



SANAC NEWS

THE OFFICIAL NEWSLETTER OF THE SOUTH AFRICAN NATIONAL AIDS COUNCIL

Welcome to the special World AIDS Day edition of SANAC News! SANAC's commemoration of World AIDS Day this year will take place in Ugu District in KwaZulu-Natal Province, under the theme "Towards an HIV-free generation, Rise. Act. Protect."

On pages 2 and 3 we talk more about the concept behind the theme, that is, building strong local responses to HIV and TB. This is followed by four inspiring and moving stories of Community Champions who embody the World AIDS Day theme. We also look back on some important events which took place in the month

of November. On page 8 we report back on the recent launch of the DREAMS initiative to reduce new HIV infections among adolescent girls and young women in five high-burden districts in South Africa. SANAC Plenary took place in November – find more about this on page 10. On page 11 you can find out more about South Africa's submission to the Global Fund.

We hope that wherever you are this World AIDS Day you take time to stop and reflect on the role you play in protecting yourself, your loved ones, and in achieving our collective vision of an HIV free generation. ■



AIDS HELPLINE
0800 012 322

1st December
WORLD
AIDS DAY



RISE. ACT.

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World AIDS Day is commemorated each year on 1 December and is an opportunity for every community to unite in the response to HIV, show support for people living with HIV and remember those who have passed away. For World AIDS Day 2015 in South Africa, the country will come together to leverage the momentum and energy of local responses to HIV and TB to celebrate and acknowledge the vital role that communities have played in the success of the AIDS response, especially in recent years.

PROTECT.

The slogan for World AIDS Day is: Towards an HIV-free generation, Rise. Act. Protect.

South Africa has made tremendous progress to turn the HIV and TB epidemics around and there are notable achievements to celebrate. A review of our efforts in addressing the HIV epidemic over the past 20 years paints a mixed picture. There have been many scientific advances in HIV treatment and we now have a much better understanding of the virus. More people are receiving antiretroviral treatment, and there is growing recognition of the benefits of treatment as prevention, and progress towards a cure and vaccine.

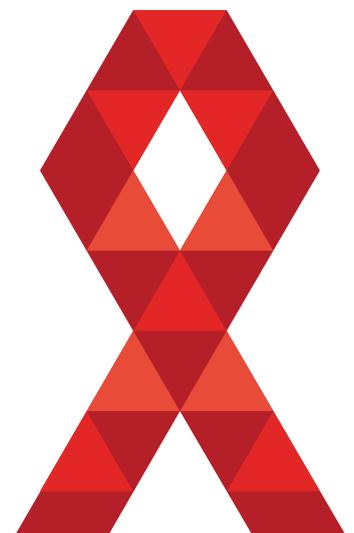
However, despite these advances, communities are still faced with the challenges of capacity, as they struggle to deliver services to uphold the dignity of people living with HIV and people living with TB.

At the heart of World AIDS Day 2015 is the message that there is no way we will be able to work towards ending AIDS as a public health threat by 2030, without getting communities re-energized and committed. The time has come to once again turn the spotlight on local responses and emphasise that communities – especially people at higher risk of HIV infection – are the last, and most critical, piece of the puzzle.

Within the current economic climate, and as resources for the HIV response diminish, there is an increased focus on ensuring that available resources are invested strategically, and are targeted at interventions and populations that will yield the highest impact. Civil society and community-based responses have been a prominent feature of the HIV response over the last three decades. The engagement and participation of civil society and the community in shaping and driving the response forward has led to many of the gains that have been achieved.

For World AIDS Day 2015, we have selected four “Community Champions” from all around South Africa who make a difference in their communities every day. We hope that their stories will inspire others to stand up, take action and protect themselves and others against HIV and TB. In the following pages of SANAC News, our Community Champions tell their stories. ■

Email worldaidsday@sanac.org.za to share your stories of people or community-based organisations who are true champions of their communities in the response to HIV and TB.



GA-RANKUWA

YOUNG ADULTS AGAINST HIV-AIDS

The year was 1998. Five resolute and visionary community members established a grassroots organisation to care for their community. Three founding members have tragically since passed. Two remain. Back then they were young adults; today they are grandparents.

Tshimane David Marakalla and Tryphosa Munnye Raseroka lead 17 staff and volunteers with passion. Passion for the betterment of every member of the community compels this unified group of selfless individuals.

GAYAAHA's vision and mission is to provide free and quality home-based care for, in particular, orphaned and vulnerable children who are infected or affected by HIV. Their services include care and support offerings for entire households, not just children, and prevention is a key focal point for them.

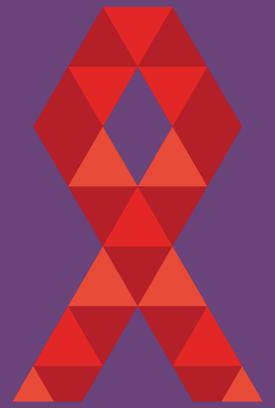
The organisation has come a long way since its humble roots when not a single volunteer received a stipend, and volunteers took to action inspired only by the love for their community. GAYAAHA is also committed to caring for their team, and they now provide a modest remuneration to their caregivers. Much appreciated volunteers remain unpaid helpers.

Almost everyone at GAYAAHA participates in the door-to-door activities undertaken by the caregivers and counselors. For many, it is in fact the favourite part of their work – introducing themselves to potential new clients, identifying new needs in homes they have been to before, detecting TB infections and related diseases then providing referrals, helping to bathe and clothe patients and clients, assisting with home cleaning, supporting patients' proper and regular treatment, organising paperwork and documentation to access government services, spending time educating the community about HIV and all its impacts, and simply caring. This is all a deeply personal journey for everyone as some staff and volunteers have some of their own family members living with HIV.

Without question, GAYAAHA has had a positive impact on the community's social fabric. For close to two decades, they have been fully present every single day. Theirs is an ambitious team that hopes that one day, their beloved Ga-Rankuwa Young Adults Against HIV-AIDS organisation might play a leading role not only as South Africans working in HIV services, but also on the worldwide stage. ■



RISE. ACT. PROTECT.



COMMUNITY CHAMPIONS



KEENEN IVORY ZULU

If the reputation of South Africa's youth was ever in doubt, young men like 20-year old Keenen Ivory Zulu surely make a case for a new talented and conscious generation that is emerging to give back to critical social needs.

Keenen generously and enthusiastically volunteers most of his time; he is not paid a single cent. The organisation he serves, Bokamoso Care Centre, offers infected and affected members of the community psychosocial support, food parcels, referrals, sports, and other forms of arts and culture programming. Bokamoso has given Keenen the very impressive title of Acting Director of Arts & Culture. In this capacity, Keenen writes plays, dramas and songs in order to make health education fun and entertaining. He says engaging with clients is the reason he gets up in the morning, and he excitedly reports that he has never been absent. To him, his volunteering is a 24-hour-a-day affair as he is constantly thinking and planning, even in his sleep!

While the ideas and passions are plentiful, the financial support is usually non-existent. Sometimes, he and his colleagues might need to go somewhere to perform, treat or counsel, and they neither have nor can afford the transport costs to get them there. Other times they need team uniforms for sports games or props for their drama performances but do not have the money to acquire them. An exuberantly passionate young man, he like many champions across the country, has not allowed a lack of funding, limited other resources and lack of transportation services deter him from faithfully offering his time, energy and love into growing the organisation so that it can serve every needy person in the community he calls home. ■

MEZA WEZA

Meza Weza is not only a man with one of the coolest names ever, he is also a man born to lead. After losing his brothers to an AIDS-related illness, Meza sprung into action to try and stop the spread of HIV in his community. Meza says people were dying and his acute senses of justice and responsibility, would not allow him to sit idly by.

Meza bears all the burdens and enjoys a few of the privileges one would expect a community leader to shoulder. His calmness, conviction and love are there for all to see. As he earns a humble living as a farm worker, where he is also the Worker's Representative, he also serves as a volunteer peer educator and change agent for the Centre for Positive Care. His work ethic and charisma make him ideal for his responsibilities at work and in his volunteering.

Meza inspires people to change from bad behaviours and habits to good ones, and focuses on their lifestyle, health, treatments and communal co-existence. He does not take his volunteer duties lightly; "It is my duty to bring people to the light." Meza says that being a peer educator and change agent makes it pivotal that he better himself since he must lead by both word and example. He is a humble man, believing he learns as much from the community as they do from him.

Meza admits it can be hard work. He says people can be stubborn and some refuse help or live in denial. Some members of his community are also scared but he is never fazed or discouraged. Sometimes, infected people who have declined help or whose families have declined help on their behalf, pass on and it hurts Meza deeply. He stands by the families during all the tough times.





He is resolute on his chosen road despite issues and stresses that even affect his own family at times. However, with conviction and character, this farm worker soldiers on – joined by other farm workers in the region who are also volunteers.

Meza hopes to one day see every member of his community actively involved in organisations such as the Centre For Positive Care, or assisting in any capacity they can, wherever they can. Meza reminds us; “If you do things voluntarily, it pays you.” He urges us all to join him and his fellow community members in responding to HIV because as he adamantly asserts, “At the end of the day, we are all affected.” ■

LEBOGANG BRENDA MOTSUMI

Ethiopia and the United States? Covered! Zambia and Zimbabwe? Pending! South Africa's nine provinces? A few down and more to go!

Lebogang Brenda Motsumi is a 26-year-old go-getter. As a proudly South African motivational speaker who gets invited across the country and to different parts of the world, Lebo is uniquely vibrant, passionate and optimistic. She openly shares her HIV-positive status but is clear that she is no victim. Rather, she is master and commander of her fate. And she is the mother of little Meekah, who is HIV-negative.

Lebo encourages everyone to reclaim control of their lives. She regularly uses her own story to help educate her audiences. Among her many areas of focus, Lebo voluntarily runs a support group at a hospital which she hopes will grow to accommodate more clients and patients, and she zealously promotes abstinence and defiance of peer pressure amongst young people. In the near future, she hopes to write a book that can be used in Life Skills courses, she wants to host story-sharing programmes on television, and she is on a mission to produce a documentary on HIV.

This elegant heroine struggles to fund her passions, as do many champions. While she has learned to charge for some of her services, she admits volunteering can be tough. Transport costs and other resource shortages are a challenge. Yet she emphasizes that it cannot be just about funding. She implores, in particular unemployed and out-of-school youth, to use their time to change someone's life. If that reason alone is not enough, she reminds them that volunteer work can build your CV and open many doors for you – as it has done for her.

It is impossible to interact with Lebo without being moved to rise, act and protect. Her optimism and daring is delightfully contagious. Lebogang Brenda Motsumi has declared that her life belongs to her, not to HIV. She is a shining light of resilience and delivers on the desire for a meaningful life in service to others. Lebo says she simply wants to see people overcome HIV with a similar will to be happy and healthy! In her own words, she is “rebranding HIV and AIDS”! ■

DREAMS

A BETTER LIFE FOR YOUNG WOMEN AND GIRLS

Young women and girls must be empowered to provide the leadership that is needed to reduce new HIV infections in the highest burden countries in eastern and southern Africa. This is the message that emanated from the launch of the Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) initiative in Johannesburg, South Africa on 17 November 2015.

According to the Humans Sciences Research Council (HSRC), young women and girls accounted for a quarter of the new HIV infections in South Africa in 2012. The country also accounts for a quarter of new HIV infections globally.

Young women and girls are vulnerable to HIV for a range of biological and sociological reasons. An immature vaginal tract, coupled with the presence of a sexually transmitted infection, makes a young girl at much higher risk of HIV infection. Intergenerational sex – that is, sex with a man ten years or older – also increases a young girl's vulnerability as her power to negotiate condom use is often diminished due to unequal power relations. Poverty, gender inequality and limited access to youth-friendly health services also play a major role in shaping young women's self-esteem.

Research has also shown that many women experience high rates of violence at a young age, including sexual assault, which diminishes their ability to take part in HIV preventative behaviour. The 2012 HSRC survey also revealed that knowledge of HIV among young people was at an all-time low.

The DREAMS initiative will be implemented in two provinces and five high-burden districts in South Africa, and in ten countries across eastern and southern Africa. The ambitious target of the initiative is to reduce new HIV infections among young women and girls by 40% over two years. It is supported by the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Bill & Melinda Gates Foundation and Girl Effect. ■

"DREAMS is a blueprint of hope that if we prevent new HIV infections among young women and girls we can reduce new HIV infections globally by 90 per cent. All the girls here have dreams... and I have a dream too—that we keep our young girls safe and AIDS-free." **Deborah Birx, U.S. Global AIDS Coordinator**

"The problem in society is that we don't want to teach our girls about sex. We don't want to give young women condoms because we think we are encouraging girls to have sex. Young women and girls need to change people's mind set... go to the clinic and demand your health rights." **Aaron Motsoaledi, Minister of Health in South Africa**

"DREAMS is not just about reducing new HIV infections among young women and girls. It is about transforming society. It is about bringing hope to the world. UNAIDS stands with Ambassador Birx, South Africa and PEPFAR to achieve the DREAMS targets." **Luiz Loures, UNAIDS Deputy Executive Director**

"Young women and girls are not looking for patrons. They are looking for partners. Everything that young women and girls say will be taken into account. They are the dream keepers." **Patrick Gaspard, U.S. Ambassador in South Africa**

"For so many aching years young women and girls wanted to be involved in issues that concern them. DREAMS is responding to the needs of our young women and girls by involving them. Our role is to stand up, act and take responsibility." **Steve Letsike, Chairperson of the South African National AIDS Council's Civil Society Forum**



DREAMS

WORKING TOGETHER FOR
AN AIDS-FREE FUTURE
FOR GIRLS & WOMEN



Above, left to right: Steve Letsike; Aaron Motsoaledi; Deborah Bix, Patrick Gaspard and Luiz Loures



Above: Young women and girls attend the DREAMS launch

FRANK DIALOGUE ON SA AIDS RESPONSE

The SANAC Plenary meeting, as usual, provided participants with a platform for robust and frank dialogue on the status of the HIV and TB response in South Africa.

SANAC Plenary is chaired by the Deputy President, Cyril Ramaphosa, in his role as Chairperson of SANAC. It includes high level participation from the Minister of Health, Aaron Motsoaledi, as well the Deputy Chairperson of SANAC, Steve Letsike, SANAC CEO, Fareed Abdullah, Provincial AIDS Councils, civil society sectors, selected development partners and others. The meeting took place in Johannesburg on Saturday 14 November.

The Minister of Health provided a broad overview of the status of the HIV and TB response in South Africa, emphasising the importance of the 90-90-90 targets for TB: 90% of high risk populations screened for TB, 90% of people with active TB diagnosed and treated, and 90% treatment success by 2020. The Minister urged SANAC and civil society to take TB seriously and embrace the targets in its programming, due to the high rate of TB deaths in South Africa.

The Minister also spoke about ARV stock outs, and called for stronger leadership in the provinces to pay attention to supply chain management issues. He singled out Operation Sukuma Sakhe in KwaZulu-Natal, calling for other provinces to adopt this community-based service delivery model which places HIV and TB in the centre. The Minister noted that the community plays a critical role in ensuring that services are there for the people who need them the most.

This Plenary saw the appointment of an experienced and

diverse new Board of Trustees for the South African National AIDS Trust (see page opposite), which includes Gwen Ramagkopa, former Deputy Minister of Health and Mayor of the City of Tshwane. The Deputy President extended his gratitude to the outgoing board for doing a “sterling job” and serving the SANAC community with great diligence.

Fareed Abdullah gave an update on the national sex worker programme and reported that, although there have been significant advances in the sex work sector, the Sex Work Technical Working Group is concerned that the current legislation surrounding sex work will be an obstacle to the full implementation of the proposed national programme. A peer educator-led approach has been adopted for the success of the national programme, which will use a comprehensive package of services.

On the eve of World AIDS Day, under the theme of local responses, the Deputy President called for a sharper focus on community-based initiatives, saying that “... this year... we want to salute the many heroes and heroines across this country who are involved in this cause, and to strengthen their resolve and determination.” ■

Below, from left to right: Fareed Abdullah, SANAC CEO; Aaron Motsoaledi, Minister of Health; Cyril Ramaphosa; Deputy President; and Steve Letsike; Deputy Chairperson of SANAC



GLOBAL FUND CONCEPT NOTE:

By Gemma Oberth

South African stakeholders unanimously back country proposal

On 15 July, South Africa submitted a concept note to the Global Fund for HIV/TB funding. More than half of the funding requested is to support prevention interventions specifically targeting key populations including young women and girls, men who have sex with men and people living in disease hot spots.

The proposed slate of interventions would position the Global Fund as the single biggest investor in key populations programming in the country, complementing the government's annual budget for its High Transmission Areas programme and the PEPFAR/USAID budget for DREAMS, inmates and other key populations.

The remainder of the funding would support improvements in quality of care through high-impact interventions that focus on gender-based violence, stigma, treatment adherence and strengthening health and community systems, supporting multi-sectoral work by the government of South Africa.

South Africa embraced good practice for an inclusive country dialogue. Health Minister Aaron Motsoaledi joined a prioritisation discussion at the CCM in March, and consultations included a wide range of constituencies. A series of smaller technical consultations was led by South African National AIDS Council (SANAC): a coordination and oversight body that deliberately does not take funding from the Global Fund. The CCM also published a Civil Society Priorities Charter, as well as a Key Populations Supplement: important guiding documents for the prioritised interventions in the concept note.

Brian Kanyemba, a civil society representative for the LGBTI

communities in the country coordinating mechanism (CCM), drove the development of the Key Populations Supplement.

“Key populations are too often ignored and stigmatized, or patronized in trials and studies, rather than being truly engaged in solutions to the epidemic,” said Kanyemba.

The decision to focus on key populations and specific geographic hot spots was informed by emerging evidence supporting a more targeted approach to HIV and TB resource distribution in South Africa. Preliminary results from a first geospatial mapping show that there are clear hot spots and cold spots within provinces, and that a district-based approach that strategically saturates hyper-endemic hot spots (which could be as focused as 16 km² sub-districts) is a more efficient method.

In addition to offering a comprehensive package of services to key populations in targeted districts, South Africa has also presented innovative activities for consideration for incentive funding, including mobile smartphone applications and sustainable finance mechanisms.

“The resulting concept note is a well-balanced proposal that supports the very ambitious treatment programme that has made South Africa a world leader in the AIDS response,” said Dr. Fareed Abdullah, CEO of SANAC. “The programme also scales up interventions for previously neglected key populations such as sex workers, men who have sex with men, transgender women and men, people who inject drugs and prison inmates, to levels that will have a national impact.” ■

A longer version of this article first appeared on AIDSPAN: www.aidspace.org



Standing: Pholokgolo Ramothwala, Mluleki Zazini, Sheila Mbebe, Yogan Pillay, Mthetho Tshemese

Seated: Gwen Ramokgopa, Deputy President Cyril Ramaphosa, Steve Letsike

NEW BOARD OF TRUSTEES FOR SANAC

Deputy President Cyril Ramaphosa announced the new Trustees of the SANAC Trust at the SANAC Plenary meeting held at the Protea Hotel, OR Tambo Airport, Johannesburg. He thanked them for accepting the invitation to become part of the critical work that SANAC is doing.

The newly appointed SANAC Trustees are: Gwen Ramokgopa, Sheila Mbebe, Mluleki Zazini, Pholokgolo Ramothwala, Steve Letsike, Yogan Pillay, Mthetho Tshemese, Kholeka Mlisana, Ayanda Ntsaluba, and Thandi Orleyn.

The Deputy President also extended his thanks to the outgoing SANAC Trustees for their dedication and diligence.

NEW APPOINTMENTS



TSENOLO CLAIRE MORUTHOANE joined SANAC as the Monitoring and Evaluation (M&E) Officer for Free State Province in October 2015. She has a background in Biomedical Science and Immunopharmacology and recently completed her Master's Degree in Public Health. Tsenolo has 12 years of experience in public health, particularly HIV field work, research and M&E. She has worked with development partners such as CDC/PEPFAR and government and looks forward to working in the Free State Province.



PAT MHLONGO is the SANAC HIV Counselling and Testing (HCT) Coordinator: Private sector. He has extensive project and organizational management experience in public and private health care service management, as well as monitoring and evaluation. He has previously worked as National Projects Manager for the South African Business Coalition Against HIV/AIDS, Integrated Nutrition Technical Facilitator for Health Systems Trust and as Provincial Project Coordinator at South Africa Partners, implementing the pilot Basic Care Package Programme with the Eastern Cape Department of Health, now known as I-ACT.



LEBOWA MALAKA officially joined SANAC as the Key Populations Programme Manager in September, although he has been serving at SANAC from February 2015 as seconded staff. He has a background in Medical Science and Health Care Management; and has 14 years of experience in the public health field, particularly HIV. He has worked with government and renowned organizations and believes in outcomes-driven business leadership.



THE LAST WORD

by **Dr Fareed Abdullah**
CEO of SANAC



Here we are, commemorating and celebrating yet another World AIDS Day. 2015 seems to have passed by in a blur, with so many achievements and so much still left to do in 2016 and beyond. SANAC has been busy: the launch of a massive nationwide TB screening campaign; a huge PEPFAR award to address HIV among young women and girls in high burden areas; the biggest Global Fund concept note ever submitted by South Africa; a SANAC Legokotla and Plenary; and so the list goes on! Governance has also remained a high priority of SANAC and last month we appointed a new Board of Trustees, who guide and advise on our work. We continue to grow the staff of SANAC, and this year we have seen many appointments to the provinces, to ensure that we support a strong decentralised, multi-sectoral HIV and TB response.

The theme for this World AIDS Day 2015 is “Towards an HIV Free Generation, Rise. Act. Protect” and it is all about highlighting local responses to HIV and TB. Whether these responses are on an individual, family or community level, they all count. Without a strong community response, we will never achieve our vision of ending AIDS as a public health threat. Earlier in this edition of SANAC News we remarked that communities are the remaining piece of the puzzle of the HIV response, and that is so true.

Take prevention of mother-to-child transmission, for example. South Africa has done so well in reducing new HIV infections among children from 8% in 2008 to 1.5% in 2014. That is a massive amount of HIV infections averted and we should be proud of this achievement. If we are going to go the last mile, however, and achieve virtual elimination of mother-to-child transmission, we need communities. We need women, partners, family members, community workers, health care workers and every other person that makes up a community, to ensure that pregnant women are presenting at the clinic early in their pregnancies, in order to get tested for HIV and if need be, start HIV treatment to keep themselves healthy and give birth to an HIV-negative baby. Then we need people around them to encourage women to exclusively breast feed their babies for six months and give them the support that they need to achieve this mammoth task. And, of course, it doesn't stop there.

There are so many other examples of where community involvement and support play a vital role – adherence clubs for people on HIV treatment; speaking up and pledging zero tolerance for sugar daddies and violence against women and children; or men encouraging other men to test for HIV. We need to empower people in communities with knowledge and tools so that they can find the solutions that work for them. Multi-sectoral service delivery models, such as Operation Sukuma Sakhe in KwaZulu-Natal, work, and provide people with the social cohesion that is needed to make communities stronger.

I believe that, because of our history, because of who we are as South Africans, we have what it takes to go further and achieve more. We have come so far and to allow HIV to defeat us is not an option. The theme of this World AIDS Day is about standing up, taking action and protecting ourselves and others, because we know it is too important not to.

Aluta Continua! ■