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Make Young People Centre of HIV/AIDS Fight

By IPS Correspondent

CAPE TOWN – Former Botswana President Festus Mogae has called on world leaders to put young people at the centre of the fight against HIV and AIDS.

Mogae, chair of Champions For An HIV-Free Generation, an association of former African presidents, told delegates at a ministerial meeting taking place on the sidelines of the ICASA dubbed 'Eastern and Southern Africa Commitment Ministerial Meeting': "We are here today to reaffirm our commitment to young people in Eastern and Southern Africa region, who must be at the centre of

all our HIV and AIDS programmes."

Mogae said leaders needed to remain engaged in the HIV and AIDS pandemic and renew their commitment to young people if the dream of an HIV-free generation was to be realised.

"We all felt that we were fighting as if it's an epidemic in one country and we pleaded with them [leaders] to collaborate; that is happening. We must work together," he said.

"Through collaboration, we have today virtually converted HIV and AIDS from being a killer disease

into a chronic one with which one can live."

United Nations Population Fund (UNFPA) East and Southern Africa regional director, Juliatta Onabanjo said Africa is a young continent which needs to properly harness its demographic dividend to ensure economic growth is sustained.

"Young people are vulnerable... young people should be at the centre for post Millennium Development Goals so that the Youth Development Goal becomes part of the post-2015 agenda," Dr Onabanjo said.



Former Botswana President Festus Mogae addressing delegates.

ICASA Delegates Remember Mandela

By Mantoe Phakathi

CAPE TOWN – The 17th International Conference on AIDS and STIs in Africa (ICASA) opened in Cape Town, South Africa on Saturday, December 7, 2013 with delegates paying glowing tributes to South Africa's first democratically-elected president, Nelson Rolihlahla Mandela who died two days before the event.

Every session – be it the main event or the sideline meetings – started with observing a moment of silence in honour of the man who devoted part of his life to fighting HIV and AIDS.

Different speakers shared their thoughts and memories of Madiba, as Mandela was affectionately called, while others recounted their personal experiences with him before turning to their written speeches.

"If Mandela was here, he would be very proud because education and health were very close to his heart." South African deputy minister of Basic Education, Enver Surty, told the delegates. "Taking action in

addressing HIV/AIDS, especially among young people, is the best way of honouring Tata Madiba."

United Nations Population Fund (UNFPA) regional director for the East and Southern Africa, Dr Juliatta Onabanjo, said "I can imagine Mandela smiling about the partnerships being formed between the education and health sectors."

Former Botswana President and now the chairman of Champions of the HIV Free Generation, Festus Mogae, observed that "the greatest tribute we can pay to Madiba is to endeavour to live up to the ideals he stood for, especially in championing an HIV-free society."

The five-day conference, which ends on Wednesday 11 Dec, has drawn high-profile figures from the HIV/AIDS landscape, including UN agencies' directors, policy-makers, academicians, technical experts, policy makers, civil society activists and ordinary people.

New Female Condom More Comfortable Less Noisy

By Jennifer McKellar

CAPE TOWN – Even though it has been available since the 1980s, the female condom has never achieved the same level of acceptance as its male counterpart.

In fact, according to Joint United Nations Programme on HIV/AIDS (UNAIDS), use of the female condom does not even measure up to a percentage when compared to the male equivalent.

The 2013 “UNAIDS Report On The Global AIDS Epidemic” says that while the donor community distributed 2.4 billion male condoms in 2012, only 31.8 million female condoms were issued –despite the view of both the U.N. Population Fund and World Health Organisation that the female condom puts women in control and should be a key tool in preventing HIV infection and unplanned pregnancies.

There are a number of reasons for the lack of take up, from user complaints that the materials used in early versions made an unpleasant crinkling noise, to lack of awareness of how to use it. The design and materials used in the female condom have since improved to make it far more user-friendly, but experts say many women are not aware of these changes and are still put off by their initial experiences.

Lily Ekobika, from the Cameroon Social Marketing Association, an NGO which promotes universal access to female condoms in Cameroon enthusiastically praises the new version of the female condom.

“It has a lot of advantages over the male condom. For example, men have said it doesn’t feel so tight on them and they feel more pleasure,” she says.

Using a plastic model of female genitalia, Ekobika demonstrated the correct use of the female condom to an interested crowd at ICASA 2013. She said her home country Cameroon has seen a remarkable increase in its uptake since the introduction of a field intervention programme in 2009.

“When the intervention began, female condom distribution was around 100,000 units per annum. This has now increased to between 700,000 and one million,” she explained.

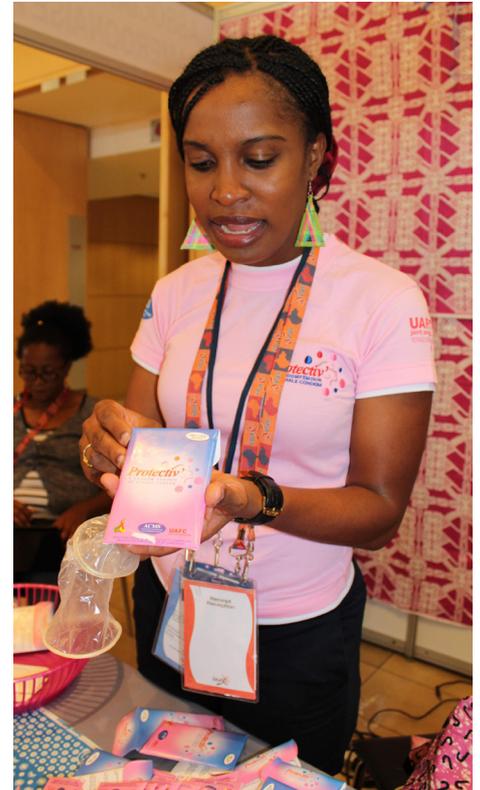
“This is largely due to the community engagement component which has recruited and trained a network of hairdressers to help educate women on the use of the female condom.”

As of 2013, the association has recruited over 350 hairdressers as community educators.

There are additional engagement components in pharmacies and commercial networks such as the local shops and markets, but, she emphasized, “Women trust their hairdresser, and this has definitely been the best way of encouraging them to use the condom.”

Moseamo Makgale from YMCA South Africa, showed interest in Ekobika’s demonstration. She had heard of the female condom but did not know how it could be used correctly.

“I was under the impression that you had



Demonstrating how to use the female condom.
Credit J.McKellar/IPS

to insert it eight hours before use. This is a misconception. The condom could be worn any time up to four hours before use, which is one of the advantages over the male version for sex workers,” she said.

Asked after the demonstration whether she would consider using a female condom in future, Makgale looked thoughtful, then remarked: “Yes, you know, I think I would.”

TERRAVIVA

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Independent media coverage of the 17th ICASA Conference on AIDS and STIs in Africa is commissioned by the ICASA 2013 Secretariat in partnership with Inter Press Service (IPS) Africa with support from UNICEF, UNAIDS, UNFPA, the WFP and UNESCO and is aimed at providing quality coverage of the Conference and issues relating to AIDS and STIs in Africa.

IPS- Inter Press Service is a global new agency that provides news features, analyses and commentaries on the events and processes affecting the development of peoples and nations.



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Sexuality, HIV and young people's lives: Let's get serious about it!

By Nyaradzayi Gumbonzvanda

The international development community is abuzz at the moment with a lot of interesting talk and ideas about where we are headed with the post 2015 agenda, where we stand in relation to the MDGs and how far we have progressed towards the International Conference on Population and Development (ICPD) goals. Against this backdrop, sexuality, HIV and young people's lives are on my mind.

I am a firm believer that the time has come for a change in the narrative of Africa that we hear, see and which is presented to us time and time again. I see windows of opportunity and possibilities for change all around us.

'Africa rising' is the favourite expression of people in the business world at the moment. The population experts are telling us about another wave of change – a youth bulge and the promise of a demographic dividend – which could put some African countries on the same growth path as China and India.

Who are we talking about? In East and Southern Africa, it's about the future of 158 million adolescents and young people aged 10-24, that's one third of the region's population. To capitalise on this wave of opportunity, we need to find a way of addressing some of the education and health challenges in our path.

The hard facts are that an estimated 50 new HIV infections occur every hour amongst young people aged 15-24 and the majority of new infections are amongst young women.

What's going to change this picture, and change it now? Part of the answer lies in the knowledge and skills which adolescents and young people need to prepare themselves for adulthood, being a parent, a global citizen, the world of work and life in the 21st Century.

Here is the challenge: less than 40 per cent of young people in the region have adequate HIV prevention knowledge. We need a rethink what is happening in our homes, schools and communities when it comes to preparing young people for adulthood. This means we need to talk about sexuality, about the realities of young



Nyaradzayi Gumbonzvanda. Credit: Ravi Kanth Devarakonda/IPS

people's lives, their education and sexual and reproductive health needs - and the barriers they face.

Young people have made their demands very clear, most recently at an Africa wide ICPD+20 review meeting in Addis Ababa – comprehensive sexuality education (CSE) and youth-friendly sexual and reproductive health services.

What do we need to see happening in schools and classrooms?

For starters, we need to scale up good quality CSE availability as widely as possible and starting at primary school. Good quality means it must cover sexuality, gender equality, relationships and sexual and reproductive rights as well as being accurate, age-appropriate, delivered by well-trained teachers, culturally sensitive and supported in and out of schools.

In the past few years, the scientific evidence of what works and what doesn't work in sexuality education has grown dramatically. So let's get some of the myths out of the way: sexuality education does not lead to early sexual activity – in fact it helps to delay the initiation of sexual activity; it increases condom use and contraception, reduces the number of sexual partners and reduces sexual risk-taking.

When sexuality education includes a strong focus on rights and gender, greater benefits are possible. Gender inequality and prevailing gender norms, increase the vulnerability of girls and women to unintended pregnancy, HIV and other sexually-transmitted infections (STIs), and limit their access to critical health services.

We need to trust and support teachers

and schools in this task and we need to support this education process at home and in the community – and that's a plea especially to leaders in our faith-based communities.

However, education by itself is not enough - we need sexuality education backed up by accessible, affordable and effective health services and commodities for young people. Take note - that also includes an estimated 2.6 million young people living with HIV, who have sexual and reproductive health needs like any other young person and who also want lasting relationships, families and a healthy future.

Change is on the horizon – a number of countries in the region have already recognised the need for the shift in policy, how resources are prioritised and how teaching and learning on HIV and sexuality education takes place, now we need that movement to grow.

Across the region, discussions have been taking place for the past few months between government leaders, civil society and stakeholders about the need for a new approach to this challenge. As someone entrusted with the leadership of an organization of young women, with a strong basis in faith, I see this as a major opportunity for change in the region and a way of ensuring a better future for generations of girls and young women still to come. Education and health leaders need to act boldly and work together on a common agenda for adolescents and young people. It's time to act now!

Nyaradzayi Gumbonzvanda is General Secretary of World YWCA, a human rights lawyer and a member of the High-Level Group on the Eastern and Southern Africa Ministerial Commitment process.

For more information on the Ministerial Commitment process, see: www.youngpeopletoday.net

La fuite pour la thérapie ARV menace la baisse des décès liés au VIH



Même là où la thérapie antirétrovirale (ART) est disponible, certains patients atteints du VIH choisissent de ne pas la prendre. Crédit: J. McKellar / IPS

Par Ignatius Banda

BULAWAYO – Tous les mois, des dizaines de personnes vivant avec le virus de l'immunodéficience humaine (VIH) se rassemblent à la Centre de traitement des infections opportunistes de Mpilo, à Bulawayo, pour prendre leurs médicaments.

Beaucoup s'accordent à dire que les médicaments anti-rétroviraux (ARV) gratuits ont amélioré leur vie dans un pays où des millions de personnes n'arrivent pas à accéder aux soins de santé adéquats, avec l'impossibilité d'obtenir des ARV qui entraîne ce que les experts de la santé qualifient de décès évitables.

Mais certains, comme Sindiso Buzwani* qui est dans la quarantaine, ne sont pas aussi enthousiastes. Interrogé pour savoir pourquoi il a arrêté de prendre ses médicaments, Buzwani réagit, furieux. "Tout le monde est malade. Pourquoi me demandez-vous la raison pour laquelle je ne suis pas sous médicaments? Est-ce que vous prenez les vôtres?", telle est sa réponse bien qu'il soit clair que sa santé se détériore.

Des attitudes comme celle de Buzwani font partie d'un problème croissant qui peut être en train de favoriser des décès liés au VIH à un moment où le pays est confronté à un énorme retard dans l'introduction de la thérapie anti-rétrovirale. Cela, malgré les efforts déployés par les responsables de la santé pour fournir des informations sur les avantages de la thérapie anti-rétrovirale (TAR) et la façon de prendre les médicaments avec une alimentation saine.

Edmore Mutimodyo, chargé du plaidoyer et des communications au Réseau national

zimbabwéen des personnes vivant avec le VIH et le SIDA (ZNNP+), a expliqué les systèmes mis en place pour encourager l'adhésion. "Avant de prendre les ARV, vous passez par un processus de compréhension de la façon dont ils travaillent, les effets secondaires possibles. Vous devez également subir une procédure d'adhésion. Si vous êtes susceptible de ne pas y adhérer, ils vous demanderont d'apporter un copain ou une copine de traitement pour vous aider dans le processus".

En novembre, le ministère de la Santé et de la Protection de l'Enfance a signalé que le nombre de personnes nécessitant un traitement anti-rétroviral avait grimpé pour passer de plus de 800.000 à près de 1,2 million après que le pays a adopté de nouvelles directives de l'Organisation mondiale de la santé (OMS) sur le stade à partir duquel les malades peuvent être introduits à la TAR, passant d'un compte de CD4 en dessous de 350 à 500. Selon les chiffres publiés par le Conseil national du SIDA (NAC), la couverture de la thérapie anti-rétrovirale était juste au-dessus de 86 pour cent.

Il y a des inquiétudes selon lesquelles la demande accrue de la TAR comme conséquence des nouvelles directives de l'OMS, avec des malades comme Buzwani qui rejettent leurs régimes de médicaments et peuvent développer une résistance aux médicaments, pourrait présenter de nouveaux obstacles à la réduction des décès. Les malades du VIH qui développent une résistance aux médicaments sont souvent obligés de passer à la prochaine ligne de médicaments plus chers et donc moins accessibles.

D'autres personnes vivant avec le VIH ne parviennent pas à accéder aux ARV à cause de la longue liste d'attente aggravée par ce qui, selon le ministère de la Santé et le ZNNP+, est l'absence de financement pour ces médicaments.

Le programme du Zimbabwe pour les ARV est soutenu par le Fonds mondial pour le SIDA, la tuberculose et le paludisme qui, selon le NAC, a déboursé 21,8 millions de dollars pour la campagne de 2014. Davantage de malades sont censés accéder aux ARV dès le démarrage de la fabrication locale de médicaments, en partenariat avec l'Iran, comme l'a annoncé en octobre le ministère de la Santé.

"Certain(e)s infirmier(ère)s auquel(le)s nous avons parlé ont indiqué qu'il y avait des gens qui ont arrêté de prendre les ARV à cause des effets secondaires ou en raison de la stigmatisation: ils ne voulaient pas être vus en train de prendre une pilule tous les jours", a souligné Kerry Scott, un chercheur à l'Ecole de santé publique Johns Hopkins qui a travaillé au Zimbabwe.

Des croyances religieuses ont également poussé des malades du VIH à rejeter leurs médicaments.

Des malades comme Buzwani qui ont abandonné la prise de leurs médicaments, peuvent être une exception, mais pourraient être encore un indicateur des difficultés qui attendent le pays dans sa lutte pour réduire les décès liés au SIDA.

*Un nom d'emprunt

VOICES FROM THE CONFERENCE

‘Zero In On Young People To Get To Zero Infections’

By Bolivia Jeremiah

I want to bring you closer to a tangible youth, something that you cannot ignore – an experience of a young girl, a girl who had a dream, a girl who had ambition, whose life, all of a sudden, nearly changed because of an experience she went through.

This is a girl whose soul and spirit were almost shattered and humiliated as she was almost turned into a pie of enjoyment by hyenas of this world, a girl who was made to think that she was not good enough under the heavy pouring sweat of what should be representing a man.

I am that girl, the girl who saw her own mirror splashing across the white ingratiated of a room as the thick ground landed and pierced through her lean skin. As I take you through my journey, I would like you to close your eyes for a moment...

I want you to get into her mother’s bedroom and get that bottle of Panado [pain-numbing pills], the one she reaches for as she tries to end her life. I want you to swallow with her the pills and lie down with her as she awaits the not-so-much anticipated eventuality.

Ladies and gentlemen, I would like to assure you that I would have died but despite the challenges that I went through, I continued and strived and came out stronger because

of the support structures that I stumbled across. Structures such as the government of Botswana for providing the education that it provided, the health system that believes that more can still be done, organisations such as SAfAIDS for enrolling me in a leadership programme that transformed my life, organisations such as the United Nations Population Fund for allowing me to be part of the UN family, organisations such as UNESCO, the Botswana Family Welfare Association, and many other networks that comforted and cushioned me and took me under their wings.

I do not want to see other young women, other young boys going through the same ordeal and this is why I will keep on fighting, and this is why I have resolved in my heart that oppression, discrimination, poverty should not continue to prevail in our society.

If indeed we are serious about reaching the target of [getting to] zero, if we share the same sentiments on this goal, we need to zero in on young people because, in actual fact, we are living at a time where we can describe it as ‘the pandemic of youth’.

Bolivia Jeremiah (25) addressing the ministers of Health and Education from Eastern and Southern Africa at the 17th International Conference on AIDS and STIs in Africa (ICASA) in Cape Town, South Africa.

Reporting by Mantoe Phakathi.



Bolivia Jeremiah addressing the delegates.
Credit: Mantoe Phakathi



Why do some people stop taking their ARVs?

By Nqabomzi Bikitsha



Side effects play a role in people stopping treatment. Some people are ambivalent about whether or not they believe ARVs work.

Pierr Broubard



Attitude to medication is one reason why people stop taking their ARVs. People tend to not finish treatment when they start to feel better or when they think it won't make a difference.

Abdul Salam



It's very difficult to take medication everyday, people forget especially when they don't have support. Others are probably scared people will find out about their status.

Eliane Vrolings and Miriam Groenhof

AIDS-Free Generation Still a Dream in Southern Africa

By Martina Schwikowski

JOHANNESBURG - Maureen Phiri, 18, has a soft voice and a strong message about HIV and young people in her country. "In Malawi, people are still in denial because of cultural beliefs. Traditional leaders and churches are denying the disease. Let us gather those leaders and hear from young people what is really happening."

Phiri, an activist who lives with HIV, belongs to the Baylor Teen Club in Lilongwe, Malawi's capital. The club is part of a programme that provides medical care and psycho-social support to HIV-positive adolescents, of whom Malawi has 91,000.

Phiri works hard to overcome the stigma still attached to HIV among her peers. "Only then we will be able to have an AIDS-free generation," she told IPS.

Phiri was speaking at a forum held in Johannesburg last week, where the United Nations Children's Fund (UNICEF) presented its Sixth Stocktaking Report about Children and AIDS, entitled "Towards an AIDS-free generation".

It reveals alarming trends: worldwide, AIDS-related deaths among youth aged 10-19 increased by 50 percent between 2005 and 2012, from 71,000 to 110,000.

This is the only group where AIDS-related deaths have increased, in stark contrast to progress made in preventing mother-to-child transmission, with more than 850,000 new childhood infections averted in low- and middle-income countries in 2012.

The rise in AIDS-related deaths among youth shows that they are falling through the cracks of HIV programmes mainly designed for adults or children. Many adolescents do not know they are HIV-positive, others lack family support to disclose and start treatment, and some start treatment but quit and die.

An alarming trend

In 2012, some 2.1 million adolescents were living with HIV. Of these, 80 percent live in sub-Saharan Africa, says the report. Worryingly, one-third of new infections occur among youth aged 15-24.

"How did we get here? We became complacent," said Dr. Gabriel Anabwani, executive director at the Baylor Children's Clinical Centre of Excellence in Gaborone, Botswana.



Eighteen-year-old Maureen Phiri from Malawi knows first-hand about the loneliness of HIV. At age 12, she discovered her HIV status but did not tell her mother. Courtesy: Martina Schwikowski

With an HIV prevalence of 23 percent among a population of two million, Botswana has 7,800 HIV positive adolescents aged 10-19.

The centre reaches teenagers by taking their services to the communities. "HIV is a family disease, so we have to reach out to the families and educate them at home," Anabwani told IPS.

Disclosure within the family is key and the burden should not be left to the mother alone, who is often "scared to be stigmatised or to be divorced."

In Lilongwe, Phiri knows first-hand about the loneliness of HIV. At age 12, she discovered her HIV status after she tested with her sister. But Phiri did not tell her mother, who was in denial of being HIV-positive. Phiri had never had sex so she figured she had been born with HIV – yet the daughter was afraid to tell the mother.

She looked for help at her church and was told to trust God. "I relied on God, did not take my pills, and became so sick that I had to go to hospital," she told IPS.

Later, a boyfriend told her neighbours she was HIV-positive, and she experienced rejection in her community.

Phiri then sought help at the Baylor clinic in Lilongwe. Its staff helped her family learn about HIV and deal with disclosure.

Missing links

Now a strong, confident young woman, Phiri told IPS, "There are no condoms at school and no health centres where we can go for testing."

Rick Olson, senior HIV prevention specialist for UNICEF in East and southern Africa,

agrees: "We are denying that young people are sexually active."

What is needed, he added, is "a redefinition of services specifically for adolescents: more condom distribution, more counselling, more clinics and more advice on male circumcision."

Uganda earned world praise for successfully implementing the ABC policy – abstain, be faithful, use condoms – that brought the country's HIV infection rate down from a two-digit rate in the 1990s to today's seven percent.

"But we missed to drive it further into the new generation," Specioza Wandira-Kazibwe, the Uganda-born U.N. Secretary-General's Special Envoy for HIV/AIDS in Africa, told IPS. Infection rates in Uganda are slowly rising after the dramatic drop a decade ago.

UNICEF warns of a shocking gender disparity in HIV infection: in 2012, two-thirds of all new infections among teens aged 15-19 were among girls. In South Africa, Gabon and Sierra Leone, eight out of 10 new infections among teens aged 15-19 are girls.

Social and economic inequalities drive girls' vulnerability to HIV – among them poverty, violence, transactional sex, early marriage, poor information and low risk perception.

"It is a challenge for leadership to move and do the right thing," said Steven Allen, UNICEF's regional director for central and East Africa. "We are speaking a language this generation does not understand."

The dream of an AIDS-free generation will remain a slogan unless ways are found to reduce HIV infection among young people, especially among girls.