



# SANAC NEWS

THE OFFICIAL NEWSLETTER OF THE SOUTH AFRICAN NATIONAL AIDS COUNCIL



## BREAKING GROUND: SANAC'S NATIONAL SEX WORKER HIV PLAN

**S**outh Africa became one of the first countries to begin rolling out antiretrovirals for pre-exposure prophylaxis (PrEP) as well as 'test and treat' to sex workers when the Deputy President of South Africa, Cyril Ramaphosa, in his role as SANAC Chair, launched the ground breaking National Sex Worker HIV Plan, a comprehensive response to the needs of sex workers.

Deputy President Ramaphosa indicated that it was fitting that the plan was launched in March during Human Rights Month. "This plan is about human rights, about the rights of ordinary people. It affirms the right of all South Africans to life, dignity and health, regardless of their occupation and sexual orientation and regardless of their circumstances."

Ramaphosa warned that the rights of sex workers could not be denied, despite whatever views people held about sex work. "Like anyone else, [sex workers] have dreams, customs, beliefs and faith. They too have mothers, fathers, families and children who love and appreciate them. They have the right to be treated with dignity, the right to their bodily integrity, and the right to say no," said Ramaphosa, who concluded his speech by embracing national leader of the Sisonke sex worker movement, Kholi Buthelezi.

Buthelezi cautioned that the plan would not be able to meet its targets without the decriminalization of sex work. Lesly Mntambo's poem echoed these sentiments: "We are the game changers in the industry, not the drivers of HIV. We are the vanguards of pleasure, and supplementing the rest of the other industries is our lifetime mission. Stop criminalizing my adult body and what it is capable of doing, I decide what to do with it." ■



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## THE NATIONAL SEX WORKER HIV PLAN

The plan has been designed to encompass the multi-faceted lives of sex workers and tackles not only their health needs but also psychosocial support, alcohol and substance abuse treatment, and reducing violence and economic empowerment. The plan includes six core packages for sex workers, underpinned by a peer educator and combination-prevention approach. The packages are:

- Peer education
- Health care
- Psychosocial service
- Human rights
- Social capital building
- Economic empowerment

### TARGETS OF THE PLAN

- Reach 70 000 sex workers
- Recruit 1 000 peer educators
- Ensure that 95% of sex workers use condoms with their clients
- Provide PrEP to sex workers
- Ensure that 90% of sex workers reached are tested for HIV and know their status
- Ensure that 90% of sex workers who test positive are on ART
- Ensure that 90% of sex workers on ART are virally suppressed
- Reduce instances of violence against sex workers by 50%.

Funding for this Plan will be through existing channels and programmes including the Global Fund to Fight AIDS, Malaria and TB, President's Emergency Plan for AIDS Relief (PEPFAR) and the South African Government.



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# A WORLD AIDS DAY LIKE NO OTHER

Planning for a national World AIDS Day event is a massive undertaking that requires hours of meetings, a wide range of stakeholders, and a healthy dose of optimism. At planning meetings, SANAC's Reverend Zwo Nevhutalu, one of the co-chairs of the planning committee, would revive flagging spirits and morale by assuring the team that 2015 World AIDS Day would be "a World AIDS Day like no other". This was not an empty promise.

For the first time, the concept around a national World AIDS Day event was developed together with civil society. Government and civil society agreed that it was time to celebrate and acknowledge the vital contribution that communities have played in the country's response to HIV and AIDS. In previous years, World AIDS Day has been a major formal occasion involving large crowds, but in 2015, World AIDS Day was decentralised, in order to reach more people, and to highlight the AIDS response at the local level. Political and

civil society leaders were deployed to 22 wards in Ugu District, KwaZulu-Natal Province, where community dialogues were held.

On a cool overcast morning, community members from Ugu district began arriving at the Ugu Sports and Leisure Centre to participate in the first part of the World AIDS Day commemoration. Deputy President Cyril Ramaphosa told the audience that "in celebrating this day, we are also showing support to those living with HIV. This fight, in many ways has brought all of humanity together."

The Deputy President also reflected on what World AIDS Day means to him, evaluated the progress – or lack thereof – of the national AIDS response, recognizing partners and recommitting to the goal of an HIV-free generation. The slogan for World AIDS Day 2015 was "Towards an HIV-free Generation: Rise. Act. Protect"

"This is the time for all of us to rise, act and protect. As a nation we must rise to the challenge and be confident that we can succeed," said Ramaphosa.

The Deputy President thanked UNAIDS Executive Director Michel Sidibé for his role in encouraging South Africa to lead the charge towards ending AIDS. "South Africa's story is one of moving from denial to acceptance, from dependency to ownership and from despair to hope, with impressive results," said Sidibé. "South Africa has shown us not to be afraid of

our future, but to shape it."

Andrew Mosana, from the Treatment Action Campaign, noted that there were still many challenges and that civil society plays a critical role in South Africa's HIV response and had to be supported.

The World AIDS Day event also included the participation of community champions, such as Thuliswa Sontsele and her colleagues at the South Coast Hospice. Sontsele originally comes from Bizana in the neighbouring province of the Eastern Cape, and works as a social worker. She and her team spoke of their work with children and adolescents, counselling families on death, running disclosure programmes; training home-based caregivers and counsellors; and hosting education and treatment adherence workshops at local schools. ■



2015 1st December WORLD AIDS DAY

TOWARDS AN HIV FREE GENERATION

**RISE. ACT. PROTECT.**

**LEBOGANG BRENDA MOTSUMI**  
Rebranding HIV and AIDS

Lebogang Brenda Motsumi is a vibrant and optimistic 26-year old who is inspirationally open about her HIV-positive status. She is a shining light of resilience who wants to see people overcome HIV and AIDS with a similar will to be happy and healthy. She employs unemployed and out-of-school youth to use their time to change someone's life.

AIDS HELPLINE  
0800 012 322

REPUBLIC OF SOUTH AFRICA

2015 1st December WORLD AIDS DAY

TOWARDS AN HIV FREE GENERATION

**RISE. ACT. PROTECT.**

**MEZA WEZA**  
At the end of the day, we are all affected

Meza Weza is a volunteer peer educator, change agent and all around leader. He lives to inspire people to change from bad behaviours and habits to good ones. He urges all to join the battle against HIV and AIDS.

AIDS HELPLINE  
0800 012 322

REPUBLIC OF SOUTH AFRICA

# RISE. ACT. PROTECT.

## TOWARDS AN HIV FREE GENERATION

### Women's Prevention Summit 2015

Despite substantial progress in responding to the epidemic, about 330 000 South Africans still became infected with HIV in 2014 and the majority are women. The message is clear: we have not yet cracked the massive challenge of HIV prevention – especially for women – and we need to think more critically to identify programme weaknesses and more creatively to develop stronger approaches.

**PERTUNIA RAMABOYA**  
SANAC Civil Society Coordinator

**W**oman-centred advocacy for HIV prevention was the focus of the third Women's Prevention Summit themed "Communities lead in effective prevention strategies" which took place from 25 to 27 November 2015. The event was organised by the South African National AIDS Council (SANAC)'s Women Sector and hosted by NACOSA in collaboration with the SANAC secretariat, the Embassy of Ireland, the International Partnership for Microbicides (IPM), global health organization PATH and the Centre for Communications Impact (CCI). The summit focused on prevention strategies within communities, their successes, lessons learned as well as identified solutions to the challenges around those strategies. Some of the objectives of the event included:

- Discussing the relevance and implications of the UNAIDS 90-90-90 targets for prevention
- Sharing lessons on different prevention strategies and interventions that are spearheaded by women's organisations at grassroots (community) level

- Exploring ways in which already established health systems within communities can be used in HIV prevention to benefit women and girls
- Getting updates on effective biomedical interventions and exploring ways of escalating access for women
- Examining prevention strategies aimed at addressing social and structural drivers of HIV and AIDS

In her welcome address, Women Sector chairperson, Mashudu Obinyeluba, reiterated the importance of networking, peer learning and of strengthening the women's sector through open dialogue, constructive critique and self-reflection. One of the highlights of the summit included group sessions where delegates including young women and girls spent hours developing quilts to creatively reflect on the struggles from South Africa's HIV response in the late 90s as well as current successes, including the provision of antiretroviral treatment. The team was seen working late in the night to ensure that the work is done. "The summit was really a success," said one of the delegates. ■

bring  
back  
our girls



make  
a plan



more  
than lip  
service

where is  
the zero?





# The state of our HIV RESPONSE

South Africa is doing remarkably well at providing antiretroviral treatment (ART). Almost half – 3.2 million – of the estimated 6.8 million people who have HIV are receiving treatment. This makes us the country with the largest number of people on ART in the world.

To put this in some sort of global perspective, our programme contributes no less than 20 per cent of the 15.8 million people on ART throughout the world as announced by UNAIDS earlier this year. This achievement is due to the unflinching commitment of the Treasury to fund such a rapid rollout and the unique brand of leadership of our Minister of Health, Dr Aaron Motsoaledi.

Are there problems with the implementation of the programme? Of course there are. Drug stock outs, long queues, low staff morale, and poor record keeping are all to be expected in such a large-scale programme and though government is aware of many of the problems it remains critical for civil society organisations to point out weaknesses and for government to respond to criticism.

All of the problems and even the difficulties within the public sector about carefully tracking each patient (weak patient management systems) do not take away from the staggering demographic and public health benefits that the treatment rollout has heralded. Life expectancy in South Africa increased from 53 years in 2006 to 61 years in 2012 and mortality has declined by about 50 per cent over a similar period of time. Government spends billions of rand on treatment and the investment is certainly paying off.

The success of our treatment programme, however, brings us to a new crossroads in the epic war against HI virus. A successful treatment programme means more South Africans will survive and live longer with HIV. Yet it also means that we are seeing an ever-burgeoning epidemic of HIV as a result of better survival on treatment and a continuing feed of new HIV infections annually.

## What about prevention?

This all means that we have to seriously turn our attention to prevention. We have to drastically reduce the number of new infections in the short to medium term. There are two schools of thought on how to approach prevention.

The first takes the view that prevention can be best achieved by a pill, as an HIV-positive individual who is virally suppressed on ART has such a reduced level of infectiousness that the risk of transmission to a HIV-negative sexual partner declines by more than 90 per cent. Combine this with the option of a negative individual who can take a daily pill and reduce his or her risk of infection from sex with an HIV-positive individual in more than 60 per cent of the time and you already have the core of an effective prevention programme through the provision of treatment. This is quite a neat argument and there is modelling work that gives it credibility. The models show that over time these 'treatment' interventions also have a substantial 'prevention' benefit.

The second view is that no amount of pill-popping, gel insertion or foreskin snipping is going to yield the desired result of a rapid reduction in new infections. There are greater forces driving new infections and these have to do with social and economic factors that define sexual relations in South Africa. There is a so called 'political economy' of HIV transmission that must be understood before its power is to be broken so that the chain of transmission can be similarly unravelled. What is it that drives the cycle of men having liaisons with young women five to ten years their junior in years? What are the social and economic dynamics of transactional sex? What are the gender dynamics that make men in life partnerships take on these other liaisons? How much of it is coercion and how powerless is a young woman who is poor, has lost one of her parents to HIV and has just dropped out of school?

The holders of this second view are quick to point out that this is not one of those deterministic outlooks that end with a fatalistic 'nothing will change unless the underlying conditions are removed' point of view. In fact, the social science research is exciting. We know, for instance, that girls in families that receive child support grants are less likely to become HIV infected, as are girls who stay in school to the full term. We also know that women who experience gender violence are

Now that the South African government has the largest condom procurement and distribution programme in the world at least the commodities exist to get men to put them on their penises!

BY FAREED ABDULLAH, CEO of SANAC

three times more likely to be infected with HIV than those who don't share this horrible experience. Pregnancy at a young age, we know, puts a young woman in South Africa on the road to HIV.

Consistent condom use is still the single most effective intervention for the prevention of HIV and it would be fair to say that we have not achieved sufficient consistent condom use to see its full benefits.

We also know that medical interventions often fail because of human behaviour and that men with HIV are not seeking treatment although it is universally available (this would help them and their uninfected partners) and that men and women struggle to adhere to both prevention and treatment interventions. This is so severe a problem that the famed Tenofovir Gel trial failed not because the preparation was not efficacious but because the women in the trial did not adhere to it.

As a country we need to knock heads to bring these apparently differing perspectives together and to find the magic mix of prevention and treatment interventions to break down the constant stream of new infections that puts a more thoroughgoing control of the epidemic just out of our reach. That is the task facing the South African National AIDS Council and its constituents in government, civil society and the private sector. ■

*A version of this article first appeared in The Star newspaper on 7 December 2015*



# BIG-LEAGUE PREVENTION

SANAC kicks off HCT and condom campaign at soccer stadiums

Soundbites may have won the Telkom Knockout final in December 2015, but the South African National AIDS Council (SANAC) "scored big" when it partnered with the national health department, Telkom and the Premier Soccer League to distribute 250 000 condoms to approximately 75 000 football supporters at Durban's Moses Mabhida Stadium.

In a statement, Deputy President and SANAC Chairperson Cyril Ramaphosa commended the match organisers, sponsors, fans and the 25 volunteers who distributed the condoms for making the HIV awareness activation a success.

This was the second soccer stadium condom distribution and activation spearheaded by SANAC in 2015. During the Carling Black Label Cup in August 2015, SANAC and its partners distributed about 100 000 condoms and promoted HIV counselling and testing to about 90 000 soccer fans.

The two soccer activations are part of the revitalized HIV Counselling and Testing (HCT) campaign that has created an innovative "wave" system to create demand in priority sectors. All the waves will make use of advocacy and communication tools such as mass media (with a specific focus on empowerment of community radio stations), community dialogues, traditional leader's imbizos, social media and print media to generate demand for HCT and TB services. The waves will also be linked to provision of HCT package of services in targeted areas including the retail sector, mining communities and the taxi industry. ■



ICASA 2015

# KEY POPULATIONS WON'T BE SILENCED

On the eve of World AIDS Day 2015, the Executive Director of UNAIDS, Michel Sidibé, stressed the need to reach people most affected by HIV as he spoke at the opening of the Community Village at the 18th International Conference on AIDS and STIs in Africa (ICASA).

**S**idibé joined hundreds of civil society members, people living with and affected by HIV and other participants at the official opening of the Community Village, where he also underlined the importance of engaging key populations in global, national and local responses to HIV.

“Key populations are helping us to break the conspiracy of silence,” said Sidibé. “I commend your courage and leadership for building an inclusive and effective response to HIV.”

“Being here is an opportunity to stand in solidarity with African key populations—sex workers, men who have sex with men, women who have sex with women, trans-diverse persons, people who use drugs, people with disabilities and people living with HIV—in order to end AIDS,” said Regional Coordinator and Executive Director of the African Sex Workers Alliance, Daughtie Ogotu.

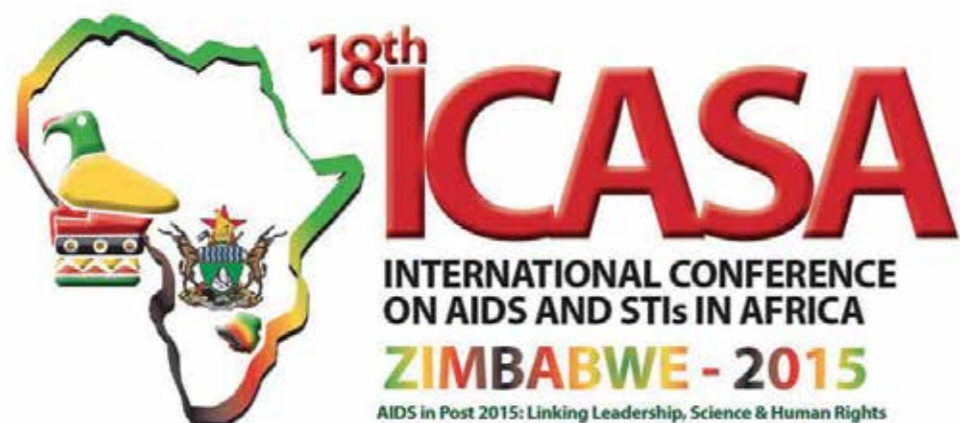
Key populations are at the highest risk of contracting HIV. Yet they also have the least access to prevention, care, and treatment services because their behaviours are often stigmatized, and even criminalized.

SANAC participated and hosted a satellite session on the Global Fund and Key Populations at the conference, in order to share the country's lessons and learn from other countries implementing key population programmes. The satellite session was co-hosted by Global Fund principal recipients implementing programmes for key populations NACOSA (Red Umbrella National Sex Work programme) and Right to Care (TB in Prisons).

Lebowa Malaka, Key Populations Manager at SANAC, moderated the session and gave an overview on working with key populations in South Africa particularly sex workers, men who have sex with men, people who inject drugs and prisoners.

Geraldine Kasere, Capacity Development Coordinator for Global Fund principal recipients at SANAC, gave an overview of the Global Fund's support for the Key Populations in the country, while Ian Hove, Global Fund Programme Manager at Right to Care, gave an update on progress made on their TB/HIV programmes in prisons. ■

*With contributions from Lebowa Malaka*



# PREVENTION BREAKTHROUGH

## ARV-INFUSED VAGINAL RING SIGNIFICANTLY LOWERS HIV INFECTIONS

A vaginal ring infused with anti-HIV medication can reduce women's chances of contracting the virus by almost a third – and by up to 56% in women older than 21 – according to the results of two clinical trials announced at the annual Conference on Retroviruses and Opportunistic Infections in Boston in the United States in February.

**T**he trials required over 4 000 HIV-negative women aged between 18 and 45 in South Africa, Uganda, Zimbabwe and Malawi to insert a flexible silicone ring containing the antiretroviral Dapivirine into their vaginas. They had to replace the ring every month over a period of two years. The two studies – known as the Ring Study and the ASPIRE trial – were started in 2012 and designed in collaboration with the Partnership for Microbicides and the Microbicides Trials Network respectively.

These results are “ground-breaking” as they offer another prevention option to women who often cannot negotiate condom use with male partners, said Jared Baeten, who led the ASPIRE trial. “This is the first example of a long-acting prevention method which, as these results tell us, is extremely safe and is also effective,” said Baeten. “It's also easy to use: there wasn't a single case where a woman could not insert the ring or remove it at the end of the month,” he said. According to Baeten, another advantage is that the ring is discrete with “little to no impact” on sexual pleasure and did not cause discomfort in day-to-day life. “This is important for women who need to keep their prevention methods a secret from their male partners,” he said.

Annelene Nel, who led The Ring Study, said that the results are statistically significant enough to apply for regulatory approval in individual countries as well as internationally. “Most African countries require World Health Organisation (WHO) pre-qualification before they authorise health products and for that we need approval from either the Federal Drug

Administration or the European Medicines Agency (EMA),” she said. The Partnership for Microbicides will first seek EMA approval and expect the rings to be available on the market by 2018 at the earliest. According to Nel, South Africa could get approval for the rings before other African countries, as it is one of the few countries on the continent with its own approval body – the Medicines Control Council – whereas many other African countries depend on the lengthy approval processes of the EMA or WHO.

In The Ring Study, HIV infections were reduced by 31% overall and by 37% in women older than 21. The ASPIRE study found that the Dapivirine vaginal ring reduced HIV infections by 27% overall but by 56% in women over the age of 21 and by 61% in women older than 25. Baeten said these differences, common to both trials, relate to lower adherence rates in younger women – where the ring was not kept inside the vagina for the entire month.

The researchers measured adherence by testing the level of the drug in the blood of participants as well as the amount of Dapivirine left in the rings themselves. “We suspect that some women removed their rings before their clinic visit and re-inserted it before the next one,” he said. “Like with any medication it can only work if it is used.”

Although this method is not as effective as condoms, Baeten said women, especially in high HIV-prevalence countries in Africa, need more than one option. “Women's preferences are not all the same – just as women have choices in contraception, they need choices for HIV prevention, too.” ■

*This article first appeared in The Mail and Guardian on 23 February 2016*



# 2016 World TB Day

On March 22, 2016 SANAC joined the National Department of Health (NDOH), African Union and partners to host a World TB Day event focused on highlighting successes and recommitting the country's focus on fighting TB and HIV. The event was held in Marapong, Lephalale in Limpopo Province and was attended by thousands of community members.

**D**eputy President Cyril Ramaphosa, in his capacity as SANAC chairperson, was the keynote speaker for this event. His speech focused on the positive strides South Africa has made in the fight against TB. He highlighted that at least 30 million people had been screened for TB in health facilities since the launch of the massive TB Screening Campaign at the previous World TB Day event in 2015. Ramaphosa also commended Minister of Health Dr Aaron Motsoaledi, who was also in attendance, for his recent receipt of a USAID-TB International Award in recognition of his efforts in the global fight against TB.

Ramaphosa called for more accurate TB data to be able to respond more effectively to the epidemic. "It is important that as a country we know the true burden of TB in South Africa so that we can deploy the appropriate level of resources required for an effective response. Accurate data will enable us to better measure our performance as we respond to the epidemic."

Lephalale is undergoing significant economic development, fast population growth and rapid urbanisation. This growth is being driven by the expanding mining and energy generation sectors. TB infections in Lephalale are increasing, especially in emerging informal settlements such as Marapong. In Lephalale,

TB/HIV co-infection stands at about 65%, compared to the national average of 55%.

The Deputy President also launched South Africa's first National TB Prevalence Survey, to be conducted by the Department of Health, the South African Medical Research Council and the Human Sciences Research Council. The survey will be concluded within two years.

In addition, Ramaphosa and Motsoaledi officially opened the Marapong Community Health Centre at a Lephalale informal settlement. The centre is a public/private partnership clinic to replace the old four-roomed house that used to serve the community's health needs.

"We continue to mobilise more resources for the TB response. Government, with support from technical partners, conducted investment cases for TB and HIV which aimed to investigate exactly what we need to do to stop TB and HIV infections and mortality ... We found that we would not be able to reach these targets unless we scale up all available HIV and TB interventions," said Deputy President Ramaphosa. The government has allocated an additional R240 million to the fight against TB in the 2017/18 financial year, which will increase to R500 million in the 2018/19 financial year.



## DELAMANID: CLINICAL ACCESS PROGRAMME EXPECTED

The South African National Department of Health is expected to roll out a clinical access programme to allow drug-resistant tuberculosis (DR-TB) patients access to the new drug delamanid.

**S**outh Africa has become the first country in the world to replace microscopy – or the use of microscopes to detect TB in samples – with the GeneXpert rapid test for the diagnosis of TB, according to Department of Health's DR-TB, TB and HIV division head Dr Norbert Ndjeka.

According to Director of the Department of Health's DR-TB, TB and HIV division Dr Norbert Ndjeka, the department is currently in talks with Japanese drug maker Otsuka Pharmaceutical to negotiate access to Otsuka's DR-TB drug, delamanid, for what will initially be a small number of patients as part of a clinical access programme.

The proposal follows a similar 2012 access programme that paved the way for a national roll out of the DR-TB drug bedaquiline, the first new TB drug to hit markets in nearly four decades. South Africa now leads the world in rolling out bedaquiline with almost 2 000 patients initiated on the drug since 2012, Ndjeka told Health-e News.

Bedaquiline and delamanid are part of a wave of new drugs aimed at tackling multidrug-resistant (MDR) and extensively drug-resistant (XDR) TB. MDR and XDR-TB are growing problems in South Africa even as rates of normal – or "drug-sensitive" – TB fall, according to Ndjeka.

MDR-TB is resistant to the two most commonly used TB treatments. XDR-TB is resistant to these first-line drugs as well as at least half of the most commonly used second-line drugs.

South Africa treats about 12 000 MDR-TB patients each year and only 40 percent are ever cured, according to figures presented by the National Department of Health before parliament this year.

Delamanid could help the country improve these cure rates. In an almost 500-person clinical trial, when clinicians added the drug to existing treatment regimens, it led to an almost 50 percent increase in the number of MDR-TB patients who no longer showed traces of MDR-TB in their test samples after two months.

Although not yet registered for use in South Africa, delamanid has been approved in the European Union, Japan and South Korea. The World Health Organisation has already developed interim guidance for doctors wishing to use the drug.

### Delamanid to follow in bedaquiline's footsteps

"We are trying to get access through Otsuka so that we can give (delamanid) to a number of patients in the country," said Ndjeka adding that the Medicines Control Council (MCC) was assisting the department to broker a deal with the drug maker that he hoped would be in place by May. "We are hoping to establish a delamanid clinical access programme similar to the one we did for bedaquiline," Ndjeka told Health-e News. "We've already set up the committee that will control access to these drugs so basically clinicians wanting to use this drug will present their patients' (cases) to the committee."

"Members... then they advise as to whether the patient qualifies for delamanid or not and then design a regimen that is appropriate for that particular patient," he added.

In 2012, Department of Health and partners like Right to Care and international humanitarian organisation Médecins Sans Frontières started 211 patients on the first new TB drug to be released in 40 years, bedaquiline.

As part of the programme, 12 sites were able to offer the drug to patients following approval from a national clinical advisory committee and drug regulator MCC. Patients were then carefully monitored to allow the MCC to collect additional information on the drug prior to its ultimate registration for use in South Africa in 2014.

Most of the country's 2,000 patients who have received bedaquiline have also received the new DR-TB drug linezolid. The Department of Health also recently awarded its first tender for linezolid to pharmaceutical company Pfizer. Under the new tender, a month's treatment with linezolid will cost about R3, 000 per patient or about a third of what the Department of Health has paid for the drug over the last three years.

"(The price) it's a lot better but as we get more patients on to this treatment, we should even be able to get a better price," Ndjeka said.

Just two years ago, linezolid was being sold at R700 per pill in the private sector. The new government tender brings that cost down to about R100 per tablet. – Health-e News.

*An edited version of this Health-e story was also published on Health24.com and Engineering News.*



# FAST-TRACKING HIV AND TB RESPONSES: OUR KEY MUNICIPALITIES COMMIT



**Mayors and their representatives from around South Africa are demonstrating a commitment to accelerating the HIV and TB responses in their respective municipalities.**

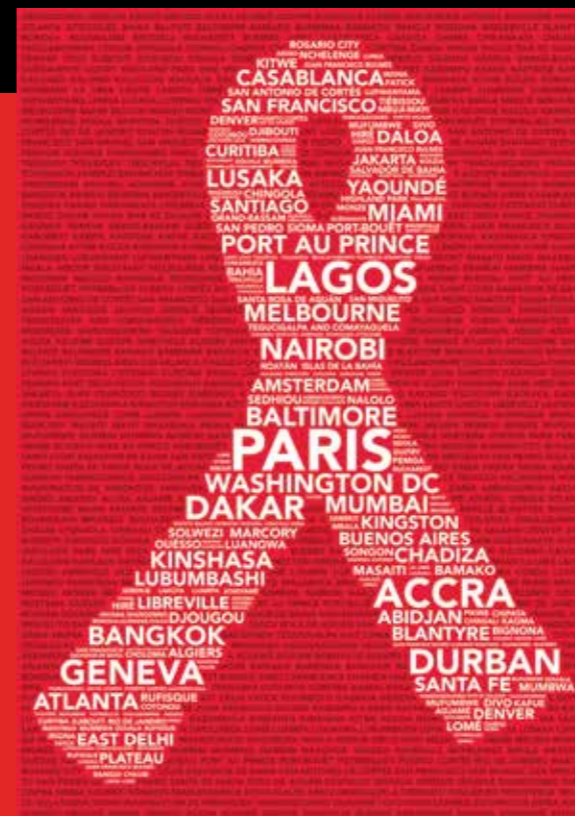
“Half the world’s population will be living in cities by 2030. That means we have to act now if we want to break the trajectory of the AIDS and TB epidemics in cities by 2030,” said James Nxumalo, Mayor of eThekweni Municipality.

Almost half of all new HIV infections in South Africa, half of all people living with HIV, and more than three quarters of people living with HIV in need of HIV treatment live in just 19 municipalities in South Africa. If these municipalities

implement the Fast-Track approach to achieve the 90-90-90 targets for HIV and TB, it is feasible that South Africa could achieve ending AIDS and TB as public health threats by 2030.

“We fought apartheid and we need that same vigour to address the HIV and TB epidemics in South Africa,” said Thabo Manyoni, Mayor of Manguang and Chairperson of the South African Local Government Association.

Mayors and their representatives from key municipalities gathered in Durban on 17 March to sign the Paris Declaration, a



pledge of their commitment to implement multi-sectoral municipal plans to reach the 90-90-90 Fast-Track targets for HIV and TB.

“I urge Mayors and Counsellors to reach out to their communities. Speak to them; encourage them. We must embrace all stakeholders in our communities. To do that we need a far-reaching multi-sectoral HIV and TB response,” said Dr Gwen Ramokgopa, Chairperson of the South African National AIDS Council’s Board of Trustees.

Madam Tobeka Zuma, First Lady of South Africa and UNAIDS Special Advocate for the Health of Women, Youth and Children reminded political leadership not to forget about young women and girls in South Africa, who represent a disproportionate burden of new HIV infections every year.

“I call on each and every one of us to put women and girls of the centre of the development agenda, including health. We need to focus our energy and resources to invest in strategies that will help reduce new HIV infections among young women and girls,” said Mrs Zuma.

The Paris Declaration was first signed in Paris, France, on World AIDS Day 2014, where UNAIDS, in partnership with IAPAC, UN-Habitat and Mairie de Paris, brought together 29 city representatives from all over the world to launch the Fast-Track Cities initiative. Since then, the declaration has had over 200 signatories.

“To quote Aaron Motsoaledi, the Minister of Health in South Africa, ‘I challenge Mayors to become health leaders and innovators’,” said Erasmus Morah, UNAIDS Country Director. ■

## CIVIL SOCIETY FORUM CALLS FOR SUSTAINABLE FINANCING

**At the SANAC Civil Society Forum meeting held on 8 to 9 March, civil society sector leaders called on government and donors to ensure that the response to HIV is fully funded and that financing for community-led action does not drop off the agenda.**

**S**ANAC Co-Chair and Chairperson of the Civil Society Forum Steve Letsike opened the meeting with a moment of silence for Johanna Ncala and Koyo Bala who passed away recently. Johanna Ncala was known and respected for her tireless promotion of the rights of people living with HIV and served on the SANAC Civil Society Forum representing the SANAC Women’s Sector leadership for a number of years.

Letsike also called for the meaningful involvement of all civil society sectors, to ensure that their voices are heard. “We know that money is not available, but we need to ask ourselves some tough questions and find ways to continue having these meetings, while reducing costs. We need to discuss what we [as civil society] have achieved and where are we going.”

Representatives of civil society emphasised the need to reach the people most affected by HIV, who continue to be left behind in the AIDS response including sex workers, men who have sex with men, transgender people and people who inject drugs. The representatives also discussed the importance of ensuring that the provision of pre-exposure prophylaxis (PrEP) was added to the prevention mix and that civil society was briefed adequately before it was implemented in the public sector.

Dr Gwen Ramokgopa, Chairperson of the SANAC Board of Trustees, acknowledged the vital role of civil society in the country’s HIV response. “The response needs to be driven from the community level and this can only be done with a vibrant civil society and NGO sector.” ■





# REVISIT THE JOURNEY

The South African HIV, AIDS and TB journey is one of hope, of healthier people who can tell their stories of struggle and survival. These are stories of government, civil society, churches, business and many other stakeholders joining forces to change the narrative of our relationship with HIV. It is an opportunity to show how much progress we have made in implementing and funding evidence-based prevention and treatment interventions.

## THE 21ST INTERNATIONAL AIDS CONFERENCE

DURBAN, 18-22 JULY 2016

**"... a gathering of human beings concerned about turning around one of the greatest threats humankind has faced."**

*Nelson Mandela, closing address, International AIDS Conference 2000*

The International AIDS Conference will be held in Durban, South Africa from 18–22 July 2016. The conference provides a unique and powerful opportunity to share with the global AIDS community South Africa's journey. A journey of hope, a journey of people living longer and healthier lives, a journey filled with stories of struggle and survival, stories of how government, civil society, churches, business and many other stakeholders have joined forces to change the country's narrative of its relationship with HIV.

This is not the first time that the world's largest AIDS gathering will be held in South Africa. Sixteen years ago, in 2000, Durban hosted the International AIDS Conference – this was the first time it was held in the developing world and on the African continent. At the time, antiretroviral treatment was not yet available in the country, stigma and discrimination were widespread, and the outlook was bleak.

This July, when the conference returns, South Africa will have an entirely different story to tell. South Africa will be able to boast about having the largest treatment programme in the world, a mother-to-child-transmission rate of less than 2 percent and a life expectancy rate that has risen by more than 20 years over the past decade – as a direct result of ARV treatment.



These stories deserve to be told. What better way than to tap into South Africa's creative culture and tell the story visually on cloth using a bolt of beautiful Xhosa cloth, a set of Zulu beads and the exciting new forms of township art emerging from young people across the country?

# BRING BACK THE QUILTS

The first AIDS quilt panels produced in South Africa were made in early 1999. More than 300 panels were displayed at the International AIDS Conference in 2000 as a visual reminder of an epidemic where people's lives ended prematurely because of AIDS. For many South Africans making a panel was a creative means of remembrance and healing.

The quilts represent the many South Africans, regardless of their gender, race, age or sexual orientation, who have been united by a common denominator – HIV. Quilts have long been used as a medium for storytelling, and the visual stories South Africans will contribute can provide valuable insight into the people behind the statistics – the communities at the coalface of the epidemic. The quilt speaks in a way that words cannot fully express, sharing stories of the many South Africans that are unable to participate at the AIDS Conference.

# JOIN US ON THE JOURNEY

**The South African National AIDS Council (SANAC) brings together government, civil society and the private sector to create a collective response to HIV and AIDS.**

Due to our proven track record, existing relationships, and partnerships across South Africa and the world, SANAC is in a unique position to engage virtually all key players—including major corporations, government departments, civil society, development partners agencies, community-based organisations, and the International AIDS Society itself—to ensure that South Africa's journey of HIV and AIDS contributes to a long-lasting legacy in the fight against HIV, AIDS and TB.

**The quilt speaks in a way that words cannot fully express, sharing stories of the many South Africans that are unable to participate at the AIDS Conference.**





## How can you or your organisation/company become part of this journey?

### We need financial support

- **Fund a quilt-making starter pack:** Many communities are not able to fund the materials to make their quilts. We have put together a quilt making pack consisting of the calico panels (2m x 2m for the quilt panels themselves), acrylic paints and paint brushes, beads, scraps of fabric suitable for appliqué work, buttons for decorating, needles and thread for sewing, glue, sketch paper and pencils used in the initial design of a panel.
- **Support the trained facilitators:** They are conducting the quilt workshops with social networks and community groups. The quilt project is more than simply using art as a creative outlet, it is about self-understanding, dealing with emotional issues and personal growth. The trained facilitators equip participants with skills to facilitate their own quilt making processes in their own organisations, communities and provinces.
- **Sewing of the quilts:** Community seamers will complete the quilts with backing and batting to ensure that each quilt is of a high quality and that they could be displayed in the conference venues as a backdrop and displayed in the main foyers of places across South Africa post the conference.
- **Cataloging and distribution of quilts:** Each quilt that is being made will be transported to a central national point where it will be photographed, receive a unique catalogue number linked with the maker/s of it and the story. It will be sewn together to facilitate the panel display at the AIDS Conference. A book containing photographs and stories of the South African Quilts will be produced.



For more information:  
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## LGBTI SECTOR: ADDRESSING VIOLENCE AND DISCRIMINATION

The Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) sector participated in a three-day seminar from 3 to 5 March 2016, aimed at finding practical solutions for addressing violence and discrimination based on sexual orientation, gender identity and gender expression.

The Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) sector participated in a three day seminar from 3 to 5 March 2016, aimed at finding practical solutions for addressing violence and discrimination based on sexual orientation, gender identity and gender expression.

The seminar was organised by the South Africa Human Rights Commission in collaboration with the South African Department of Justice and Constitutional Development and the Department of International Relations and Cooperation.

Themed “Working together in Africa where no one faces

violence or discrimination on any grounds including sexual orientation, gender identity and expression” the focus of the seminar was to find a practical solution to the challenges of addressing violence and discrimination against people based on their sexual orientation, gender identity and expression.

The seminar facilitated an informed and transparent dialogue on the issue of discrimination and acts of violence based on sexual orientation and gender identity and expression. The Summit also identified challenges and concrete solutions through sharing of national experiences. ■

*This article first appeared in the SANAC Civil Society Forum Update*

## A NATIONAL HIV STRATEGIC PLAN FOR FOR THE LGBTI SECTOR

The first meeting of the revitalized Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Technical Working Group was convened by SANAC on 29 March. Through the Technical Working Group, members will provide strategic advice to SANAC and other stakeholders on HIV programme needs and priorities for the LGBTI sector, as well as finalize the development of the country’s first national strategic plan to urgently address the HIV epidemic among this population.

SANAC CEO Dr Fareed Abdullah and SANAC Co-Chair Steve Letsike opened the meeting. Abdullah indicated that the work of the Technical Working Group would not be a “rubber stamping” exercise, but required a thorough consultative process in order to create a comprehensive LGBTI plan. Letsike welcomed the development of the plan, noting that this was a significant milestone in the history of the LGBTI sector in the country.

A presentation was given by Ben Brown from Anova Health Institute on the proposed MSM part of the plan, and also highlighted the weak body of evidence on MSM in the country. Gay men and other men who have sex with men remain much more likely to be HIV positive and less likely to have access to safe and effective services than the general population.

New infections among gay men and other men who have sex with men are increasing in all regions of the world, while access to HIV prevention and treatment services remains low in

many countries, partially due to inefficient investment in HIV prevention. Transgender women are among the populations most heavily affected by HIV. Despite evidence of heightened HIV vulnerabilities and risks, resulting in high HIV prevalence among transgender people, the coverage of HIV prevention programmes among transgender people remains poor. National HIV strategic plans and prevention and treatment programmes often fail to target LGBTI people. Punitive laws and policies, violence and human rights violations all fuel vulnerability to HIV.

Consensus was reached around priorities and urgent actions that need to be taken to finalize the plan, in order to launch it by the 21st International AIDS Conference, to be held in Durban in July. The participants of the meeting included Access Chapter 2, SANAC, UCSF, CDC, ANOVA Health Institute, OUT Well-being, Lesbian and Gay Centre, LGBTI sector, NDoH, LEGBO and NACOSA. ■





REBAONE PETLELE joined SANAC as a Technical Officer in the National Strategic Plan (NSP) unit. In 2012, Rebaone completed her Master's degree in Demography and Population Studies at Wits University. Before joining SANAC, Reba was responsible for Research, Monitoring, Evaluation and Reporting of the Amaqhawe sex worker Project at Health and Development Africa (HDA), a member of the Mott MacDonald group. With a keen interest in research and key populations, she is confident that SANAC will play an important role in her career and skills development, through working on national strategic plans, policy work, advocacy and working in a multi sectoral environment. **One thing most people don't know about Rebaone? Painting is her first love.**



RELEBOHILE MOTANA is the new Administrative Officer in the NSP unit. Relebohile is interested in socio-economic development and the role of non-profit organizations in facilitating development. She completed a Bachelor of Social Science degree majoring in Political Sciences and Public Policy & Administration, and previously worked for the City of Cape Town's Economic Development Department and the Futures Group. Relebohile believes that working for SANAC is an opportunity to further develop a foundation in policy development and implementation within the health sector. **A random fact about Relebohile: she used to play soccer in high school.**



BILLIA LUWACA believes in personal development and is passionate about assisting the disadvantaged to unleash their greatest potential. Billia holds the following qualifications: Diploma in teaching, Certificate in counselling and Bachelor of Science Degree in Counselling and other short courses. Billia is currently completing her dissertation for a Masters Degree in Public Management in anticipation of graduating in 2016. Prior to joining, SANAC in November 2015 as Monitoring and Evaluation Officer, Billia occupied the following positions Teacher; District AIDS Coordinator; Programme Associate; Monitoring and Evaluation Specialist; and Senior Program Officer. Billia joined SANAC as a Monitoring and Evaluation Officer to pursue her analytical and report writing passion. **One thing most people don't know about Billia? She was a primary school teacher for 15 years.**



## THE LAST WORD

by Dr Fareed Abdullah  
CEO of SANAC



Change is underway, and we are witnessing fantastic country leadership and partnerships across the country. The past few months at SANAC have been an exciting manifestation of this. The launch of the National Sex Worker HIV Plan, a result of the work of many organisations and individuals over many years – was particularly significant. It would not have been possible without the dedication of sex worker advocacy groups and the bravery of sex workers themselves.

This Plan has been the work of a wide range of government departments, NGOs, research organisations, the SANAC Sex Worker Sector and the SANAC Secretariat who worked together to establish consensus on all aspects of the Plan. At the closing ceremony of the South African AIDS Conference in June last year, Minister Motsoaledi spoke passionately about the need to address the increased vulnerability and high risk of sex workers and called for a national plan to address the needs of sex workers. The National Strategic Plan relies on statistics from the Know Your Epidemic Report that estimates the contribution of sex work to be almost 20% of new infections in South Africa. The work of Professor Leigh Johnson from the University of Cape Town which is more recent and more accurate estimates that sex work contributes about 6% to new infections of HIV in South Africa. As our response to the HIV epidemic has improved to the extent that we now have the largest treatment programme in the world, it is important that we increase our attention to highly vulnerable groups such as young women and key populations such as sex workers. SANAC and the Department of Health have over the last year led a process to find optimal ways of combatting both HIV and TB in the country, through the South African HIV and TB Investment Case. The results have been finalised now. They come at a crucial time for our country's HIV and TB response. Over the past decade, we have seen large decreases in new HIV infections and deaths from AIDS, as well as a levelling off of TB prevalence and deaths. In large part due to the massive roll-out of antiretroviral treatment (ART), the country has recovered from the significant decrease in life expectancy in the early years of the epidemic, and we are on the way to reaching the target of an average life expectancy of 70 years for all by 2020, as envisaged in the National Development Plan. At the same time, the country still has a long way to go before we can declare the war on these two diseases to be won. Large groups of the population, such as young women, still experience high HIV infection rates; testing and treatment uptake is lagging behind in men, who continue to bear the brunt of mortality from both HIV and TB. Although we have a number of new prevention methods available, such as medical male circumcision and pre-exposure prophylaxis, interest in and demand for these will have to be increased and sustained.

There is still so much to do in 2016 and beyond. The Secretariat has turned a very important corner over the last three years. All the governance issues have been addressed and the Board of Trustees has ensured that the Trust functions well and meets obligations whilst supporting the management team to implement its programmes. The finances of the Trust are now on a solid footing and there has been an increase in funds raised as well as a diversification of the sources of funds. The SANAC Trust and the management team are now ready to graduate to the next stage of scaling up our support for the implementation of the National Strategic Plan.

*Aluta Continual!* ■