NEW FOCUS URGENT AFTER KHOMANANI RESUSCITATION

Dr David Harrison, CEO of loveLife.

With the resuscitation of government's Khomanani HIV and TB prevention campaign after 8 dormant months, Dr David Harrison, the CEO of its youth HIV counterpart, loveLife, has pleaded for more precise targetting and double the funds.

Harrison said there remained a 'Kimberley hole' in the country's overall approach to HIV/AIDS prevention campaigns, given impeccable research that showed the huge vulnerability of 18 - 24-year-old women.

'We can't tolerate a Khomanani that tries to be all things to all people – we urgently need a massively focussed campaign targeting 18 – 24-year-old women, particularly in marginalised and high-density communities,' he told *Izindaba*. He was approached for comment on loveLife's 2007 campaign plans and asked to broaden his observations, given his organisations' growing reputation for delivery (6 000 volunteers at 400 schools reaching half a million teenagers face to face per month).

Harrison said there remained a 'Kimberley hole' in the country's overall approach to HIV/AIDS prevention campaigns, given impeccable research that showed the huge vulnerability of 18 - 24-year-old women. LoveLife promotes healthy HIV-free living among 12 - 17-year-olds. In studies conducted 3 years ago, HIV prevalence among 17-year-olds was measured at 6%, leaping to 14% among 19-year-olds.

Most alarmingly however, and focussing Harrison's call, is HIV prevalence that spiked to 25% among 21-year-olds and maintained these levels right up to the country's 24-year-olds, with mostly women affected.

Government negligence

A lack of administrative vigilance by the national department of health led to the Khomanani programme grinding to a halt when the 2-year tender won by Johnnic and Meropa Communications respectively came to an end on 15 July last year. Early warnings to senior departmental officials to re-advertise for tenders in time to allow for a seamless continuation of the crucial campaign apparently fell on deaf ears.

Director General, Thami Mseleku, explained the lapse by saying that there was 'a need for an independent evaluation' of Khomanani's work, which HIV/AIDS prevention experts scoffed at, given the timing and the importance of ongoing prevention. Mseleku suggested that his communications department 'adopt a temporary caretaker role' and promised that a new tender would be made public 'in the next 2 - 3 weeks'.

Industry insiders described the caretaker suggestion as 'laughable', given the lack of dedicated specialist capacity of the DoH's communications department. Mseleku admitted at the time that it 'had not been determined' whether government had the capacity to take over the various Khomanani initiatives.

As it turned out, the entire programme was downscaled to pamphlets, posters and cross-media advertising by the government communications and information service (GCIS). Vitally effective community-based social mobilisation campaigns simply stopped.

Last year was supposed to be government's 'Year of Accelerated HIV and AIDS Prevention', with special emphasis on intensifying communications campaigns.

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This was partly in response to the Maputo TB Conference having declared TB a burgeoning regional crisis and shortly before the discovery of an alarming spread of extremely drug-resistant TB, first in KwaZulu-Natal and then in other provinces.

Asked for a Khomanani update on 31 January this year, more than 6 months after the tender lapse, national health department spokesperson Sibani Mngadi said his department had received 24 new bids by December last year. An adjudication panel reviewed the short-listed bidders on 15 February but ended in disarray and dissension over continuity and the re-awarding of tenders to previously successful bidders versus 'spreading the cake'. The winners were due to be announced in March and the campaign revived on 1 April. Mngadi said this would coincide with the launch of the revitalised and inclusive South African National AIDS Council and a multi-stakeholder conference called to modify the final draft of the revised strategic plan for HIV and AIDS for 2007 - 2011. He said specifics of the winning Khomanani bidder's plans 'could be modified' at this conference to address Harrison's concerns.

The Khomanani contract, now split up into five 'mini-tenders', is now worth R15.4 million more than last year (from R184.6 million to R200 million) and the campaign will spread far wider than last year's mass media and social mobilisation contracts. Now it will include healthy lifestyles (tobacco control and alcohol abuse), TB and HIV and accelerated HIV/AIDS prevention (behaviour change, VCT and PMTCT), plus a component of care, treatment and support.

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Harrison appealed to government to 'let loveLife get on with its forte, 17 - 19-year-olds,' and propel Khomanani into a 'hugely focussed campaign' targetting vulnerable 18 - 24-year-old women with intensive face-to-face interaction in major townships.

'I would put two-thirds of their budget into a face-to-face campaign to begin filling this Kimberley hole, targeting high-density townships like Mdantsane and Khayelitsha,' he added. He said HIV was a 'disease of marginalisation', and coverage should urgently include farm and domestic workers.

LoveLife, with its R110 million budget for 2007/8 drawn from across all government departments and supplemented by several international charities, reaches about 40% of its target market 'face to face'.

Harrison said that in the context of such a massive epidemic loveLife should be reaching double this number of youths 'to have any real prospect of shifting things'. 'We need to reach the type of scale that has a realistic prospect of success,' he said.

He was 'irritated' by academics who emphasised how 'little could be done' to shift a generalised epidemic once it had taken hold.

'There's tentative UNAIDs evidence of a new generation of young people growing up with significantly different incidences. The pandemic is too young for us to say what the impact is of a new cohort of people growing up with a substantially reduced incidence of infection, but we can't write off a generation of young people when we know that behaviour change can happen!' Such academic emphasis contributed to cynicism that led to defeat because of the lack of resources governments then allocated. 'Talking about the flattening of the curve is not particularly helpful to the 14-year-old growing up. There is always success with keeping people HIV free'.

LoveLife surveys showed a definite correlation between its interventions and HIV. 'What we need are much bigger interventions over a much longer period of time, at least a decade's commitment,' he said.

While HIV/AIDS academics should exhibit healthy scepticism, 'a greater degree of prescience' was called for in helping identify the first evidence of change. 'Where is it happening and how do we accelerate that change? We urgently need to look at more sensitive indicators,' he said.

LoveLife has 1 200 'groundbreakers' – youth leaders paid a monthly stipend of R800 each to impart healthy lifestyle messages face to face and in what it calls 'born free dialogues' with parents and young people in communities. So far 160 'born free community dialogues' have been held around the country.

The groundbreakers are supported by some 5 000 volunteers called *'Izimpintshi'* (an Nguni colloquial expression for 'chommies' or 'buddies'). Each groundbreaker has to recruit five *'Impintshi'* in a cascading model of training, mentoring and support that closely mimics the spread of the epidemic.

LoveLife is to launch a similar network of 'Goko-Getters' (or granny groundbreakers), using Bill and Melinda Gates Foundation funding to sponsor elderly women who all too often head households in South Africa today.

Advert ban rescinded

LoveLife was vindicated early this January when the Advertising Standards Authority rescinded a ruling that it withdraw its 'HIV loves teenage pregnancy' slogan. The advert was pulled early in September last year after a single member of the public complained that the ad implied a causal relationship between teenage pregnancy and HIV infection.

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LoveLife produced comprehensive evidence showing that teenage pregnancy does indeed predispose one to HIV infection. They cited, among others, a prospective 5-year Ugandan study in which HIV infection in pregnant women was shown to be twice that of non-pregnant women, due to hormonal changes affecting the genital tract mucosa or immune responses (*The Lancet* 2005; 366: 1182-1188).

Harrison said the forced 4-month retraction of the slogan was fortuitous because it occurred just when their campaign had switched from challenging messages to messages of 'HIV-appropriate responses'. However, the pregnancy-HIV association message would be strongly revisited in the first half of this year as LoveLife targeted school leavers who were getting pregnant.

The growth in the HIV/AIDS pandemic was among women of 18 - 20 years old, 'pretty much as they leave school and are wondering what to do

with their lives – a very vulnerable time sexually'.

Putting their lives on 'hold'

Research had shown that these young women 'pretty much suspend personal responsibility until they become somebody and do something with their lives'.

Harrison said loveLife would focus on school leavers entering into this 'state of limbo', with messages that who they became in the future very much depended on what they did today.

Studies in KwaZulu-Natal and Limpopo showed that the need for physical and material security was a major issue at these ages. Women sought personal affirmation and traded sex for 'so-called protection' from older men while their families expected them to grow up and bring food to the table in virtually jobless environments. Affirmation in a community often also came through being a mother. Other big HIV/AIDS drivers were the levels of violence and the tolerance of coercion.

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LoveLife also spreads its face-to-face programme (70% of the budget) through 690 'hubs' (in clinics, NGOs or schools) across the country. Peter Babcock-Walters, Director of the Mobile Task Team based at the Health Economics and HIV/AIDS Research Division at the University of KwaZulu-Natal, likened the interruption of the Khomanani campaign to the interruption of antiretroviral treatment. He described the tender debacle as 'absolutely inane – you can't interrupt a flow of information when it's supposed to be in support of a national ARV roll-out'.

He was backed by internationally acclaimed HIV/AIDS researcher and campus colleague Professor Jerry Coovadia, who labelled it 'recurring incompetence and inefficiency in handling critical but straightforward managerial elements for the control of the AIDS epidemic'.

Chris Bateman

THE LOVELIFE-SAVING 'RIPPLE EFFECT' – GROUNDBREAKERS SEED HOPEFUL ATTITUDES

Maria Jandam of Orange Farm, Gauteng.

Maria Jandam's story…

For a pregnant teenager, dropped out of school and living in the midst of rampant alcoholism and dire poverty on Orange Farm (a squatter township in Gauteng), being turned down for a job can be the straw that breaks the camel's back.

With her hopes shattered, it was a loveLife billboard proclaiming, 'It's not the end of your world', that pulled Maria Jandam from the brink of despair and into becoming a loveLife HIV/AIDS prevention campaign 'groundbreaker'.

In 1999 Maria, then 17, left school to have her baby, her head ringing with the voices of teachers and community members telling her she had destroyed her future. She shared a shack with her mother, employed as a domestic worker and four siblings, one a sister who doubled as a family caregiver. After giving birth Maria resolved that she would prove the predictions wrong and returned to school.

'From an early age it was clear to me that, just like my sister, I would never be able to go on to tertiary education. I guess I'd already decided that fulfilment in life would come through being a mother. In retrospect, my incentive to finish school was not as strong as my desire to have a baby,' she says.

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Yet the pregnancy marked a watershed in her life, forcing her to decide what she wanted to be. 'I never got a chance to explore, or go to parties, or just be like other young people. At