dyantyi, emphasised the need for one to know their status. “The greatest risk for the province in the prevention of HIV is the person who does not know their HIV status. This is because the person is highly infectious in their first six weeks of contracting HIV,” she said.

The Actuarial Society of South Africa HIV/AIDS estimates that approximately 736 404 people are HIV positive in the Eastern Cape Province (ASSA model). But the low numbers of people testing for HIV is derailing progress for the province to meet HIV targets as outlined in the Provincial Strategic Plan for HIV, STIs and TB (2012–2016).

Through this relaunched campaign, the province seeks to test one million people in the Eastern Cape within a period of nine months and initiate 90 per cent of those with a CD4

cell count below 500 on antiretroviral treatment. A plan is underway to strengthen adherence clubs to ensure that patients adhere to their treatment.

The new campaign will also focus more on populations HCT has failed to reach, particularly men. “Getting men to test has been one of our struggles. Thus it is encouraging to see the leadership from the male-dominated companies and sectors, including union leaders, publicly endorse the campaign and make commitments with regards to activations within their workforce,” said ECAC's Head of Secretariat Vuyisa Dayile.

To help keep them on track, a “thermometer chart” will be used to monitor the progress of the business sector in the campaign. Arnelle Heynes, Business Sector leader for the Eastern Cape and chairperson of the employee wellness task team in the Nelson Mandela Business Chamber, is confident that the new approach will be successful. “As business we have already made positive strides with regards to testing of employees, and we feel this new partnership between government and business will take our efforts even further.”

The campaign has spread to other sectors which include sex workers, traditional leadership, youth and transport and construction sectors. ■

**“The greatest risk for the province in the prevention of HIV is the person who does not KNOW their HIV status. This is because the person is highly infectious in their first six weeks of contracting HIV.”**

**PUMZA DYANTYI  
MEC for Health in the Eastern Cape**



# AN EVERYDAY STRUGGLE

## Addressing violence against women and children

**S**ANAC Women's Sector leader Mashudu Mfomande points out that as long as women shoulder the brunt of HIV and gender-based violence in the country, we need to do more on HIV prevention. "The rate at which we are being infected is still too high and is not declining. Now young women and girls are even more affected. It feels like we are just going around in circles and that nothing or not enough is being done in HIV prevention for women. If we are serious about getting to zero, as stated in our current National Strategic Plan, then we

have to get serious about prevention for women in South Africa.

"As the current NSP comes to an end, the Women's Sector has begun provincial dialogues to ask ourselves: 'What do we want to see in the next NSP for women?' The other question is how we as women influence the prevention agenda in this country. Gender-based violence and HIV infection are still huge challenges that don't receive enough attention. As we head into another the 16 Days of Activism, this is a connection we should keep raising." ■



### Patricia Madlala explains why organizations for HIV-positive women, such as Positive Women's Network, still matter.

I am a young woman who got married at an early age, and I have two kids – a boy and a girl. Yes am HIV positive. Yes I have tested. For now I don't see anything that I have to change about my health because I always look after it. I joined Positive Women's Network (PWN) because I wanted the voice of women to be heard speaking out against violence against women and children.

I was in an abusive relationship for many years and didn't know where to go because no one wanted to hear my side of the story. I joined National Association of People living with HIV/AIDS (NAPWA) in 2009, working as a volunteer, when I found out I was not the only one who was abused. [During a workshop] there was this lady who was always wearing a t-shirt written "Positive Women's Network". I asked that lady what does it mean and she explained. [Then] I saw a post [advertised by] PWN, I applied and I got the job as a support group leader. All I wanted was to change my life and other people's lives, especially those affected by violence against women and children. I was not even aware that I will be paid; what I really wanted was training and more information on how to help others and myself.

I was not aware that people recognise my work until I got a call from our local police station asking me to work with them on the Thuthuzela Care Centre.<sup>1</sup> The Department of Social Development also wanted me to help them find people who are suffering and help them with food parcels and to [encourage people] to grow vegetables in their homes so that they can change their poverty to a better life.

I wish I can be a social worker or psychologist one day. I would work with children and women and still be working in partnership with PWN.

<sup>1</sup> A facility usually located at local police stations which provides a safe space for victims of violence and sexual assault, including rape.

**16 Days of Activism against Violence against Women and Children is commemorated every year between 25 November and 10 December. While it is a worthwhile initiative to raise awareness of gender-based violence, women from the SANAC Women's Sector say the struggle for gender equality and zero tolerance for gender-based violence is an everyday one.**



**“We have to get serious about prevention for women in South Africa.”**

**25 November – 10 December**

**16 Days of Activism against Violence against Women and Children**

# NATIONAL MEN'S DIALOGUE CALLS ON ALL MEN TO STAND UP AND BE COUNTED!

**In August 2015, SANAC's Men's Sector hosted a high-level dialogue forum aimed at highlighting men's involvement in the HIV response and the impact of violence against women and children.**

Convened by Deputy President Cyril Ramaphosa, and attended by 120 representatives from development partners, government, business, labour, civil society and ordinary South African men from all walks of life, the theme of the dialogue was "Takuwani Riime!": Institutionalising a Responsive Men's Movement." The event builds on the 2013 "Not in My Name" campaign that calls on men to halt the spread of gender-based violence in the country.

Gender-based violence is a major problem in South Africa, which has the highest proportion of reported rape cases in the world. Research by Genderlinks in 2011 revealed that 51.3% of women in Gauteng province had experienced violence of some kind, and 75.5% of men admitted to perpetrating violence against women at some point in their lives. Furthermore, violent acts were most likely to occur within intimate relationships and as little as 3% is reported to the police.

Research also shows that sexual violence greatly increases the risk of HIV infection among women. Exposure to violence limits women's ability to engage in HIV preventive habits. Women abused at an early age are likely to engage in behaviour that places them at greater risk for HIV; and the stigma of being HIV positive and being a victim of violence diminishes self-esteem and quality of life.

Participants agreed that men are key to the solution in

combating violence against women and children. The Men's Sector plays a critical coordination and advocacy role in mobilizing the men of South Africa to stand up against violence in all its forms.

The high-level dialogue saw robust participation from the Minister of Social Development, Bathabile Dlamini, Minister in the Presidency responsible for Women, Susan Shabangu, Chief Operating Officer of the South African Broadcasting Corporation Hlaudi Motsoeneng, UNAIDS Country Coordinator Erasmus Morah, SANAC CEO Fareed Abdullah and SANAC Co-Chair, Steve Letsike.

There were four major outcomes of the high-level dialogue: 1) commitment to institutionalize men's organizations working the area of health and social justice; 2) promulgation of the South African Men's Charter; 3) launch of the Men's HIV Counselling and Testing Campaign and Programme of Action in support of 16 Days of Activism against Gender Violence, and 4) the unveiling the South African Men of the Year Awards to celebrate men who are good role models.

At the dialogue, Men's Sector Chairperson, Bafana Khumalo, launched the draft South African Men's Charter, which will be disseminated to communities for extensive consultation. It is hoped that the final Men's Charter will be adopted in November 2016 on International Men's Day. ■



# FRUITS OF LEGAL SERVICES TO PEOPLE LIVING WITH HIV AND TB

**I**n 2014, SANAC, in partnership with Legal Aid SA, Webber Wentzel, Section 27 and International Labour Organization, launched a programme to address discrimination against people living with HIV and TB. Approximately 80 Legal Aid staff were trained to handle HIV and TB related calls to the Legal Aid call centre, and, where applicable, refer cases of gross discrimination to an attorney. Between the period of July 2014 and August 2015, Legal Aid received a total of 177 cases which fall into this category. A majority of the calls are received because the client has seen or heard the SANAC-run “Zero Stigma. Zero Discrimination” campaign in the media.

Most cases are related to the work place, that is, “a person disclosing his or her HIV or TB status, employers who require the HIV or TB status of their employee, or dismissals based on HIV or TB status,” says Tshepang Monare, Legal Support Practitioner at Legal Aid SA. “We also see unfair treatment at work based on status, or employers requiring medical reports or medical testing of employees,” he added. A few of the cases relate to discrimination at health care facilities.

While Legal Aid SA paralegals have been trained, qualified attorneys to take on cases have not. To fill the gap while the training takes place, attorneys from Webber Wentzel Attorneys, a well-known Johannesburg-based law firm, and Section 27, a non-governmental advocacy organization, have stepped in to fill the gap.

Ayanda Nqubo, an attorney at Webber Wentzel who has been involved in pro bono work of this nature for many years before it fell under the custodianship of SANAC, says she is seeing a lot of TB-related cases coming through. One of the cases she is currently dealing with involves a case of gross discrimination – an employer who sent an employee home after she disclosed her TB status and, after a number of failed attempts at unfairly dismissing her, is instituting retrenchment proceedings against her. The case is currently with the Commission for Conciliation, Mediation and Arbitration (CCMA).

There are, however, a number of challenges that legal practitioners handling the cases are experiencing. “Most people who approach Legal Aid SA have already been assisted by a union representative. Because the union rep is not necessarily putting the correct legal case upfront it becomes difficult to handle the case at a later stage,” says Nqubo. She believes that union representatives should be trained to identify complicated cases and refer them to the correct channels early in the process. She also encourages clients to come forward to Legal Aid SA as soon as possible after the incident of discrimination occurs. “In many cases, the case has already been prescribed [essentially, has expired in terms of law] and so we have lost a lot of good cases because of that,” adds Nqubo. If the claim has not been instituted after 30 days at the CCMA – usually the first port of call – and after three years at the Labour Court it is considered prescribed.

More training is needed, especially of attorneys who can practice in locations not covered by Webber Wentzel and Section 27. The idea going forward is that once Legal Aid attorneys have been trained, the two organizations will act as correspondent attorneys. “We also need ongoing training of the Legal Aid SA call centre agents,” says Nqubo. “To ensure that they identify the cases that need referral so that we can continue to help people who cannot afford legal services or cannot speak for themselves.” ■

**“It remains ... our collective responsibility that we destroy structural violence and eradicate sexism not only in the public and private sectors, but also in our homes. The men’s social movement brings to our nation the clarity, focus and impetus which is urgently needed to construct a new society founded on human dignity, fairness, and peace.” Cyril Ramaphosa, Deputy President and Chairperson of SANAC**

**“Engaging men does not mean men must liberate women – women must liberate themselves from patriarchy.” Bathabile Dlamini, Minister of Social Development**

**“The reality is that in South African men are not accessing treatment and not enough men are getting tested. That is why our partnership with the Men’s Sector is so critical. We are putting out a challenge to the Men’s Sector to work with SANAC to get back on track with levels of HIV testing we need in South Africa.” Fareed Abdullah, CEO of SANAC**

**“Our commitment is very strong. Stronger than you can imagine. We are going to walk side by side, around, in front and at the back with the men of South Africa.” Erasmus Morah, UNAIDS Country Director**

**“A lot has happened since the ‘Not in my Name’ campaign but now we need to put our shoulders to the wheel and all work together to change the attitudes of men.” Bafana Khumalo, Chairperson of the SANAC Men’s Sector**

## NEW APPOINTMENTS



PERTUNIA RAMABOYA was appointed as the Civil Society Coordinator in August. She has over eight years' experience working in the HIV field and has worked for different organisations including the GIZ, Mpumalanga Provincial AIDS Council and Centre for Municipal Research and Advice. Pertunia, who is originally from Limpopo, has an Honours Degree in Development Studies and is currently pursuing her Masters.



SINDI SHANGASE is a young feminist activist who feels that by joining SANAC, she has moved into a different space. However, helping to coordinate the country's HIV response will need the same passion and fire. As Government and Technical Task Team coordinator, she will have the task of supporting SANAC's technical task teams which advise SANAC on human rights and HIV prevention. Sindi is a Fellow of the UCLA/MAC AIDS Fund Leadership in HIV Prevention Programme, coordinated by the Human Science Research Council (HSRC).



BEULLAH MTHOMBENI is the new Procurement Officer in the Finance Department. Before joining SANAC, Beullah worked for the RAF as a Tenders Team Leader and has extensive public sector experience in Tenders, Request for Quotes, Database Management, Contract Management and Travel Management. Beullah is also a B.Com Graduate from the University of Johannesburg and is currently studying for her B.Com Honours in Economics.



TSHEPO MAREME has been appointed as the M&E Officer based in the North West Provincial AIDS Council. Prior to joining SANAC, Tshepo worked as a Monitoring & Evaluation District Advisor at Aurum Institute at Ngaka Modiri Molema District. Tshepo wanted to work for SANAC, and be in a position to implement the M&E plans at a provincial level, in order to see how each district could make an impact.



## THE LAST WORD

by **Dr Fareed Abdullah**  
CEO of SANAC

**T**here are major currents on the move in the world of HIV as we go to print with this edition of SANAC News. Globally, UNAIDS is driving the Fast Track Strategy to achieve the 90-90-90 targets to derive the full benefit of safer, simpler antiretroviral treatment. In this strategy, the CD4 count becomes less important as the world is moving towards providing ART as early as possible. The START trial interim results released a few weeks ago added impetus to the view that early treatment provides multiple benefits over the current protocol, and the WHO is reviewing its guidelines as we speak.

At the same time there is widespread recognition that a lot more needs to be done for prevention. UNAIDS has recognised this by adding a prevention target to the Fast Track Strategy. It has also confirmed the importance of continuing to tackle stigma and discrimination.

All of the above resonates very well with us here in South Africa and the SA AIDS Conference in Durban this year will be remembered as the moment in which South Africa takes its planning to the next level. Numerous sessions in the conference tackle many aspects of these global trends as they relate to South Africa.

At the opening ceremony Deputy President Cyril Ramaphosa points out the progress we have made with respect to treatment now that there are more than 3 million people on ART. He also points out that we must up our game when it comes to prevention especially for young women in whom incidence is unacceptably high.

The Deputy President also talks about the continuing problem of stigma following the SANAC-commissioned stigma index survey of 10 000 People Living with HIV. This survey, done in partnership with the HSRC and the SANAC PLHIV Sector, reveals that stigma is still prevalent and that self-stigmatisation is a major concern pointing to the need for more public education about HIV and even more psychosocial support for PLHIV.

SANAC hosts a satellite session on stigma during which the details of this fascinating survey will be revealed (see SANAC events on pages 2 and 3 in this issue).

SANAC also hosts a satellite session on the all-important function of planning and coordination of the National Strategic Plan. The session on the NSP Mid-term Review aims to describe the steps under way to review progress against targets set in the NSP at both national and provincial levels.

All in all the SA AIDS Conference is one in which some big changes can be expected in the way in which we think about HIV and where we invest our limited funds. It will also be a harbinger for the next year's International AIDS Conference to also be held in Durban. The conference comes back to Durban after 16 years. AIDS2000 is remembered as the conference that called for the provision of ART to all countries especially in Africa. Let's make it the conference that will be remembered for its call to comprehensively tackle prevention!

*A luta continua!* ■