



GAUTENG
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

BRIEFING DOCUMENT FOR WORLD AIDS WEEK 2015





**Theme: Working together to end AIDS in Gauteng.
Moving Gauteng towards the realization of the UNAIDS
2020 targets**



THEME PER DAY FOR 30TH NOVEMBER TO 4TH DECEMBER 2015

Provincial event at the Tshwane Events Centre

These notes provide background, key messages and “fast facts” for each day for speakers, social media, and the participants

Protect Avoid Stop Overcome Prevent

PROGRAMME

Day	Theme	Content
Monday 30 th November	High risk groups and HIV prevention (Key populations)	High risk sex and HIV prevention LGBTI (gay), men who have sex with men (MSM) drug users (all), sex workers (SW) Human rights and access to all services
Tuesday 1 st December	Formal programme by Gauteng leaders Music	11:00 to 13:00 14:00 to 16:00
Wednesday 2 nd December	Women and children Orphans and vulnerable children (OVC)	Infected mothers and children Grandparents caring for children
Thursday 3 rd December	Faith and HIV The faith based sectors Traditional healers care for PLHIV	Religion, stigma and inclusion Spiritual support for PLHIV and families Traditional health care Traditional medicines and ART: myths and facts
Friday 4 th December	Youth day	Teen mothers How teenagers protect themselves from HIV and unplanned pregnancy

Activities on each day:

- Speakers and discussion
- Health activities: sports, nutrition, health screening
- EXPO on PASOP
- 50 stalls
- Public participation through social media

Sources of information: The Gauteng AIDS Council led by the Premier with EXCO:

- Organisations from the sectors who are represented on the Gauteng AIDS Council
- All available research
- The Gauteng Strategic and Implementation Plans for 2012 to 2016
- Reports on services and work with communities

THE FIVE THEMES PROFILED THIS WEEK



FAST FACTS ABOUT PROTECTING YOURSELF FROM HIV

HIV INFECTION AND HIV PROTECTION

Very high risk for HIV	Protection from HIV infection
1. Many sex partners	One safe partner OR Use a condom every time
2. Sex without a condom <ul style="list-style-type: none"> • Vaginal sex • Oral sex • Anal sex 	Use a condom every time Use a condom or a dental dam Use a condom every time (male or female)
3. Sex when drunk or high on drugs	Get help with your drinking or drug problem. Use a condom every time
4. Use a dirty needle to inject drugs	Use a clean needle and syringe every time



What are my choices?



What can I do to protect myself?

HIGH RISK GROUPS AND SITUATIONS

Some groups of people have much higher HIV infection rates due to multiple sex partners, the type of sex, isolation (discrimination), drug use or social conditions.

These groups are also known as “key populations” meaning that HIV prevention must focus on these groups. These groups report discrimination, isolation and violence in communities or rejection by government services. Community organisations build leadership and inclusion in communities and work to get good access to government services including health care , social and police services.



Men prefer testing at community sites



Male and female condoms stop HIV

What the SANAC guidelines say about services for sex workers:

- Peer educators from the group lead outreach with education on safe sex and supply condoms
- Peer educators refer to local services for poverty relief, health care and social services.
- Service providers are trained to meet the needs of sex workers
- Social support is built through advocacy, organization and mobilization to reduce discrimination, isolation and violence – to protect human rights.
- Health services reach out to promote HIV and TB testing and treatment
- NGOs are funded to manage peer educators



FAST FACTS ABOUT HIGH RISK GROUPS

HIV infection rates (prevalence) in high risk groups in Gauteng	
All adults	Gauteng 17,8%
Sex workers (female)	Over 60% have HIV
Men who have sex with men (MSM)	28% have HIV
Substance abusers: alcohol, dagga, nyaope and others	Higher than average
People who inject drugs (IDU)	20% but increasing
Prisoners	About 24%
Migrant workers in transport, mining and construction	Higher than average

Sources: A number of surveys of these groups. Different surveys may produce different figures.

Why are people gay?

- Most gay people were born gay and do not choose to be gay.
- Some women feel more male. Some men are mainly attracted to other men.

Why do men and women sell sex for cash or give sex for gifts and favours ?

- The person can't get a job and needs money. Many sex workers support their children and family
 - A young person does not have money for their living costs, education or lifestyle
 - Some students sell sex to pay for their education
- A drug addict sells sex to pay for drugs

MOTHERS AND BABIES

Nearly one in three pregnant women in Gauteng (30%) already has HIV. Good medical care in pregnancy has reduced HIV in babies from one in ten (10%) to one in two hundred babies (0.5%).

HIV infected mothers need good medical care and treatment for HIV and TB to keep healthy in order to bring up their children and support their families.

All pregnant women are tested for HIV and all women who test positive for HIV need to start treatment for HIV (ART) if they test positive. Treatment keeps the mother healthy and protects the baby from HIV.

Untreated HIV and TB are the leading causes of deaths in pregnant women in South Africa.

Women should start antenatal clinic at 20 weeks (4 months) of pregnancy to get onto treatment early.

Some pregnant women die from AIDS because they start treatment too late.



FAST FACTS ABOUT HIV IN PREGNANCY AND BABIES

HIV infections in mothers and babies in Gauteng	
Pregnant women	Nearly one in three (30%)
Babies born	One in two hundred has HIV (0.5%)
Children with HIV	One in fifty children has HIV and needs treatment with ART
Children who have lost a parent	One in eight children (13%) has lost a parent

This is due to effective health services for pregnant women (PMTCT) and the high commitment of South African women to their babies. HIV infection rates in children have halved from 5% to 2% due to effective prevention of HIV in babies (PMTCT). All children who have HIV need treatment (ART) to help them develop normally and keep healthy.



The world goal is no HIV infections in babies by 2020 – zero new infections

HIV in babies is prevented by treating pregnant mothers who have HIV with ART. ART for the mother also protects the baby from HIV infection through breastfeeding and keeps the mother healthy. All mothers including mothers with HIV should breastfeed their babies. Breast feeding is best for all babies.

TUBERCULOSIS or TB

TB is the leading cause of death in people who have HIV.

- Everyone with TB (100%) needs to test for HIV
- Everyone with HIV (100%) needs to check for TB yearly.

HIV and TB can now be treated together.

Over 80% of people with HIV and TB in Gauteng are now on ART but this needs to increase to 100% to prevent more deaths.



TB causes deaths in people who have HIV



HIV and TB can be treated together

TESTING AND TREATMENT FOR HIV



FAST FACTS ABOUT TB AND HIV TREATMENT IN GAUTENG

Treatment for HIV and TB in Gauteng	
Adults who have tested for HIV	Two of every three adult males and females (66%)
Pregnant women test for HIV	99%
Adults who have HIV on ART	80% on 2012 guidelines
Children who have HIV on ART	Not enough children are on ART
Adults with TB on ART	Over 80%
TB treatment success rate	86%
Adults adhere to ART	70% (estimated)

These percentages are higher than most other provinces and Gauteng is above the national average.





FAST FACTS ON OUR GOALS FOR TESTING TESTING AND TREATMENT

United Nations world targets for the year 2020

Service	UNAIDS targets for 2020	Gauteng in 2012	The gap in Gauteng
a. Have tested for HIV	90% of the population	Two of every three males and females 66%	One in three had not tested
b. HIV positive and on ART	90% of people with HIV who have tested	80% on old guidelines	More people need to start ART: ALL children, pregnant mothers and people with TB
c. Adhere to treatment with ART	90% of people are still on ART after five years	70% (estimated)	Nearly one in three people on ART do not take their ART all the time

The Gauteng figures are from the HSRC national household survey in 2012 and the ART Register (tier.net)



All clinics in Gauteng provide testing and treatment for HIV and TB

Why do we have gaps?

a. One in three people had not yet tested for HIV in 2012. Why?

- Some people do not use clinics well: men and high risk groups. They prefer community testing sites
- People think they are not at risk of HIV infection – but some already have HIV
- Some are scared to test: worry about coping with a positive result or fear discrimination

b. 80% of people with HIV were on ART on the old guidelines in 2012.

- A person who tests positive in a community testing site may not go to the clinic for follow up
- Denial or fear of being recognised: psychological reactions
- Don't like clinics: waiting times, costs of transport, attitudes of staff, bad experiences

c. 70% stay on treatment (adherence) – an estimate

- Psychological problems: denial, fear, depression, substance abuse, anger or self stigma
- Don't like clinics: time off work, costs of transport, attitudes, fear of discrimination
- Believe they are healthy and don't need treatment
- Use other treatments ; food, herbs, traditional or prayer

Denial means pretending something is not happening due to fear.



FAST FACTS ON STIGMA AND DISCRIMINATION

The Stigma Index in Gauteng in 2014	
HIV positive: Self stigma	24%
HIV positive: Report discrimination	12%
TB: Self stigma	
TB: Report discrimination	40%

Self stigma means negative feelings about oneself due to having HIV or TB including fear of discrimination, guilt or self-blame.

Self stigma undermines adherence to treatment and a healthy lifestyle. People who are angry or depressed may use alcohol or drugs to control their feelings.

Counselling, family support and support groups help people cope with life and look after their health

Organizations of people with HIV and TB lead the fight against discrimination: NAPWA, TAC, Positive Women and other organizations. Lawyers provide support for human rights.



Most people support friends and family members who have HIV

ORPHANS AND VULNERABLE CHILDREN (OVC)



One in eight children in Gauteng (13%) have lost a parent (deceased).

70% of parental deaths are due to HIV and TB. Deaths in adults from HIV and TB reduced by around 40% after 2005 due to effective treatment of HIV and TB, including ART.

OVC should be assessed by a Social Worker or a Social auxiliary Worker from an NGO which provided the OVC services. The Social Worker and NGO will provide or refer for all the relevant services including child care,

social grants, counselling for child and care giver, free schooling, food support, health care and other relevant services.



FAST FACTS ON SERVICES FOR ORPHANS AND VULNERABLE CHILDREN (OVC)

Services for poor orphans, teenagers and youth in Gauteng including children affected by HIV

Service	Who qualifies	Who provides the services
Social grants: CSG, FCG Adults: OAP, DG	Poor children under 18 years. Disabled, pensioner South African	SASSA for grant Home Affairs for birth certificate
Education: Free ECD (pre-school) Free school Food at school Bursaries for tertiary education Free school uniform	OVC Poor children Poor children Poor youth Poor children	Social Development Government schools In no fee schools NSFAS. Through TVET and University Social Development through schools
OVC services After school care Counselling Social worker services Food at after care	Orphans and vulnerable children (defined by Social Development)	Social Development through funded NGOs Schools can refer DSD. Donations of food
Health care Free health care Primary health care in wards	All children	Health clinics Ward WBOT by community health worker
Child safety In schools Patrols in wards Community sports, Safe parks	OVC care after school High risk schools High risk wards High risk wards	NGOs, GDE School patrollers Patrollers, CPF SAPS, Metro police Municipality, NGOs
Poverty relief for households Indigent subsidies: <ul style="list-style-type: none"> • Water, electricity, rates • RDP housing Donations; food, clothing, household goods Food parcels x 3 months	Indigent households with low or no income Households in distress. Destitute, fire etc	Municipality: <ul style="list-style-type: none"> • Customer care centre (CCC) • Regional offices etc. Public and FBOs NGOs or War Rooms Social Development
Youth training Interns, community service EPWP, CWP etc. A number of projects, coops	Poor, unemployed youth	Ward Councillor/War Room Municipality Departments (most) Social Development, DED

FAITH AND HIV

Many religious organizations have provided leadership on HIV by including PLHIV, providing spiritual support, lobbying for access to treatment (ART) and openness on HIV, training leaders, supporting members, OVC, hospices and home based care. Faith based organizations have led hospices and home based care with compassion and commitment. ART has reduced but not eliminated the need for these services.

An example is the Shembe church which integrates Christian and traditional religion with ART treatment. The church encourages disclosure and blesses the medicines (ART).

A few churches still label PLHIV as sinners or exploit people by “saving” people with prayer or selling remedies like herbs or holy water.

The Zulu Royal family has led the AIDS response and engaged traditional leaders from other African groups.

Traditional health practitioners (THP) have played a leading role providing care and support for PLHIV and their families without discrimination. Traditional medicines and psycho-social care support the immune system and should be combined with ART and TB treatment. Problems arise when traditional and alternative healers advise their clients to stop western medicine or overstate the side-effects of ART.



Prayer, inclusion, support, compassion and love help people to live better with HIV and TB



FAST FACTS ABOUT SPIRITUAL AND SOCIAL SUPPORT IN COMMUNITIES

Faith	Name	Organizations
All denominations	GCC Salvation Army	Gauteng Council of Churches
Traditional	AAFC Shembe ZCC	All African Federation of Churches: Apostolic, Zion Christian Church
Muslim	MAP	AIDS project of the Muslim Council of Theologians
Evangelical	TESA Rhema	The Evangelical of South Africa Association Rhema Church and Foundation
Hindu	No details	
Jewish	Ma Afrika Tikun	OVC project of women from the Jewish Board of Deputies
Buddhist	Temple	Buddhist Temple in Bronkhorstspuit
Bahai	Church	Bahai Faith, Randburg

Councils and Federations are listed. Individual churches are also involved but are not listed here due to space.

Traditional	Name	Organizations
Traditional Leaders	CONTRALESA Gauteng	Council of Traditional Leaders of South Africa: Monitors initiation schools.
	Zulu Royal family	Through leaders and traditional events
	Other Royal families	
Healers (THP) National Associations	NUPAATSA	National Association
	THO	Traditional Healers Organization
THP Forum	COJ	City of Joburg and other municipalities.

Note:

- National organizations are listed. This list does not include all the active organizations.

Traditional leaders lead on family support, social norms and values and inclusion of PLHIV including high risk groups. The Zulu Royal family has led on disclosure, safe sex, HIV testing and medical circumcision for men.



Traditional leaders lead men on social norms and safe sex behaviours



FAST FACTS ABOUT TRADITIONAL AND WESTERN MEDICINE

Spiritual and traditional care often improve physical health through psycho social support, compassion, prayer, fellowship, hope and improved nutrition. Medical research demonstrates the biological pathways of the brain which affect the immune system through the hypothalamic – pituitary – adrenal axis (HPA axis). Exercise is also important for physical health.

A safe combination of medical treatment (ART), spiritual care (psycho social support) and nutrition is recommended. Traditional African foods meet modern recommendations for good nutrition because they provide vegetables, unrefined carbohydrates and protein without added sugar. City diets are often unhealthy and people with HIV or TB may need supplements.



Traditional healers care for people with HIV and TB and their families

A number of traditional health practitioners have claimed cures for AIDS. Some funds have been allocated to research agencies to test these claims but few products have been tested. At this stage a cure for HIV with traditional medicine has not been proved.

YOUTH AND HIV

The highest new HIV infections occur in young women aged 15 to 24 years – up to 25% of all new HIV infections in the world.

New HIV infections in youth 15 to 24 years reduced substantially in Gauteng between 2008 and 2012 due to a combination of prevention programs. These programs included openness on AIDS, family influence, Lifeskills training in schools, effective media campaigns, high condom use, testing for HIV and peer education. HIV infection rates are now highest in the age group 20 to 29 years in Gauteng. We need to sustain the gains made and extend them to the next generation of teenage girls.



FAST FACTS ON HIV INFECTIONS IN YOUTH IN GAUTENG

Reduction of new HIV infections in youth in Gauteng

HIV Incidence (new HIV) reduced by half	2008	3%	SA
	2012	1.5%	HSRC
HIV prevalence (all HIV) reduced by 43%	2008	10.1%	GP
	2012	5.8%	HSRC

The social and economic drivers of HIV in young women are well recognized by communities. The Gauteng AIDS Council adopted the policy of combination HIV prevention in 2013 which prioritizes young women and their male partners including high risk groups. This policy includes a range of interventions to address the structural, social, behavioural and biomedical drivers of HIV.



FAST FACTS ON THE GAUTENG AIDS COUNCIL POLICY FOR REDUCING NEW HIV INFECTIONS IN YOUTH

Outcome	Methods	Implementers
1. Safer social norms and values	Role models Community leaders Media campaigns Protect girls, boys and young women	Sectors of civil society. Interactive media. Joint campaigns (all) Community Safety (All)
2. Reduced poverty	Free or subsidized services Social grants Indigent subsidies Donations Education and training.	Departments (all) SASSA Municipality Community donations, NGOs, FBOs Schools, tertiary education, labour
3. Reduced unemployment	Keep girls and boys in schools. Access to jobs	Community, families, schools Business, NGOs, CWP, internship
4. Safer behaviours	Lifeskills training Socialization and support	Schools, FBOs, DCS Families, FBOs, peer educators
a. Social risk	OVC service	NGOs, Social Development,
b. Sexual risk	Peer education	Community leaders, NGO, business.
5. Medical protection	Supply free condoms Protect babies (PMTCT) Prevent TB Circumcise young males Test and treat HIV and TB	Suppliers Health services. Institutions: mines, prisons, health. Clinics, Traditional leaders, NGOs, Sectors: PLHIV, THP, private, TL

DUAL PROTECTION = CONDOMS AND FAMILY PLANNING

Teenage pregnancy is a problem in many communities. People recognise that teenage pregnancy results from unsafe sex by teenagers. Two out of three of all pregnancies are unplanned.

The Department of Health therefore promotes **DUAL PROTECTION** meaning protection for HIV and pregnancy. This means combining condoms with family planning (pills, loop, injection or implant).

Some factors which increase unprotected sex by teenagers:

- Forced sex or rape.
- Ignorance about how you get pregnant and how to get family planning.
- Emotional manipulation by a man: “Have sex to show you love me”.
- Sugar daddies who don’t use condoms. A teenage girl may think an older man is safer – it is not true.
- Sex for income (cash) or living costs or lifestyle is increasing.
- Girls without fathers may want love and attention from an older boyfriend.
- Some girls want a baby who will love them.
- Clinic nurses scold sexually active teenagers and don’t provide family planning.
- Having a baby increases the status of a young woman.



FAST FACTS ON FAMILY PLANNING METHODS FOR TEENAGE GIRLS

Method	Suitable for teenagers	What it does
Condoms • Male • Female	Safe if you use a condom every time for sex. Highly recommended Also prevents HIV and other sexual infections	Man’s sperm does not enter the woman’s body.
Injection “Depo”	Wait until you get regular menstruation. Use condoms and injection.	Stops woman’s eggs from being released (hormones)
“Loop” (Intra uterine device)	Can be used. Can increase infections Use loop and condoms.	Stops the fertilized egg from sticking to the uterus,
Implant	Recommended Can affect periods. Use implant and condoms	Stops woman’s eggs from being released (hormones)



Teenage pregnancy can be prevented through dual protection = condoms and family planning

FOR MORE INFORMATION



Talk to a trained peer educator or community worker

USE SOCIAL MEDIA

Gauteng Department of Health Twitter: [@GautengHealth](https://twitter.com/GautengHealth)

Gauteng Department of Health Facebook: www.facebook.com/GautengProvincialHealthDepartment/

CALL A TELEPHONE HELPLINE

Services	Contact
SADAG for depression	011 2626 396
SANCA for alcohol and drugs	011 482 7187
Childline for children	0800 055 555
Counselling through Lifeline	086 132 2322
For rape call Lifeline	
Love Life for youth	0800 121 900
Soul City Institute for HIV information	011 341 0360
AIDS helpline	0800 012 322
Hi4LIFE for HIV	send a please call me to 072 523 9398 or call *120*6336#

VISIT THE LOCAL CLINIC, ASK THE SOCIAL WORKER OR AN NGO WHICH WORKS ON AIDS, OR ASK THE EMPLOYEE WELLNESS STAFF AT WORK OR

Contact the secretariats of the Gauteng, Metro, District and Local AIDS Councils in the Gauteng province

Email: Elizabeth. Floyd@gauteng.gov.za / Zanele.Nkosi@gauteng.gov.za / Laverne.Myburg@gauteng.gov.za

or SMS Dr Liz Floyd on 0823720552 or Dr Francis Akpan on 082 461 5937

or call 011 355 3876 / 3252 / 3253 / 3240

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