

# UPDATE

## HOW AFRICA TURNED AIDS AROUND

**10 THINGS  
I CAN'T LIVE  
WITHOUT**

**WITH VISION AND  
ACTION WE CAN  
CHANGE THE WORLD**

*By Michel Sidibé*

**CELEBRATING 50 YEARS  
OF AFRICAN UNITY**

African Union Summit | May 2013





## **AFRICAN UNITY**

**AFRICA IS ACCELERATING  
TOWARDS A SHARED  
VISION OF ZERO NEW  
HIV INFECTIONS, ZERO  
DISCRIMINATION AND ZERO  
AIDS-RELATED DEATHS.  
*UPDATE* IS A SPECIAL UNAIDS  
REPORT HIGHLIGHTING THE  
PROGRESS AND CHALLENGES  
OF THE AIDS EPIDEMIC  
IN AFRICA.**



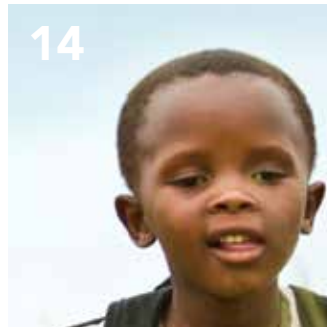
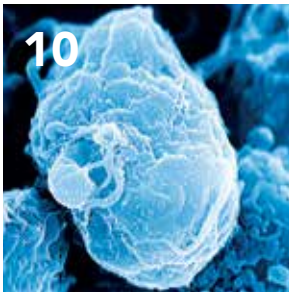
## TABLE OF CONTENTS

### FEATURES

- 4 Did you know?
- 14 How Africa turned AIDS around
- 24 With vision and action we can change the world  
*By Michel Sidbé*
- 32 Putting women and girls at the centre
- 33 Africa's First Ladies respond
- 52 The last word with Paddy Masembe

### 10 THINGS I CAN'T LIVE WITHOUT

- 18 Janet Aligba, Nigeria
- 20 Abiyot Godana and Melaku Azbetei, Ethiopia
- 22 Dr Stephen Watiti, Uganda
- 34 Zandi Mqwathi, South Africa
- 36 Fatima Bendida, Algeria
- 48 Celina Mungoi, Mozambique
- 50 Yaya Coulibaly, Côte d'Ivoire



**BY THE NUMBERS**

- 6** Big data
- 8** Africa’s smart investment
- 28** Stopping new HIV infections among children
- 30** Every minute in Africa

**LIFE + CULTURE**

- 40 Ideas lab**  
Innovations in the AIDS response
- 42 Research**  
Q&A
- 43 The arts**  
Emerging art
- 44 Private sector**  
The private sector’s role in the AIDS response
- 45 Sports**  
Raising AIDS awareness through sport
- 46 Adventure**  
Climbing against gender-based violence:  
A quest for dignity, equality and justice

**21**



**42**



**41**



**46**



unaids.org

UNAIDS / JC2507 E (English original, May 2013)

ISBN 978-92-9253-024-2

Copyright © 2013  
Joint United Nations Programme on HIV/AIDS (UNAIDS)  
All rights reserved.

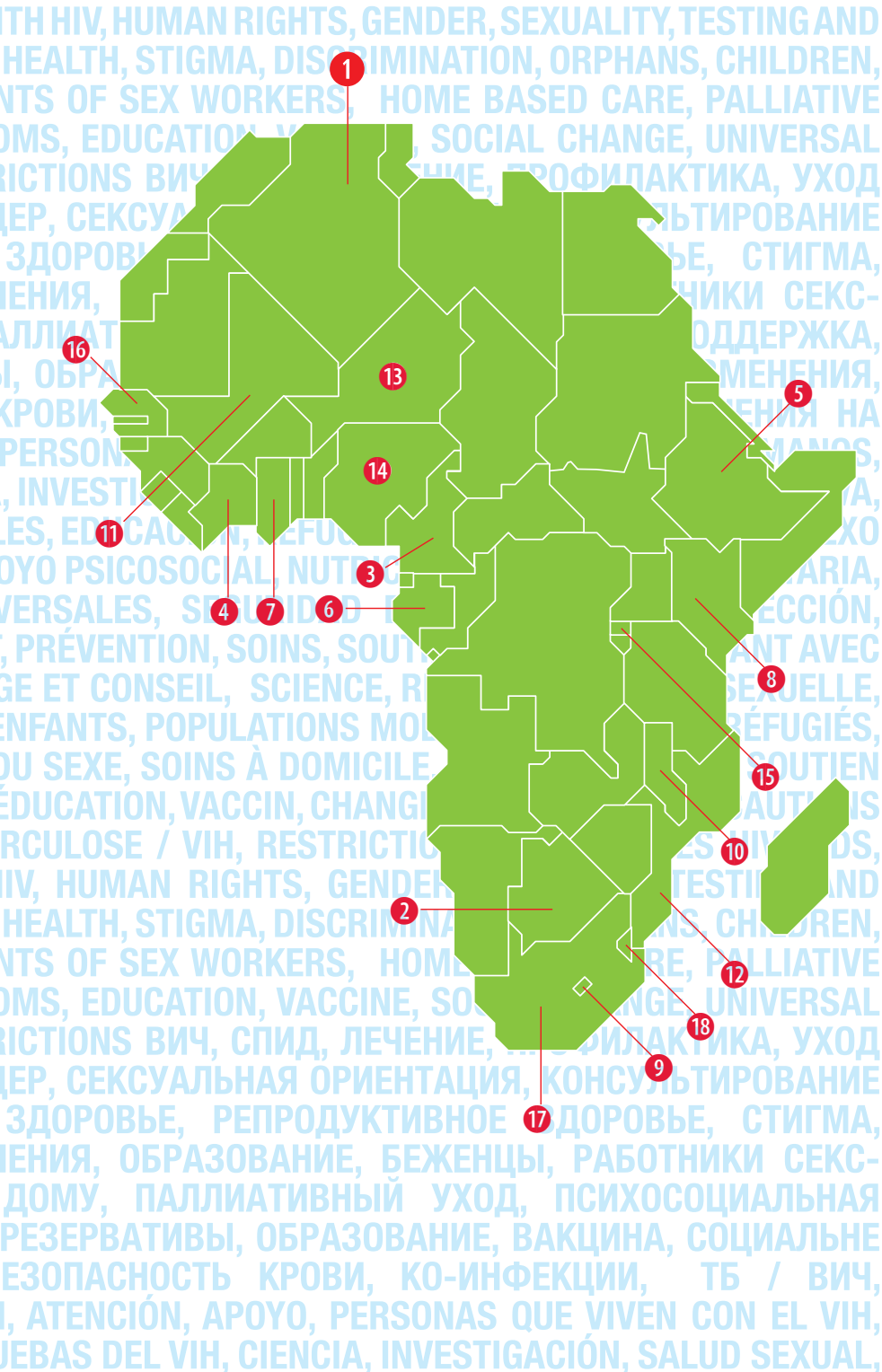
The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

UNAIDS does not warrant that the information published in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

Unless otherwise indicated photographs used in this document are used for illustrative purposes only. Unless indicated, any person depicted in the document is a “model”, and use of the photograph does not indicate endorsement by the model of the content of this document nor is there any relation between the model and any of the topics covered in this document.

# DID YOU KNOW: AFRICA

Facts from countries



## 1 ALGERIA

The number of people living with HIV who are accessing referral centres in the country has continued to grow since the introduction of universal and free antiretroviral therapy (ART). People also now have access to treatment for coinfection with TB and hepatitis B and C. Similarly, clinical and laboratory monitoring is universal and free for all people living with HIV, including mobile populations.

## 2 BOTSWANA

Botswana is the first country in Africa to provide free ART and services for preventing mother-to-child transmission to all eligible citizens. As of December 2012, 96% of people eligible for ART were receiving it, and 92% of HIV-positive women had received antiretroviral treatment to reduce the risk of transmission. Political commitment to these programmes is very strong, with the government providing over 60% of the AIDS budget.

## 3 CAMEROON

Post offices in Cameroon were among the 23 000 post offices worldwide that participated in a 2011 HIV prevention campaign that used posters, postcards, a website and public events to inform people about HIV. It is estimated that around 36 000 people per day in Cameroon alone were reached with lifesaving HIV prevention messages.

## 4 CÔTE D'IVOIRE

Côte d'Ivoire has mobilized US\$ 8 million in additional funding for the HIV response through a tax on tobacco and air travel. Currently, however, the country depends on external funding for 90% of its HIV response. In 2011 one third of all women living with HIV in Côte d'Ivoire did not have access to HIV treatment.

## 5 ETHIOPIA

Access to HIV treatment has been greatly expanded in Ethiopia thanks, in part, to the decentralization of sites offering ART. By the end of 2012, nearly 290 000 Ethiopians were receiving free ART—74% of eligible people—as opposed to approximately 10 000 in 2005. The government has made social mobilization one of its strategic pillars to increase uptake of HIV services.



**6 GABON**

In Gabon, only about half of young people have comprehensive knowledge about HIV. Partners in the country have developed a game called “Vie2Jeune”. In this game, some 60 information and question cards that are aligned with Gabonese culture and customs provide young people with information on topics like safe sex, sexually transmitted infections, HIV, teenage pregnancy and discrimination against people living with HIV.

**7 GHANA**

An AIDS-free generation is a high priority for Lordina Mahama, the First Lady of Ghana, who has agreed to become an ambassador for this goal. “I commit to ensuring that no child is born HIV-positive, no child dies from the disease and no child is orphaned because of HIV,” she recently said. According to recent figures, 4 out of 5 eligible women living with HIV in Ghana receive ART to prevent HIV transmission to their children.

**8 KENYA**

As soon as clinical trials held in Africa in 2005 and 2006 made it clear that male circumcision could reduce the risk of HIV transmission by 60%, the Kenyan government took action. Today, campaigns to promote voluntary medical male circumcision have made Kenya a world leader in this HIV prevention option. By the end of 2012, more than half a million men had undergone the procedure.

**9 LESOTHO**

It is called the “Kingdom in the Sky”, and Lesotho’s soaring mountains can make it difficult to deliver health care. This is why the government, along with its international partners, is running the Lesotho Flying Doctor Service (LFDS). The Service brings health teams and supplies—including ART—to remote mountainous communities. Thanks to programmes like the LFDS, 60% of pregnant women living with HIV in Lesotho are receiving HIV treatment.

**10 MALAWI**

A country where 10% of all adults are living with HIV, Malawi has dramatically cut the

number of new HIV infections by 55% since 2001. The country is investing in HIV and embracing the concept of shared responsibility. “I am fully committed to mobilizing additional domestic resources while ensuring efficient use of external funds,” said President Joyce Banda.

**11 MALI**

The Global Fund has approved funding of US\$ 75 million for HIV screening, prevention and treatment in Mali over the next three years. Efforts will be increased to expand HIV prevention services, particularly to reach key populations at higher risk. A high priority will be to stop new HIV infections in children and widen voluntary testing efforts.

**12 MOZAMBIQUE**

A nationwide programme to stop new HIV infections among children and keep their mothers alive has grown rapidly. The number of pregnant women receiving HIV counselling and testing has increased from 12% in 2005 to 87% in 2010—one of the highest rates in the region. The percentage of pregnant women living with HIV who are receiving antiretroviral treatment to prevent transmission of HIV to their children has also risen from a mere 8% in 2005 to approximately 80% in 2012.

**13 NIGER**

Faced with a lack of incubators, the Issaka-Gazobi maternity clinic in Niger uses a technique called “kangaroo care”, where the baby is placed in a pouch that holds the newborn snug against his or her mother’s body in a kind of natural human incubator. Around 99% of funding for HIV programming is dependent on foreign sources, and in 2011, only 30% of pregnant women living with HIV had access to treatment to prevent transmission of HIV to their children.

**14 NIGERIA**

Nigeria is bringing the voices of the people to the table. The Association of Positive Youth Living with HIV and AIDS in Nigeria (APYIN) part of a vibrant civil society network that has put itself firmly at the centre of the

national AIDS response. Bringing more than 3000 young people living with HIV together into 150 support groups, APYIN is ensuring the voices of young HIV-positive people are heard.

**15 RWANDA**

Rwanda has made significant progress in responding to HIV. Nearly 90% of pregnant women living with HIV have access to ART allowing them to stop transmission of the virus to their children. Rwanda’s HIV response, however, depends on external resources for 90% of its funding.

**16 SENEGAL**

Senegal has a vibrant civil society. It has made major efforts in recent years to scale-up access to HIV prevention, treatment, care and support services, with a particular focus on key populations at higher risk.

**17 SOUTH AFRICA**

One of the most successful features of South Africa’s national AIDS plan is its focus on the rapid scale-up of HIV treatment. Almost 2 million people are now on ART, compared to fewer than 1 million people in 2009. It is the largest ART programme in the world, and there are plans for 3 million people to have access to it by 2015.

**18 SWAZILAND**

Swaziland has the highest rate of HIV anywhere in the world, with just over a quarter of adults between 15-49 years of age living with the virus. The country has taken radical steps to reduce new HIV infections and scale-up access to treatment. By 2011, 84% of people in need of ART had access to it. In the same year, Swaziland and partners launched a plan to provide voluntary medical male circumcision to the 152 800 men between the ages of 15-49 living in Swaziland.

# 34 MILLION PEOPLE LIVING WITH HIV IN THE WORLD

Source: UNAIDS 2012 Global Report

## Global overview, 2011

**34 million**

± 50% know their HIV status

Number of AIDS-related deaths  
**1.7 million**

New HIV infections  
**2.5 million**

People eligible for HIV treatment  
**14.8 million**

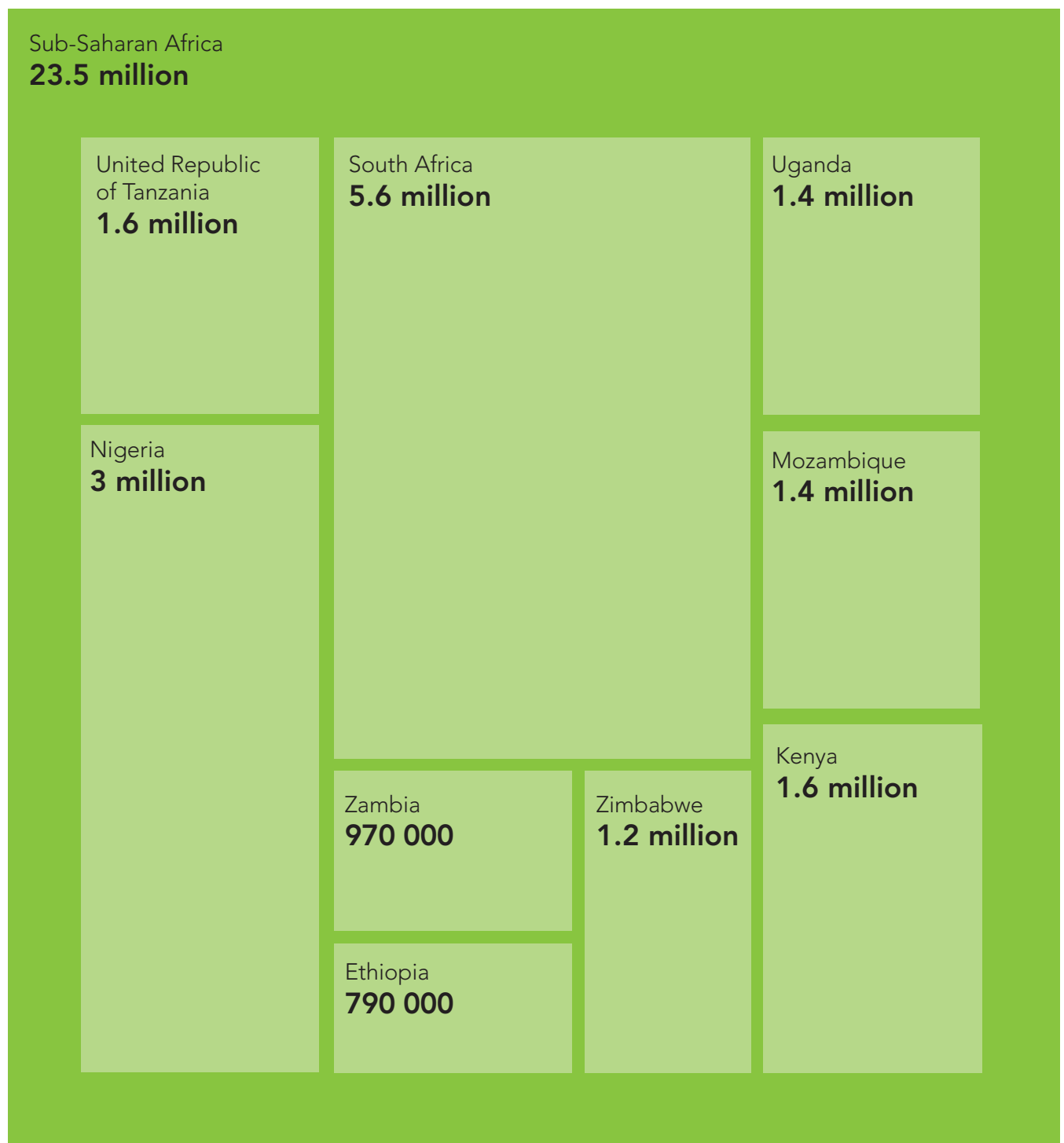
People on HIV treatment  
**8 million**



# 23.5 MILLION PEOPLE LIVING WITH HIV IN SUB- SAHARAN AFRICA

Source: UNAIDS 2012 Global Report

## Regional overview, 2011

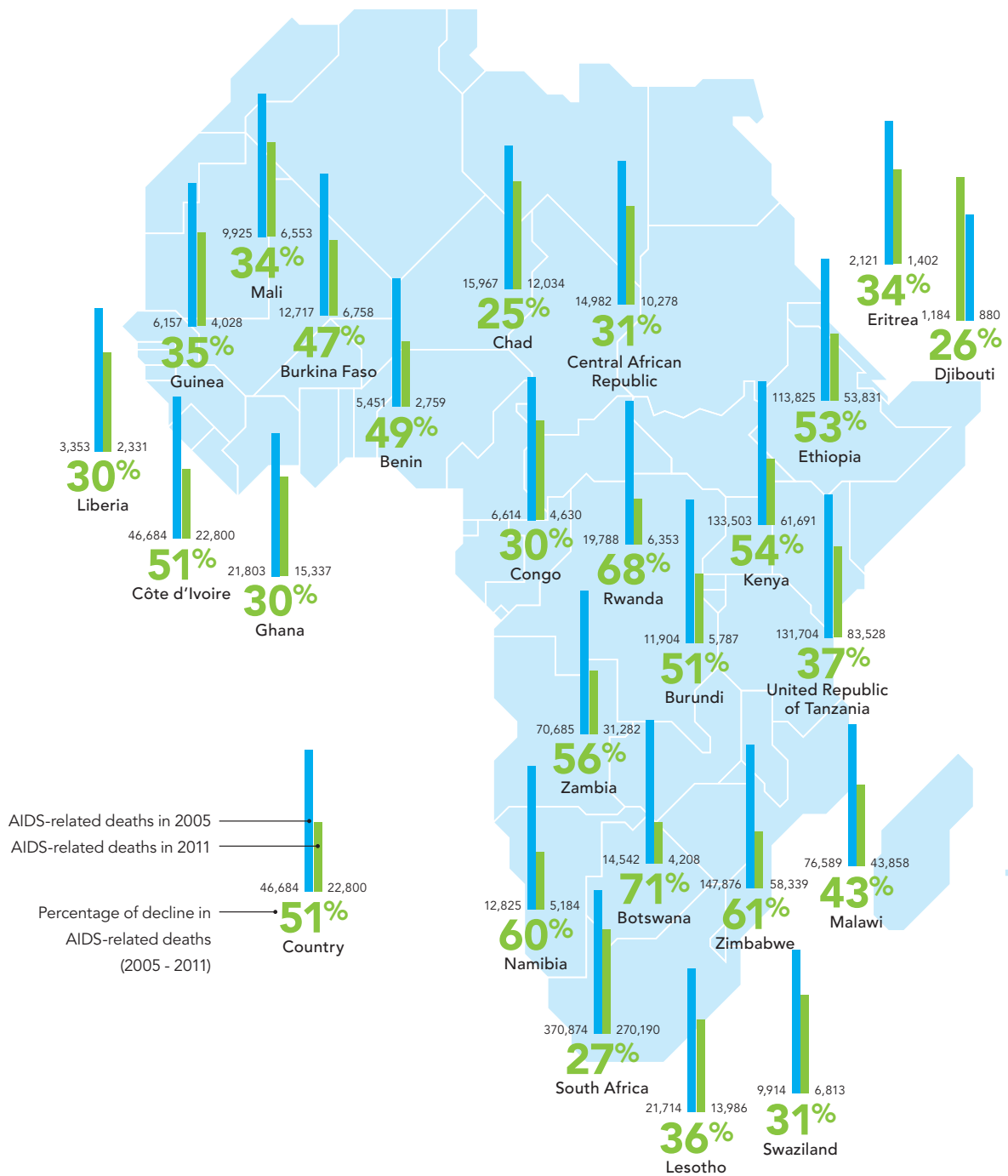


## Showing impact: HIV treatment saves lives

The number of people dying from AIDS-related causes began to decline in the mid-2000s because of scaled up access to antiretroviral therapy and the steady decline in HIV incidence since the peak of the epidemic in 1997.

In 2011, there were 33% fewer AIDS-related deaths in Africa than in 2005.

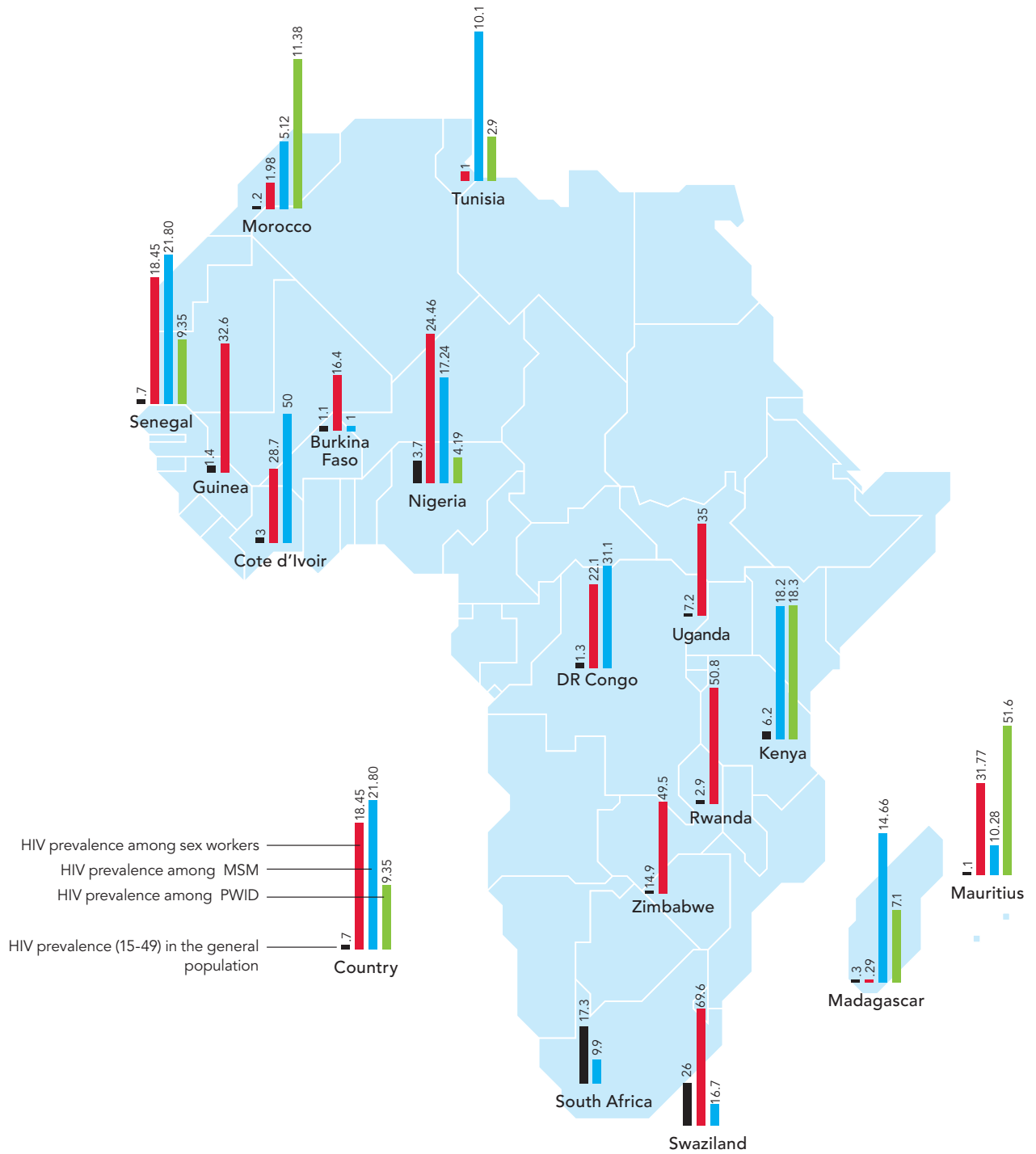
Source: UNAIDS 2012 Global Report



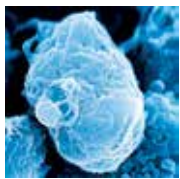
# HIV prevalence in adults and key populations

HIV disproportionately affects sex workers, men who have sex with men and people who inject drugs across the world.

Source: UNAIDS 2012 Global Report



# TIMELINE - 30 YEARS OF AIDS IN AFRICA



**1983**

HIV identified as the cause of AIDS

**1981**

First cases of immune deficiency identified

**1982**

AIDS is defined



**1985**

First International AIDS Conference held / First test to diagnose HIV licensed / National AIDS response launched in Uganda

**1984**

1.9 million people living with HIV in Africa

**1987**

The first African AIDS Support Organisation (TASO) was founded in Uganda / First antiretroviral therapy (ART) available

**1986**

WHO launches AIDS control programme / 3 million people living with HIV in Africa / more than 100 000 people die of AIDS this year in Africa

**1990**

More than 1 million people have died of AIDS in Africa

**1993**

10 million people are estimated to be living with HIV in Africa



**1998**

Annual new infections peak in Africa at 2.7 million / Treatment Action Campaign (TAC) formed in South Africa

**1996**

UNAIDS is created



**2000**

International AIDS conference held in Durban, South Africa / 20 million people are living with HIV in Africa / Cost of antiretroviral therapy is US\$ 10 000 per person per year / year / MDG goals call for reversing the AIDS epidemic by 2015 / United Nations Security Council convenes first session on AIDS

**2003**

100 000 people in Africa have access to treatment / AU commits to increase access to antiretrovirals / WHO and UNAIDS launch 3 x 5 Initiative to provide 3 million people with treatment by 2005 / United States President's Emergency Plan for AIDS Relief (PEPFAR) launched



**2011**

UN Member States commit to Political Declaration on HIV and AIDS with time-bound targets / UNAIDS and partners launch the *Global plan towards the elimination new HIV infections among children by 2015 and keeping their mothers alive* / New study finds ART reduces HIV transmission by 96% in serodiscordant couples / 11 countries in Africa report a 50% reduction in new HIV infections since 2001 / Number of children newly infected with HIV falls by 24% in Africa from 2009–2011/ Number of people dying from AIDS in Africa is 32% lower than in 2005



**2006**

UN Member States commit to achieving universal access to HIV prevention, treatment, care and support / There are more AIDS-related deaths in Africa this year than any other—1.7 million

**2009**

Rate of new HIV infections stabilized or decreased by more than 25% in at least 34 countries in Africa (2001–2009)

**2012**

AU endorses a roadmap on shared responsibility for HIV / Cost of treatment is now around US\$ 100 per person per year

2001      2002      2003      2005      2006      2007      2009      2010      2011      2012      2013

**2002**

Global Fund to Fight AIDS, Tuberculosis and Malaria created

**2007**

AIDS-related deaths begin to decline in Africa



**2013**

7.1 million people have access to antiretroviral therapy across Africa / 873 000 women living with HIV have access to treatment to prevent transmission from mother to child

**2001**

The African Union considers AIDS an emergency and establishes AIDS Watch Africa / United Nations General Assembly's first ever special session on AIDS / TRIPS agreement announced to support public health

**2010**

New UNAIDS vision: zero new HIV infections, zero discrimination and zero AIDS-related deaths

**2005**

Trials in Africa show male circumcision is an effective tool for HIV prevention / AU commits to universal access to HIV prevention, treatment and support



### **Tweetable**

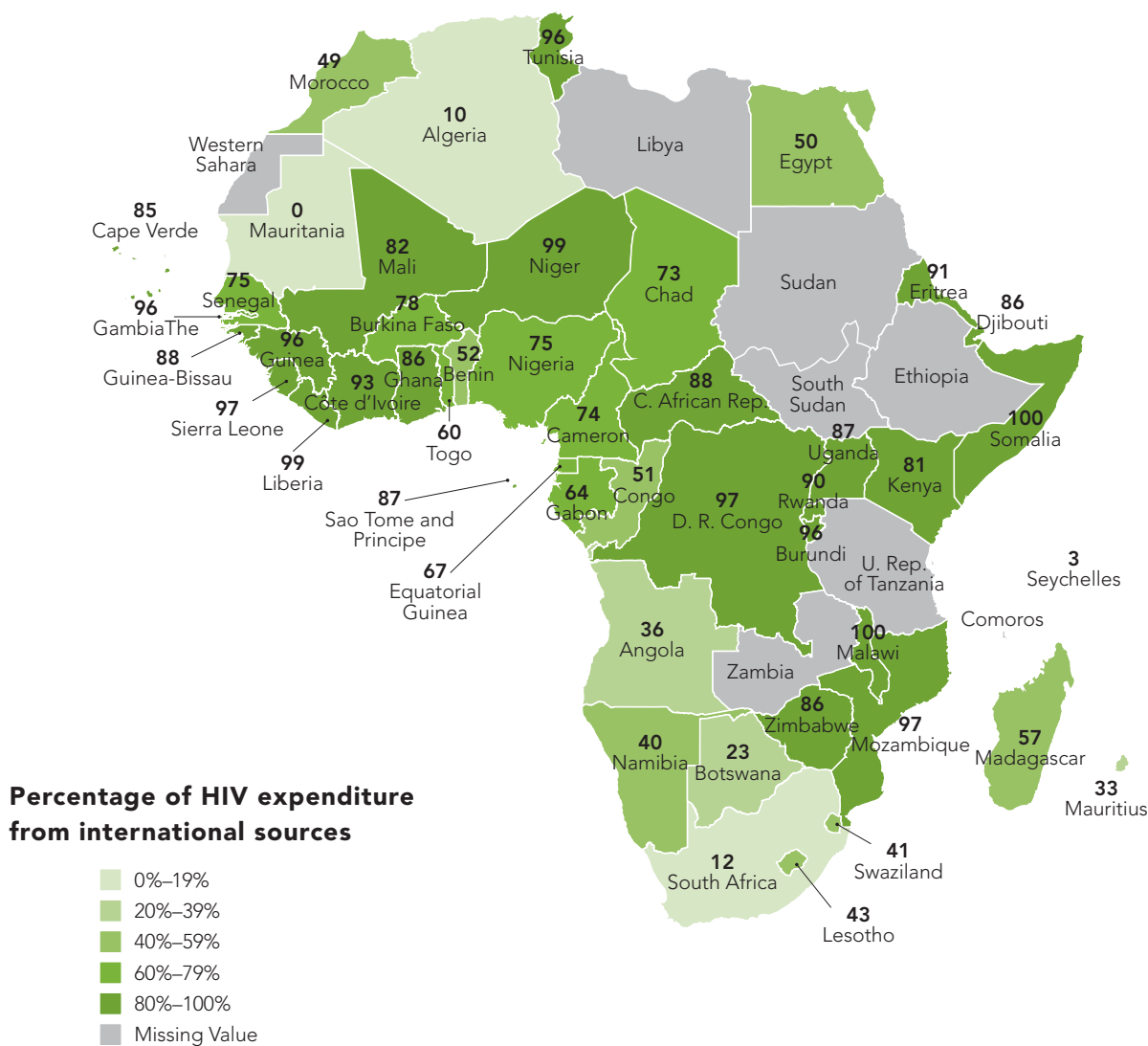
"Youth can determine whether this era moves toward greater peril or more positive change" #UN's Ban Ki-moon



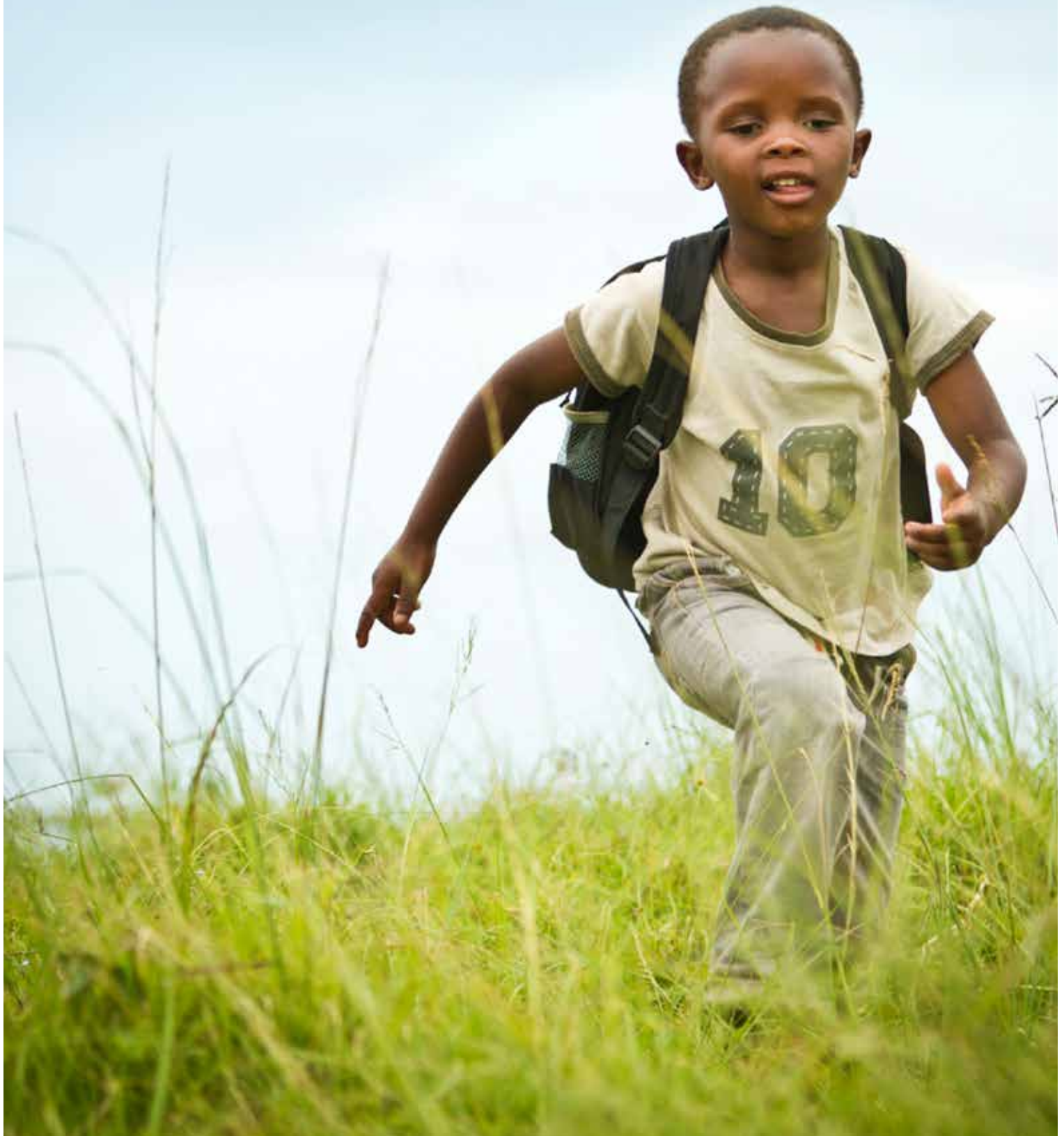
# RELIANCE ON INTERNATIONAL AID

Source: Country Progress Reports for the most recent data available.

Domestic spending on AIDS in Africa almost doubled from 2008-2011. However, international assistance remains a crucial lifeline for many countries with low incomes and high HIV prevalence. In 35 countries across Africa, donor support accounts for more than half of the current AIDS response investments.



# HOW AFRICA TURNED **AIDS** AROUND





**A**n African proverb teaches us that “if you want to go fast, go alone—but if you want to go far, go together”. The AIDS epidemic threatened to overcome Africa—but instead, Africa and the world have united to overcome AIDS, going farther than most ever thought possible.

Today fewer people are becoming newly infected with HIV, millions are receiving HIV treatment, fewer babies are becoming infected with HIV, and Africa is investing more than ever in the AIDS response—and in the continent’s future.

One key sign of the turnaround is the steady decline in new HIV infections each year, which are now one third below the 1998 peak due to prevention approaches pioneered in Africa. Since the early days of the epidemic, country after country has implemented AIDS education and awareness campaigns, as well as condom distribution programmes. Clinical research conducted in Kenya, South Africa and Uganda has shown that voluntary medical male circumcision could play a significant role in reducing the risk of HIV infection among men. South Africa also ran the first trial to prove that a microbicide could protect women from HIV infection.

Today, more than 7 million people across Africa have access to lifesaving antiretroviral therapy (ART)—a feat many thought impossible. Even after safe and effective HIV therapies were developed in the mid-1990’s, their annual price tag of US\$ 10 000 per person per year put them

out of reach of most people in Africa for years. Now, as the price of medicines has come down to around US\$ 100 per person per year and the health services required to deliver treatment have been strengthened, more and more people are able to live longer, healthier and more productive lives.

From civil society and faith-based organizations, to the private sector and government, the visionary leadership of many Africans has played a major role in this success.

**More than 7 million people in Africa are accessing HIV treatment.**

One of the brightest signs of progress against the epidemic is the growing number of babies born free of HIV. Launched by UNAIDS and its partners, the *Global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive* has been embraced by African leaders. Burundi almost halved the numbers of new HIV infections among children between 2009–2011, and Botswana has virtually eliminated mother-to-child transmission of HIV.

From the 2001 Abuja Declaration and the 2005 Gaborone Declaration

**805%**

increase in the number of people receiving treatment in Africa from 2005 to 2012

**33%**

fewer new HIV infections than in 2001

**24%**

reduction in new infections among children from 2009 to 2011

**32%**

fewer AIDS-related deaths than in 2005

through to the 2012 African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa, the African Union has long taken a strong stand in solidarity with the tens of millions of people in Africa affected by HIV.

African governments are also steadily decreasing their reliance on donor funding for these efforts. Domestic spending for HIV in Africa almost doubled between 2008 and 2011. This trend will help tip the dependency balance, but as African economies grow, public investments for social protection must also grow.

**Call to action**

Now is the time to mobilize Africa's best to ensure a sustainable future for the AIDS response.

This means encouraging all sectors to provide contributions and fulfil responsibilities such as long-term financing, local production of medicines and transparent and inclusive governance. It also requires addressing issues such as gender-based violence and bad laws, while also empowering young people, especially young girls, by ensuring they have access to sexuality education.

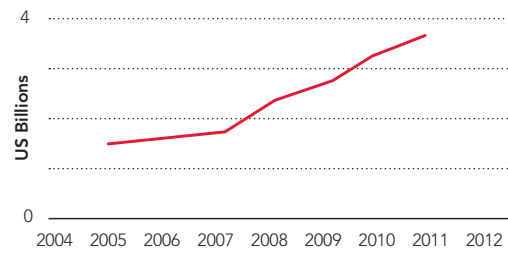
Africa can do more to protect and promote human rights, making sure universal access is available to everyone and that no one is excluded.

There is still much work to do before achieving zero new HIV infections, zero discrimination and zero AIDS-related deaths—but a united Africa today is accelerating towards this shared vision. ■

# AFRICA TRENDS

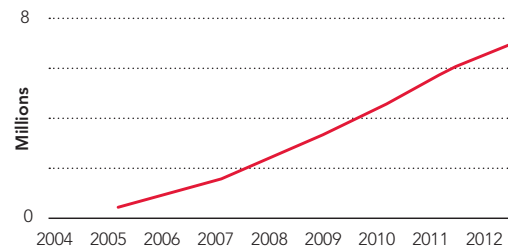
## Domestic spending on AIDS response is increasing

Domestic Spending, 2005-2011

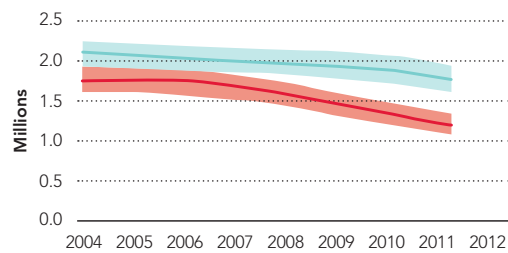


## Number of people on HIV treatment is increasing

Antiretroviral therapy, 2005-2012



## New HIV infections and AIDS-related deaths are decreasing



— New HIV Infections — Deaths due to AIDS  
 ● Low and high estimates ● Low and high estimates





## 10 THINGS I CAN'T LIVE WITHOUT

*If you received a second chance at life, what would become precious to you? With treatment, people living with HIV can go back to living their lives. UNAIDS asked seven people from around Africa what they can't live without right now. Throughout the report, Janet Aligba from Nigeria, Abiyot Godana and Melaku Azbetei from Ethiopia, Stephen Watiti from Uganda, Zandi Mqwathi from South Africa, Fatima Bendida from Algeria, Celina Mungoi from Mozambique and Yaya Coulibaly from Côte d'Ivoire all share their stories. >*





# Janet Aligba

*One-Man Village extension behind Adehi Filling station, Federal Capital Territory, Nigeria.*

I am 38 years old, and I am a hair stylist. I also do voluntary work for the National Hospital in Abuja. I am a single mother with six children—all girls.

**What is the most important thing to you and why?**

Most important to me are my children, who always bring joy to my life. I would have been very lonely without them and they are the reason for me to live.

**When did you start HIV treatment?**

I started treatment in 2005. When I discovered I was HIV-positive, I refused to believe it and didn't go to the hospital. I then began to feel sick, and my health deteriorated—and that's when I went to seek treatment.

**What would you tell others about treatment?**

I would tell people that it's better late than never. Go for a check-up and take treatment in time. Today I am on treatment, and I lead a happy, normal life. I can eat anything. My children are all negative. Take charge of your life.

**What would be your tweet to the world?**

Go to the clinic if you have unprotected sex. It's only when you know that you can take care of yourself.

---





(1) I read my Daily Devotional every day as it guides me in my daily life. (2) I use lotion every day. It makes my skin smooth and soft and I love the smell of it. (3) I use make-up to look pretty so that my clients are encouraged to come to me for makeup. I want to look good. (4) I keep the Bible in my bag as it directs my life. (5) I carry everything in my handbag and since I travel long distances, I can access everything in here. (6) My pills are most important to me, I take them twice a day. (7) My children make me happy. I chat with them and am happy to see them when I come back home. (8) My scissors and combs are very important for me as this is my bread and butter. I earn my living with these tools. (9) We sleep under a mosquito net every day to protect us from malaria, which is wide-spread in Nigeria. (10) The hair dryer is the most important piece of equipment in my salon. I have two and I am dependent on them all the time for a quick and fast service to my clients.

# Abiyot Godana and her husband, Melaku Azbetei

*Jan Meda, near Addis Ababa, Ethiopia*

Abiyot is case manager at the Entoto Health Centre. She works with support groups to enable mothers living with HIV to live healthy lives and protect their babies from becoming infected with HIV.

Melaku is a guard at the Entoto Health Centre. After work, he helps Abiyot cook, wash and take care of the children.

Abiyot is confident, happy, lucky, liberal, charming, modest, optimistic, hardworking and committed.

Melaku is happy, spiritual, committed, loyal, respectful, trustworthy, positive, hopeful and loving.

**What is the most important thing to you and why?**

My husband is the love of my life. He has grabbed my vision of ending AIDS and would not let go... He is a gift from God to me. I'm blessed to have him in my life. He is very supportive and has believed from the start that I would be a positive influence for many people out there who do not know their status.

**When did you start HIV treatment?**

End of 2005

**What would you tell others about treatment?**

As a mother living with HIV, I will do everything in my capacity to stop passing the virus to my baby, and I advise other women sharing my status to do the same. I advise women living with HIV that it's possible to live if one takes the treatment properly and practices safe sex.

**What would be your tweet to the world?**

I would say living with HIV is not the end of the world. If you take your medicines, you can live a normal life and contribute to society.







①

②



③



④



⑤



⑦



⑥



⑧



⑨



⑩



(1) The Bible gives me hope and faith. (2) Antiretrovirals are my life, the lifesaving treatment that brings me hope. (3) My husband is the love of my life. (4) My mother. (5) & (6) My children are my life. Both of them are born free from HIV. They are the ones who continue my legacy. (7) My favourite clothes (8) Hope, I'm optimistic that there will be a day when scientists will finally discover the drugs to cure AIDS. (9) Confidence. I am confident that we can prevent mother-to-child transmission of HIV. (10) My support to fellow HIV-positive people.



# Dr Stephen Watiti

*Kireka township, about 10 km from  
Kampala, Uganda*

I am a medical doctor, and for the last nine years I have been working at the Mildmay Centre, a non-profit organization that provides comprehensive HIV prevention, treatment, care and support services.

I am 60 years old, and I have been a doctor for 30 years. I have been living with HIV for 25 years. I am married and have a daughter at university.

**What is the most important thing to you and why?**

Antiretrovirals (ARVs) are important because I can't live without them, and so is my daughter, who was six when I got sick. At the time, I thought if I could only live five more years for her. Now, I know I will be there to take her down the aisle.

**When did you start HIV treatment?**

I started treatment in 2000. Back then it cost US\$ 500 a month and that was almost double my salary, so I struggled to stay on treatment. Now ARVs are free in Uganda.

**What would you tell others about treatment?**

I tell people look at it positively. It's like many routine things you do in your life, like grooming and eating. Make it something you look forward to.

**What would your tweet to the world be?**

Every day counts. Now I believe I will live until 70 at least, and I can care for my parents and achieve my dreams of writing a book.

---



(1) Antiretroviral treatment. I know what life was before I started on ARVs and how much better it is now. (2) Nutritious food like a bunch of bananas. (3) Clean and safe drinking water to prevent diarrhoeal diseases. (4) A mosquito net protects me from malaria. (5) My daughter gives me hope. (6) A stethoscope is essential to my work. Working is important so I don't feel like a parasite. Working is important so I don't feel like a parasite. (7) I can communicate about HIV through writing; before, I wrote to give something to my daughter in case I passed away. (8) My wedding ring reminds me how my wife really believes in me. (9) Bible for spiritual healing and inspiration. (10) Pruning shears because I like gardening.

**Vision without action  
is only dreaming.  
Action without vision  
is only passing time.  
Vision with action can  
change the world.**

— *Nelson Mandela*



# WITH VISION AND ACTION WE CAN CHANGE THE WORLD



Michel Sidibé  
Executive Director  
UNAIDS

*At the May 2013 African Union Summit celebrating the 50 years of African unity, a new commission will be launched to explore HIV and global health in the post-2015 debate. “The UNAIDS and Lancet commission: from AIDS to sustainable health” will be co-chaired by Malawi President Joyce Banda, African Union Commission Chairperson Nkosazana Dlamini Zuma and London School of Hygiene and Tropical Medicine Director Peter Piot.*

**T**he pace of progress is quickening in Africa. Nowhere have we seen this more clearly than in the AIDS response.

Fewer people are dying from AIDS. The number of HIV infections is coming down, with young Africans leading the prevention revolution. There is true hope that in a matter of years, Africa will reach an AIDS-free generation.

It has taken a massive shift in how we work together. It has required leaders to show immense courage, passion and action from all sectors. It has taken a united Africa.

I am not saying it has been easy—but it has happened. We have a shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

And today there is an African Union endorsement of a new Roadmap to accelerate progress in HIV, Tuberculosis and Malaria—through shared responsibility and global solidarity.

Given the extraordinary history of the AIDS response in Africa—in terms of both galvanizing political support and mobilizing resources and communities—the Roadmap sees AIDS as a pathfinder for tuberculosis, malaria and other diseases affecting the continent that require African-sourced solutions.

Leadership, it turns out, was that elusive magic bullet. It is the “disruptive innovation” that has irrevocably changed the course of AIDS and now can do even more.

As we look to our future goals, I am confident that African leadership can be

the pathfinder to better global health. In particular, there are five things that we have learned from the AIDS response.

**1. Put people at the center**

The AIDS response, ultimately, is not about a disease; it is about people. Our success has taught us that a commitment to human security must not only drive our work, but also promote sustainable development more broadly.

AIDS touches so many aspects of an individual’s life that it cannot be treated in isolation. It requires a holistic and inclusive approach.

In that regard, the AIDS response is paving the way for the global health movement to take individual diseases and conditions out of silos and to integrate health services.

**Getting to zero requires a commitment to share responsibility.**

In Malawi, for instance, a steadily increasing number of facilities are integrating services for HIV and sexual and reproductive health. Meanwhile, in Rwanda, the introduction of basic HIV care has led to an increase in the use of general health services. More pregnant women have visited doctors, more children have been vaccinated, and more people have received reproductive health services, HIV treatment, and nutrition support.

A people-centric approach also means democratizing problem-solving and redistributing opportunity. In other words, having the most comprehensive health services to deliver the most cutting-edge drugs means nothing, if people don’t have access to those services. Meeting this challenge has required a focus on women, girls and vulnerable populations, and particularly on recognizing and responding to their realities.

One of the most promising illustrations of the power of a people-centric approach is South Africa, which has made a fundamental break from its earlier response. The government has significantly increased domestic resources for the response, negotiated a 50% reduction in the price of antiretrovirals, and increased the number of people on treatment by 75% over the last two years. South Africa has also implemented the world’s biggest testing campaign, which delivers testing for diabetes, blood pressure and TB, in addition to offering other integrated services.

These successes show us the path forward, an approach where people are at the center of our response to all epidemics.

**2. Mobilize culture and communities**

AIDS thrives on stigma. It spreads wherever individuals are marginalized or whenever society forces a group of people to live in shame or hiding.

The AIDS response has proven the incontrovertible links between the protection and promotion of human rights, access to services and care, and positive health and development outcomes.

The solution, however, cannot be manufactured and imposed from the outside. Rather than diminish cultures that struggle with stigma, the AIDS response must aim to strengthen community systems so that they can organize for their own change. By finding creative ways to work with and use local culture to protect people, we can unleash pragmatic, sustainable solutions to huge health challenges. Moreover, we can empower people to know and claim their rights.

By promoting human rights and eliminating punitive laws and policies, we can curb an epidemic and bring an end to stigma. This, in turn, makes possible progress on many other development goals. In other words, human rights literacy is “demand creation” for health. Health is the goal, but human rights are the engine.

**3. Simplify the architecture and strengthen accountability**

The AIDS response includes one of the most robust accountability mechanisms of any global challenge.

The global AIDS response has invested in monitoring, evaluation, and national oversight mechanisms that are multi-stakeholder, transparent, and results-oriented. This has not only enhanced country ownership and coordination, but it has also brought together stakeholders around evidence, helping them find better solutions that reach more people with the most effective services.

The current global architecture was built for a previous era. It cannot inspire or support our future, but it does provide us with the chance to rebuild a new model to advance global health. I have called for three global institutions—one developing norms, one mobilizing and channelling financing, and one focussed on advocacy and accountability. Simplifying and streamlining the architecture of the AIDS response would not only ease navigation—it would also improve accountability. Doing so will take greater global coordination and more transparent and collaborative partnerships.

**4. Share responsibility and stand in solidarity**

Getting to zero requires a commitment to shared responsibility. That’s why more and more countries are investing their own resources to respond to the AIDS epidemic within their own borders. In 2012, domestic investments surpassed global giving for the first time ever.

Going forward, we must continue to build on these efforts while still maintaining international assistance. As I have stated repeatedly, “it is not a question of paying now or paying later. Either we pay now or we pay forever”. The global community must continue to share responsibility and stand in solidarity.

Low- and middle-income countries have stepped up to provide care to their people and to share responsibility for investing in the epidemic. At the same time, greater regional coordination and leadership has led to new forms of development cooperation and governance, offering alternatives to the traditional donor–recipient relationship.

### 5. Elevate health as a force for social transformation

The AIDS response has crystallized the role of health as a force for social transformation. Now we must do more, because health is increasingly a tool of foreign policy—health diplomacy—and a vehicle for promoting global health and development for the entire world.

Unless countries continue to innovate and re-think health-care solutions, the sustainability of global health is in doubt.

## As we celebrate and look back on 50 years of African unity—we must continue the conversation about our future.

In many places, HIV treatment has effectively become the only large-scale chronic care setting. Out of necessity, health workers are being trained, record-keeping systems are being developed and human resources are being built and coordinated. These countries, with more solid health infrastructures than before, are now in a better position to manage other complex and chronic diseases.

### Vision into action

As we celebrate and look back on 50 years of African unity, we must continue the conversation about our future. Africa offers a unique perspective of what is possible.

African leadership has the power to bring people together—across borders

and across diseases—in order to continue improving health outcomes for all. If the global AIDS movement has taught us anything, it's that solidarity among people committed to justice is more powerful than competition between specific causes.

To dare to “get to zero”, we must dare to focus on people, not on a disease. We must dare to stand up for health equality. We must dare to promote social justice. We must dare to develop sustainable solutions and an architecture that will fundamentally improve people's lives.

We must dare to be disruptive. ■



### Tweetable

“To dare 2 'get to zero' we must dare 2 be disruptive. We must stand up for people, health equality & sustainable solutions” @Michelsidibe

# STOPPING NEW HIV INFECTIONS AMONG CHILDREN AND KEEPING THEIR MOTHERS ALIVE



In 2011, UNAIDS and partners launched the *Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*.

As services to stop new HIV infections have reached more women in low- and middle-income countries, the cumulative number of new HIV infections averted among children has almost doubled between 2009 and 2011. In this period for example, countries achieved a 24% decrease in the number of new HIV infections among children, a decrease that

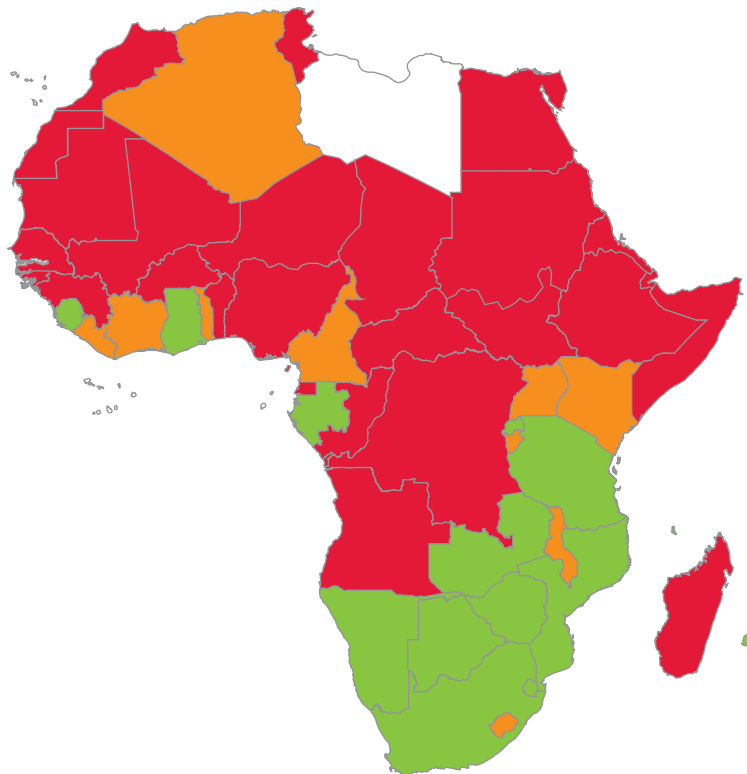
is equivalent to what had been achieved in the preceding six years.

The plan focuses on 22 countries and 21 are in Africa: Angola, Botswana, Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

UNAIDS estimates that 330 000 children became newly infected



**Percentage of pregnant women living with HIV who received antiretroviral medicines to prevent transmission to their child, preliminary results, 2012**



with HIV in low- and middle-income countries in 2011, which is about 900 children daily. With accelerated efforts, the number of children acquiring HIV infection can be reduced by 90% by 2015 (from the baseline year of 2009). ■

<b>≥ 75%</b>	<b>50%–74%</b>	<b>0%–49%</b>	
Botswana	Algeria	Angola	Mali
Ghana	Burundi	Benin	Mauritania
Gambia	Cameroon	Burkina Faso	Morocco
Gabon	Cape Verde	Central African Republic	Nigeria
Mauritius	Côte d'Ivoire	Chad	Niger
Mozambique	Kenya	Congo	Senegal
Namibia	Lesotho	Democratic Republic of Congo	Somalia
Rwanda	Liberia	Djibouti	South Sudan
São Tomé and Príncipe	Malawi	Egypt	Sudan
Seychelles	Togo	Equatorial Guinea	Tunisia
Sierra Leone	Uganda	Eritrea	
South Africa		Ethiopia	
Swaziland		Guinea Bissau	
United Republic of Tanzania		Guinea	
Zambia		Madagascar	
Zimbabwe			

\*Data for Comoros and Libya being reviewed

For countries with adult HIV prevalence less than 1%, estimated coverage for antiretroviral medicine to prevent transmission to the child has wider uncertainty than countries with higher HIV prevalence

# EVERY MINUTE, A YOUNG WOMAN IS NEWLY INFECTED WITH HIV

As a result of their lower economic and socio-cultural status in many countries, women and girls continue to be disproportionately affected by HIV. In sub-Saharan Africa, the centre of the global epidemic, almost 60% of all people living with HIV are women.



58% of adults living with HIV in Africa are women



Globally, less than 30% of young women have comprehensive and correct knowledge of HIV.



Only one female condom is available for every 10 women in sub-Saharan Africa.



A survey among women aged 18–24 years of age in Swaziland showed that nearly 38% reported experiencing sexual violence before the age of 18.





In sub-Saharan Africa, 3.1% of young women aged 15–24 are living with HIV (versus 1.3% of young men).

**37%**

Up to 37% of sex workers in sub-Saharan Africa are estimated to be living with HIV.



92% of all pregnant women living with HIV are in sub-Saharan Africa.



In the Global Plan's 21 priority countries in sub-Saharan Africa, on average only 48% of eligible pregnant women living with HIV received antiretroviral therapy for their own health in 2011.



Approximately 20% more tuberculosis-related deaths in Africa occur among women than among men.



**12%**

A study in Eastern Cape, South Africa showed that 12% of new HIV infections can be attributed to intimate partner violence.

A study in Nigeria showed disclosure of HIV status by women living with HIV was found to result in a 20% added risk of intimate partner violence.

# PUTTING WOMEN AND GIRLS AT THE CENTRE

As the African Union celebrates 50 years of unity, there is much to be proud of in terms of rapid growth, development and continental solidarity. There is, however, also the recognition that more can be done to accelerate progress in terms of the health and rights of women and girls.

Women and girls aged 15 to 24 face a disproportionate burden of HIV, constituting 58% of all people living with HIV in sub-Saharan Africa. Young women aged 15–24 are particularly vulnerable to HIV, with 3.1% of young women in sub-Saharan Africa living with the virus (compared to just over 1.3% of young men).

Gender inequality, including gender-based violence, is a recognized issue in the response to HIV. Women can often face barriers in accessing HIV prevention, treatment and care services due to limited decision-making power. They can also experience a lack of control over financial resources, restricted mobility, and the threat (or occurrence) of violence.

The link between HIV and gender-based violence—both as a cause and consequence of HIV—is well-established. Two years ago, a landmark study from South Africa presented strong evidence of a link between intimate partner violence and HIV transmission among young South African women, finding that 12% of new infections were attributable to intimate partner violence.

Similarly, a recent study in Uganda found a 55% additional risk of becoming infected with HIV when experiencing intimate partner violence.

Women living with HIV can also be more vulnerable to sexual, physical and psychological violence. Research has found that in the United Republic of Tanzania, for example, young women living with HIV were ten times more likely to report partner violence than women who were not living with HIV.

Helena Nangombe is a young woman living with HIV from Namibia and a member of the Global Coalition on Women and AIDS. “As a young mother living with HIV, I have faced violence, stigma and discrimination. These statistics are not just numbers, but actual lives of women and girls,” she said. “I also know that we can do more to ensure that HIV responses meet the needs of women and girls, that we say no to violence, and that we have the right to access information and services.”

Her thoughts are echoed throughout women’s networks. The message is clear: HIV programmes must be tailored to the specific needs of women and girls. ■

# 58%

**Women and girls face a disproportionate burden of HIV, constituting 58% of all people living with HIV in sub-Saharan Africa.**

# AFRICA'S FIRST LADIES CHAMPION AN AIDS-FREE GENERATION

**T**he Organization of African First Ladies against HIV/AIDS (OAFLA) is a crucial partner of UNAIDS in the response to AIDS in Africa. Its members have worked tirelessly to transform their influence into concrete results and take action against AIDS, improving the lives of women, young people and children.

OAFLA was established in 2002 by 37 First Ladies from Africa as a collective voice for people who are living with HIV or who are affected by the epidemic.

Since its establishment, the group has grown to include more than 40 First Ladies, and it has evolved from a forum of ideas into an institution capable of providing continent-wide leadership in public health and the AIDS response.

Earlier this year, OAFLA marked its 10-year anniversary. Penehupifo Pohamba, President of OAFLA and First Lady of Namibia (pictured above left with former OAFLA President Azeb Mesfin), said the organization was commemorating a decade-long story where millions of lives were lost, families destroyed and nations shaken. And she added, however, “this is a celebration of hope for a new era and a new generation, which will be free of HIV among newborn babies”.

OAFLA members advocate for programmes to eliminate new HIV infections among children, address



gender-based violence and empower women. They also promote efforts to mobilize resources for the AIDS response and to improve access to HIV treatment, care and support services on the continent.

The First Ladies of Africa, together with national partners, have launched many high-impact campaigns, including “FLAME”, which kicked off in nine countries in 2011 to promote both the virtual elimination of new HIV infections among children and keeping their mothers alive. ■



# Zandi Mqwathi

*Soweto, Johannesburg, South Africa*

I work as a trainer and facilitator at the Themba Interactive Theatre. I also work in correctional facilities with offenders, training them to be HIV peer educators. I am a youth leader as well—I volunteer for the Pan-African Youth Leadership Forum.

I am a mother, a sister and a global child. I am passionate about art and using it as a way of transforming lives. I love elephants and butterflies.

**What is the most important thing to you and why?**

My son is the most important thing to me. My lineage will continue through him. He is my reason for being and my angel. I am here because of him.

**When did you start HIV treatment?**

I started HIV treatment in December 2006 when I found out I was pregnant with my son. I went for an HIV test as part of my antenatal care.

**What would you tell others about treatment?**

HIV treatment ensures your quality of life. It sustains one's health if taken consistently and correctly. It is not always easy because it requires a change in lifestyle, and that can be hard in the beginning.

**What would be your tweet to the world?**

If you take care of yourself today, you will avoid having to take care of things tomorrow.







(1) My son Loyiso, my reason for being. (2) The Wits Hospice Shop always cheers me up. (3) The beauty, the colour — there is hope in the paintings. (4) Poetry is the language my spirit speaks. (5) Vintage clothes remind me of my beautiful grandmother and her timeless beauty. (6) Tea refreshes and relaxes me. (7) Music takes me to places I have never been. (8) Exercise keeps me sane. (9) Biryani is colourful, artistic and delicious. (10) Prayer keeps me connected to myself and my maker.



# Fatima Bendida

*Algiers, Algeria*

I am currently training to be a seamstress.

I am a young woman, I love life and I have hope in everything I do. I like having a positive attitude in the things I do for myself and for others.

**What is the most important thing to you and why?**

The most important thing to me is my antiretroviral treatment because it ensures my health, my security and my future.

**When did you start HIV treatment?**

I just started my treatment three months ago. I have lived for ten years without any treatment and with an undetectable viral load.

**What would you tell others about treatment?**

I would tell others that antiretroviral treatment is life. You must take care of your health.

**What would your tweet to the world be?**

We didn't choose this disease, nor did we choose to be discriminated against.

---





(1) The beach makes me think of patience and also struggle. (2) The forest for the calm and rest that it gives me. (3) Jewellery is a sign of beauty. (4) Clothing represents changes. (5) Money represents pride. (6) Shopping provides me with pleasure. (7) Marriage is love, joy and security. (8) My antiretroviral treatment for life, health, security and the future. (9) My car gives me a feeling of leadership. (10) I love music because it's entertaining.

# QUOTABLE

*The time is now for Africa to take the lead in finding lasting solutions to this health and development challenge.*

**Goodluck Jonathan**  
President of Nigeria

We hope that the resolution that we will adopt at the end of this discussion will show the Security Council's commitment to contribute in a complementary and determined way to the global effort to fight against AIDS.

**Ali Bongo Ondimba**  
President of Gabon

*Ten years after Abuja, millions of lives have been saved and Africa has prospered. These foundations have to be made permanent for this generation and for all our future generations.*

**Boni Yayi**  
President of Benin

**Not a single country, not a single individual, business or entity can win this struggle alone. Once the leadership and commitment is there in any country and any community, results begin to show.**

**Paul Kagame**  
President of Rwanda

In just a decade, I have witnessed countries move from despair to the conviction that we can end this epidemic.

**Joyce Banda**  
President of Malawi

AIDS has stolen the lives of millions of our brothers and sisters and has orphaned millions of our children. This epidemic has also transformed South Africa – in some ways for the better. AIDS proved to be an agent of change that helped us overcome our painful past by uniting all ethnicities, classes and communities against our common enemy.

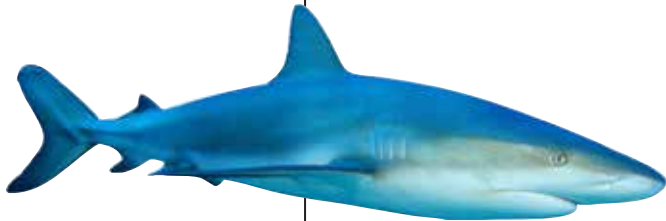
**Jacob Zuma**  
President of South Africa

## LIFE + CULTURE

FOR THE PAST 30 YEARS,  
AIDS HAS BEEN PART OF LIFE  
IN AFRICA. THE EPIDEMIC  
HAS GONE THROUGH MANY  
PHASES AND BECOME  
DEEPLY EMBEDDED INTO THE  
CULTURE. TODAY, WHETHER  
KEEPING THE MEMORIES OF  
PEOPLE LOST TO AIDS OR  
LIVING POSITIVELY WITH HIV,  
THERE IS HOPE.



# Ideas lab



*From sea to sky, innovation is driving the AIDS response.*

*How cool is that?*

## SHARKS TO THE RESCUE

### COULD A FEARED OCEAN PREDATOR HELP FIND AN HIV VACCINE?

Researchers are looking at shark liver oil as a potential boosting agent in an AIDS vaccine. Vaccine trials could start this year or early in 2014.

## THE BUZZ ON BEES

### TOXIN IN VENOM DESTROYS HIV

Researchers say they have found a way to destroy HIV using a toxin found in bee venom. When a bee stings someone, it injects them with venom, and that same venom also can poke holes into the coating of the virus (while leaving surrounding cells alone). Someday, for example, this “nanoparticle” technology could be used in a gel.



## BRAVE HEART

### LONG-TERM USE OF ANTIRETROVIRALS

In a recent journal report, researchers conclude that the long-term use of antiretroviral therapy does not “appear to be associated with impaired heart function in children and adolescents”. More than 3.1 million young people under the age of 15 are living with HIV in Africa.



## FROM MILK TO MICROBICIDE?

### THE AMAZING VIRTUES OF COW'S MILK

Whilst cows cannot be infected with HIV, a recent study has shown that they can produce HIV antibodies in their milk. Researchers are now continuing studies to see whether the milk containing HIV antibodies can be developed into an affordable microbicide cream to help women to protect themselves against contracting HIV during sex.



## UP IN THE CLOUDS

### WAYS TO SIMPLIFY HIV TESTING

Scientists continue to find new ways to simplify HIV testing. In partnership with the government of Rwanda, researchers are using mobile technology to perform HIV tests. Not only can the new mobile device act as a lab and perform very sensitive analysis, but it also can synchronize the results with a cloud-based database of medical records.



# RESEARCH IN AFRICA



*Salim S. Abdool Karim (MBCChB, PhD) is the Director of the Centre for the AIDS Programme of Research in South Africa (CAPRISA) and the interim President of the South African Medical Research Council.*

## 1. Africa is becoming more engaged in research on HIV. Why is it important for researchers on the continent to be involved in research?

It's important for Africa to be doing research because the strains of HIV that we have in Africa are different from the strains of the virus that are found in the United States and Europe. Africa has a particular subtype of the virus known as subtype C that is the most dominant in this region, especially in southern Africa. At present, the antiretroviral drugs that are widely used throughout the world are known to be effective against all HIV subtypes, but when it comes to vaccines, the situation is very different.

HIV vaccines will need to elicit immune responses that will be able to attack a multitude of different strains of the virus. At present, this is not readily doable, but some new data on broadly neutralizing

antibodies may provide a path to a future vaccine that is effective across a range of subtypes.

To ensure that vaccines being developed against HIV are going to be effective in Africa, African scientists need to provide leadership in vaccine research, especially in research to understand the local strains of the circulating viruses and how they are evolving. To achieve this, African governments and philanthropists need to invest in developing world-class research in Africa.

## 2. What is the most exciting research you see being conducted on HIV in Africa?

There are many first-rate groups conducting research on HIV in Africa, and many of their studies are very exciting. Recent research by a consortium of South African scientists has shown how a glycan (a sugar molecule that facilitates viral entry into cells) at position 332 on the outer domain of the HIV envelope led to two women developing potent broadly neutralizing antibodies (Moore et al, *Nature Medicine*, 2012). These findings provided the first clues on the nature of antigens (any substance that causes your immune system to produce antibodies against it) that may be required to generate broadly neutralizing antibodies against HIV, a key goal in vaccine development.

Looking around at the range of studies being undertaken in Africa, there are five studies in Africa that I consider as potential game-changers:

- Two large South African studies investigating the effectiveness of conditional cash transfers (i.e. transferring money to persons who meet certain criteria). The CAPRISA

007 (Reducing HIV in Adolescents—or RHIVA—trial) is being conducted in rural KwaZulu-Natal, while the other study is being conducted in rural Mpumalanga by the United States National Institutes of Health HIV Prevention Trials Network.

- The confirmatory study of the effectiveness of tenofovir gel when applied around the time of sex. This Follow-on African Consortium for Tenofovir studies (FACTS 001) is well underway at seven sites throughout South Africa. Regulatory approval of tenofovir gel is dependent on these results.
- Two large “treatment for prevention” trials that are being funded by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) to assess the community level impact of the scale-up of antiretroviral treatment. The first study (called PopART) is being conducted in Zambia and South Africa, while the second study is being conducted in Botswana to assess the community-level prevention impact of treatment scale-up.

Each of these five studies could lead to new HIV prevention opportunities and approaches in Africa.

## 3. What do you see as the future of HIV research in Africa?

I see a bright future for HIV research in Africa, especially when I visit African medical schools and see the talent of the young scientists. However, we have to find innovative means of keeping these talented youngsters in Africa and not losing them to the hallways of US universities.

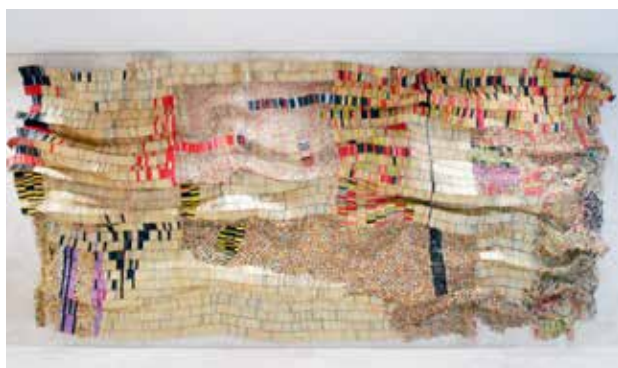
Given the large burden of disease and high numbers of patients on antiretroviral therapy, future research in Africa will need to continue to focus on both treatment and prevention. Studies on the implementation and scale-up of treatment are needed to inform the scale-up process. At the same time, more HIV prevention research—including research on microbicides and HIV vaccines—is urgently needed in Africa. ■



# THE ARTS

**A**rt can emerge from something as benign as a bottle cap or as complicated as a 21-string harp lute. And for the past 30 years in Africa, the AIDS epidemic has been part of nearly every artist's narrative.

Globally renowned artist El Anatsui created "Crust of the Earth" in 2007 as a commentary on the AIDS response. The Ghanaian artist, who works in Nigeria, uses pieces of found objects—such as bottle caps and labels—to create his masterpieces. Twisted and strung together, the intricate "panels" are fluid in nature.



*Crust of the Earth*

He tells people to be ready to meet challenges, "Art is a parallel of life. Life is not something static; it is forever changing in a state of flux. Therefore art should be in a state of flux."

The kora is an extension of his voice says UNAIDS Goodwill Ambassador Toumani Diabaté. Through his music, he shares his feelings about HIV.

"I have seen a lot in my life, especially how stigma and discrimination can affect people and societies negatively," he said. "People living with and affected by HIV are often not treated with the respect they deserve."



*Toumani Diabaté*

With a blend of ancient West African traditions and modern music, the Malian artist asks his audience to follow his music down a path towards greater understanding.

"Toumani is not just a voice, not just an artist," said Michel Sidibé, UNAIDS Executive Director. "He grew up in a place where it was not worth being a famous musician if you could not change things with your music."

Art is also changing the lives of people living with HIV. Through art people have sought to keep memories alive, to express anger, ideas, sadness and hope—art has been part of the healing process. An entire community in South Africa created an extraordinary piece of art.

"This art is not being made for a market—it is being made as an act of self-expression and of solidarity with what is happening all around. That is why the Keiskamma Altarpiece is so remarkable, because it has been imagined into existence by an entire community working together," said art curator Carol Brown. "What art and artists can do more successfully than other media is to show that we are not alone in anything we do—what touches one, touches us all." ■

*Keiskamma Altarpiece*



# PRIVATE SECTOR: A SUCCESS STORY

From adopting workplace policies and promoting HIV testing, to running campaigns to eliminate stigma and discrimination, the private sector has been a key player in the response to AIDS in Africa. Its contribution towards raising HIV awareness has been critical to the progress made over the last 30 years.

Companies have not only provided financial resources, but they also have actively promoted the well-being of their employees with HIV prevention, treatment, care and support programmes. Sub-sectors like banking and mining have been among the most active in putting their knowledge and infrastructure to the service of the HIV response.

## Striving for zero

In 2012, Anglo American's New Vaal mine in South Africa—one of 11 operations in the group's thermal coal business—achieved UNAIDS' vision of zero AIDS-related deaths, zero discrimination and, more recently, zero new HIV infections. All of this was accomplished in a country with an HIV prevalence rate of 17%.

With a permanent workforce of 1172 people, Anglo American's New Vaal mine reported zero AIDS-related deaths in 2012, and it had not received a single formal complaint about discrimination. In addition, while 87% of employees had undergone voluntary counselling and testing, not one had contracted HIV.

“The fact that there have been zero conversions from HIV-negative to HIV-positive so far this year gives us hope, because it shows that the majority of employees are taking responsibility for their health,” says wellness coordinator Sharon Montoeli.

The company's five-pillar HIV programme is founded on voluntary counselling and testing; awareness, education and prevention; care, treatment and support; partnerships; and commitment to Anglo American's values.

The company also has an absolute non-discrimination, non-stigmatization policy. The New Vaal operation has made every effort to create an environment in which employees living with HIV are able to open up about their status without fear of stigma or rejection, while people who are not ready to do so—or who would prefer not to declare their status—are assured confidentiality.

## Peer education

The mine's group of 18 voluntary wellness peer educators (WPE) are the backbone of the HIV programme. WPEs—some of whom have been with the group since their teens—represent a broad cross-section of the mine and its community. The volunteers conduct HIV prevention awareness programmes at induction training, as well as at schools, universities, churches, townships and mine villages.

An indication of the level of the team's activities is the fact that it distributes 20 000 condoms every week.

“We don't wait for management to tell us about an event and then spring into action. We are busy all the time: spreading awareness, talking to employees, forging partnerships in our communities and spreading the message that AIDS can be beaten,” said one of the peer educators. “Each of our employees is first and foremost a member of a community, which is why we need to make an impact not only in our workplace, but outside it, too.”

*Anglo American, one of the world's largest mining companies, has prioritized the elimination of stigma and discrimination in its workplace. It has a global HIV policy based on a human rights framework involving zero tolerance towards discrimination, the elimination of stigma, gender equality and assurance of confidentiality. Anglo American has also the largest workplace HIV testing and treatment programme in the world which provides its employees and their dependants with voluntary HIV testing and subsequent free access to antiretroviral therapy.*





# RAISING AIDS AWARENESS THROUGH SPORT



**A**s social phenomena capable of mobilizing the masses, sports like football and cricket have been key in raising AIDS awareness and getting messages to millions of fans.

“Sport has a special ability to unify and galvanize people all over the world, and therefore it is a powerful vehicle for advocacy, both at a global and a community level,” said UNAIDS Executive Director Michel Sidibé.

For example, during the latest Africa Cup of Nations, HIV prevention messages were shown on large electronic screens to football fans in all stadiums as part of the UNAIDS “Protect the Goal” campaign. The 2010 FIFA World Cup Give AIDS the Red Card initiative, backed by international football stars Michael Ballack of Germany and Emmanuel Adebayor of Togo, also used the popularity and outreach potential of football to unite the world around a common cause—preventing the transmission of HIV from mother-to-child.

At the community level, organizations like Grassroot Soccer use the power of football to educate, inspire and mobilize communities to stop the spread of HIV. It builds basic life skills that help boys and girls adopt healthy behaviours and live risk-free.

“I tell young people: you have control of your own life. Find information and resources in your community that will

help you stay HIV-negative or get you treatment if you are HIV-positive,” said Methembe Ndlovu, Co-Founder of Grassroot Soccer (pictured above).

Born in Bulawayo, Zimbabwe, Ndlovu grew up dreaming of playing for the local Highlanders Football Club. After attending Dartmouth College in the United States, he got his wish, playing as a midfielder for both the Highlanders and the Zimbabwe National Team.

“It is amazing to be in this position. I am lucky to be able to give back,” he said.

## Run out AIDS

Cricket’s popularity—especially in many of the countries that are most affected by AIDS—has also provided an important platform to disseminate HIV information messages. The International Cricket Council has long partnered with UNAIDS and UNICEF to utilize its tournaments as a vehicle to promote sport and HIV prevention among young people.

“Awareness is a big factor in helping prevent the spread of HIV, so the more we talk about it and keep it in the public eye, the better,” said South Africa player AB de Villiers during the 2007 Twenty20 world cricket championship in South Africa. ■

# CLIMBING AGAINST GENDER-BASED VIOLENCE:

*A quest for dignity, equality and justice*



For most, mountain climbing is a sign of strength, courage, achievement and perhaps a sense of freedom. For the 25 men and women who summited Mount Brandberg in Namibia in April 2013, their drive was solidarity against gender-based violence (GBV).

Young people, gender activists, women affected by GBV, representatives of non-government organizations, artists, poets, and radio personalities completed

the climb to increase public awareness of GBV and to advocate for behaviour change in Namibia.

In order to make their voices heard on the importance of stopping GBV, the group of young Namibians chose a place of great symbolic value. Brandberg is not just the highest mountain in Namibia at 2606 m of elevation, but it is also a mythical place of great natural and cultural importance—a spiritual site

of great significance to the San (Bushman) tribes and the location of hundreds of rock art sites and paintings.

“With the increasing number of gender-based violence cases in Namibia, it was important to bring young people together to discuss possible solutions while having fun,” said fashion designer Hem Matsi, who organized the climb.

According to a 2009 study conducted by the Ministry of Gender Equality and Child Welfare, 40% of females in Namibia have experienced physical violence, compared to 28% of their male counterparts. The 2011 National Crime Statistics showed that the Namibian police recorded 1085 reported cases of rape and 277 of attempted rape in the same year.

“Gender-based violence is a national problem, and each one of us within the Namibian society should take part in the fight against GBV,” said Rosalia Nghidinwa, Minister of Gender Equality and Child Welfare, during the official expedition send-off hosted by the Ministry.

Traditional social norms in Namibia—which include child marriage and gender inequality—are thought to create an enabling environment for various forms of GBV, including intimate partner violence and domestic violence.

Furthermore, there seems to be a high tolerance embedded in the society when it comes to men beating their wives or

partners. What goes on behind closed doors is regarded as a family matter and not the business of neighbours, friends or the authorities.

The Government of Namibia has put in place various legislative measures to address GBV in the country, including the *Combating of Domestic Violence Act of 2003*. Lack of effective implementation of laws and policies, however, constrains women and girls from having total protection of their basic human rights.

---

## Stopping gender-based violence and ensuring gender equity will go a long way to help us end the AIDS epidemic.

---

“In Namibia, there is disparity between the protective measures provided in the legislation and the reality on the ground,” said Rachel Coomer of the Legal Assistance Centre. “The response to gender-based violence is under resourced, with too many systemic failures that leave the victims without the protections they need.”

GBV is considered to be a main factor in the HIV epidemic, as it significantly decreases a woman’s ability to protect herself from HIV infection. HIV

infection, in turn, can increase risk of violence and abuse, as women living with HIV are often blamed for bringing the virus into the family—which can lead to abuse and even killings.

“Stopping gender-based violence and ensuring gender equity will go a long way to help us end the AIDS epidemic,” said UNAIDS Country Coordinator in Namibia Henk Van Renterghem, who participated in UNAIDS co-sponsored hike. “The voice and energy of young people, artists and the media are critical to make a difference in the lives of many women and girls.”

At the summit of Mt Brandberg, the climbers joined the MYWORLD initiative and cast their vote to “End AIDS and gender-based violence”. By doing so, the climbers identified these as priorities to shape the global development goals after 2015.

For many participants, the climb was not only an epic adventure; it was a real blood, sweat and tears experience of hiking up steep slopes with temperatures soaring over 30°C. “It was the hardest physical and mental challenge that I ever had to overcome. What kept me going was knowing that many people go through worse pain every day with little or no hope for a solution. We need to do more to end GBV—men should respect the women of their community,” said 22 year old student Taleni Matheus. ■





# Celina Mungoi

*Matolo Rio, 15 km from Maputo City, Mozambique*

I am a 35 year-old happy mother and wife with a beautiful and special family. I live with my husband, my 11 year-old step-daughter and our six year-old son. My husband knows about my HIV status and has always been very supportive. When we decided to have a child, we both went to the hospital to receive medical advice. My son, who was born HIV free, knows that every day I have to take medication but he doesn't know what it is for yet. He always reminds me, "Mom, did you take your pills?"

I am the Coordinator of "*A hi ti paluxeni*", a non-governmental organization that provides HIV education and community mitigation activities. We also advocate for non-discriminatory policies and facilitate sharing experiences on AIDS. The name of the association means "let's break the silence" in Xangana, a local language in the southern part of Mozambique.

## **What is the most important thing to you and why?**

Being conscious of my status is the most important thing to me, as well as knowing that my husband and son are not infected with the virus. I encourage people to adhere to HIV treatment and to leave behind the fear of stigma and discrimination.

## **When did you start HIV treatment?**

I started taking antiretroviral treatment in 2003. In 2005, I moved on to second-line treatment because the first line was not compatible with me. I am fine now, but I have to take 7 pills a day. It would be great if I could reduce the number of pills that I have to take.

## **What would you tell others about treatment?**

Being HIV-positive does not mean the end of the world. Do not give up on your goals and dreams. Raise your self-esteem, adhere to treatment and do your part. It is important to know that HIV treatment is saving lives, so let us encourage other people to adhere to it.

## **What would be your tweet to the world?**

While we are scared of stigma and discrimination, we fuel it when we are afraid of sharing our HIV status. Let us accept that HIV is just an infection.

---



(1) A mobile phone to be permanently in touch with my children and the people of the association. (2) My wallet where I carry pictures of my family and various health cards. (3) A “capulana” to wrap around the waist when wearing trousers as a sign of respect and a “lenço” to protect me from catching contagious diseases such as tuberculosis when visiting patients. (4) A mix of leaves with elevated nutritious qualities. (5) This is a nutritive natural food, mixed with sugar, which I take whenever hungry. (6) Brochures used as reference when I visit people living with HIV. (7) Religious books are always in my handbag to fortify my strength and that of the people receiving care and support. (8) This is my favourite CD of gospel music, which brings me peace of mind. (9) Pills to be taken daily, adhering to the recommendations from the doctors. (10) To diversify my nutrition sources, I use a variety of vegetable leaves from my home seedbeds.





# Yaya Coulibaly

*Abidjan, Côte d'Ivoire*

Since 2007 I chair the management board of RIP Plus, a network of 65 associations of people living with HIV in Côte d'Ivoire. I'm also the executive president of Solidarité Plus, a non-governmental organisation made up of people living with HIV aimed at HIV prevention.

I am 43 and the third child of a family of 25. I've been married since 1996 and have three children. I am always available to assist others. I stand by my peers. I am very engaged in the fight against AIDS.

**What is the most important thing to you and why?**

My daughter Yasmine, and my two sons, Abass and Ismael. They give me the strength to continue fighting.

**When did you start HIV treatment?**

I started HIV treatment in 1999 thanks to the support of the International Therapeutic Solidarity Fund and the government of Côte d'Ivoire. Nowadays I take Combivir in the morning and in the evening, and Effavirenz before going to bed.

**What would you tell others about treatment?**

In Côte d'Ivoire, antiretroviral drugs are available, effective, accessible and free of charge.

**What would your tweet to the world be?**

Some African countries think a solution to HIV must come from the North. I retort: only together we will win the fight against AIDS.

---

①



②



③



⑤



④



⑥



⑦



⑧



⑨



⑩



(1) I love punctuality, and I have owned this watch for 10 years. (2) My photo album contains photos of my parents and children.

(3) My reading glasses. (4) I take Combivir in the morning and in the evening, and Effavirenz before going to bed. (5) I love eating rice with aubergine sauce. (6) I love slow, partner dance music. My favourite song is "A vous les femmes" by Spanish singer and songwriter Julio Iglesias. (7) I play soccer and am a fan of Abidjan's ASEC team, Olympique de Marseille and Real Madrid. (8) I can't live without my computer. I am an avid user of Excel, Word and PowerPoint. (9) I love my work. I chair the executive board of RIP Plus, a network of 65 associations of people living with HIV in Côte d'Ivoire. This is the sign of my office. (10) My prayer beads, or a *chapelet* in French, are used to count the repetitions of prayers.



# THE LAST WORD

## Paddy Masembe

Regional Coordinator, African Young Positive's Network, Uganda



### What is your role with the African Network of Young People Living with HIV (AY+N)?

As the Regional Coordinator of AY+N, I see my role as amplifying the voices of young people living with HIV in Africa. This requires me to coordinate and champion the interests of young people living with HIV—making sure that HIV prevention, treatment, care and support services are delivered in a rights-based approach across the region. It is especially important to ensure that we recognize the rights of the key populations within our age group, such as sex workers, lesbian, gay, bisexual, and transgender, and drug users.

### What are you most proud of so far?

That we have turned our philosophy into action. Young men and women living with HIV are not just “beneficiaries”, but also great contributors to the success story of the AIDS response.

### What is youth involvement?

At AY+N, youth involvement is not just about sending one youth from a country

to speak on behalf of the millions back home, but also to use technical and financial resources to support youth-led interventions in the response.

### What do you see as the future of Africa?

I see two things. First, I see a united and vibrant social movement of young people, and most especially, a well-informed generation of young people living with HIV in the region. Secondly, I see an African continent where the rights, welfare and interests of young men and women living with HIV are assured and protected.

### What are you telling leaders of Africa today?

On behalf of the African Young Positive's Network, I call upon the African Union—including its partners and all its member states, especially in the sub-Saharan region—to develop a common position on the continuum of comprehensive and accessible services for young men and women. These services must help us live a safe, healthy and positive life from childhood to adulthood.

*A few lighter questions...*

### What is your favorite piece of music?

Any reggae music.

### What is your favorite book?

*The Power of Now* by Eckhart Tolle.

### Who is your hero?

Can you imagine—my hero has been working on AIDS before I was born! Luiz Loures, the Deputy Executive Director of UNAIDS, is not just a medical doctor, but also a leader who values human contributions. I know I am not alone in saying this, but a number of people and countries have benefitted from his leadership.

### What is your favorite film?

*Coming to America*.

### What is your happiest memory?

The day I accepted my HIV status.

### What motivates you?

Hope is the foundation of my motivation.

### What human qualities do you most admire?

Knowledge and confidence.

### What do you most value in your friends?

How they are motivating me to achieve my dreams in life.

### What would be your “tweet” to the world?

Please support young people living with HIV to choose their own path and destiny.



*Vote to*  
**END  
AIDS.**



Visit [unaids.org](http://unaids.org) and vote to **END AIDS**



20 Avenue Appia  
CH-1211 Geneva 27  
Switzerland

+41 22 791 36 66

[unaids.org](http://unaids.org)