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SOUTH AFRICA AND AMERICA: UNITING FOR ACTION ON HIV/AIDS

Every year on December 1, we commemorate World Aids Day. It is a day to reflect on lives lost, and lives forever changed, as a result of Aids. It is also an opportunity to pay tribute to more than 34 million people living with HIV worldwide. Today, we celebrate those lives saved and improved in South Africa and the United States, and recommit to the fight against Aids.

The UNAIDS report released on November 20 shows the strides the global community is making against this disease. The report, 'How to get to Zero: Faster, Smarter, Better' says HIV infections and Aids-related deaths have fallen to the lowest levels since the peak of the epidemic. The report also says that Sub-Saharan Africa has seen the most dramatic improvement, with a 20% rise in people undergoing treatment between 2009 and 2010.

On this World Aids Day, we emphasize science as the

way forward. Recent scientific breakthroughs have altered our outlook on the future of Aids. Of particular importance was a study showing that antiretroviral treatment reduces the likelihood of transmission of HIV to an uninfected partner by a remarkable 96%. For the first time, with this and other tools, we have a potential path to eliminate this disease from the global landscape. By using our new knowledge, we can implement more effective programs to provide HIV prevention, treatment, and care to millions of people worldwide.

Working with South Africa, we are embracing smart investments to save more lives. Treatment – both to save the lives of those infected, and to prevent infection of others – is a key evidence-based intervention, along with prevention of mother-to-child transmission, voluntary medical male circumcision, HIV testing and others. In all we do, we are

focusing on using our resources as effectively and efficiently as possible to maximize the human impact of our investments and save more lives. President Barack Obama's Global Health Initiative is using health systems built through PEPFAR to address public health challenges in a more integrated and comprehensive way.

Despite challenging economic times, the United States remains committed to a leadership role in the global Aids response. Meeting the challenge of this disease will require commitment from all parties – including the governments of affected countries, donor governments, civil society, faith-based organizations, and the private sector.

Today, we recognize how far we have come in turning the tide against HIV, while acknowledging the lengths we still must travel. On this World Aids Day, we stand together.



PEPFAR - A KEY RESPONSE

For almost 10 years, South Africa and the United States have partnered to respond to HIV & Aids and TB, and to improve the health of South Africans through the U.S. President's Emergency Plan for Aids Relief (PEPFAR). Through the U.S. PEPFAR program, South Africa has received almost R25 billion - US\$3.2 billion – to support HIV & Aids prevention, care, and treatment.

The United States applauds South Africa's strong and committed leadership on health issues and progressive increase in funding. The South African government has committed to fund, at rapidly increasing levels, the national HIV & Aids response. The United States is here to support South Africa in

this process through the Partnership Framework.

This partnership - one of increased collaboration, increased South African government resources to the fight against HIV & Aids and reduced U.S. direct funding - recognizes this strong and committed South African government leadership.

Over the next five years and in partnership with the United States, and other international and local funders, the South African government will develop and implement a comprehensive education, prevention, anti-stigmatization, treatment and care plan for the people of South Africa. As South Africa fully embraces this leadership role and implements its plan,

America stands as a partner.

There is an absolute commitment from the South African government, and the American government, that even as care and treatment is offered to additional patients, and patients are transitioned to government support, there is an absolute obligation to ensure that all patients currently receiving services continue to receive them.

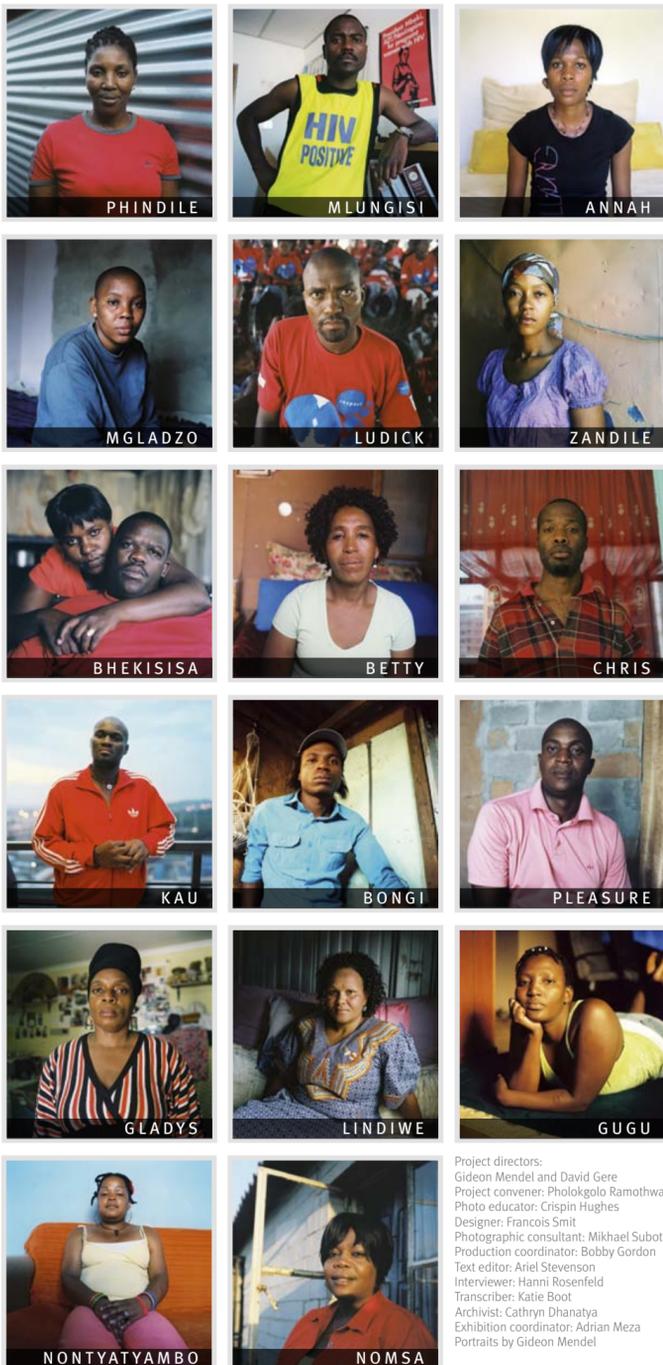
The United States of America is proud of achievements and lives saved in the course of its partnership with the South African government, with community-based organizations, with NGOs and with caregivers, and will continue to stand with them to improve the health of all South Africans.

ON THE FOLLOWING TWO PAGES PEPFAR IS PROUD TO PRESENT SOME OF THE WORK OF THE THROUGH POSITIVE EYES (SOUTH AFRICA) PROJECT WHICH WAS FUNDED BY PEPFAR.



THROUGH POSITIVE EYES

Through Positive Eyes gives photographic voice to people living with HIV in major cities around the world. It is based on the belief that HIV-positive people should pick up their own cameras and make their own artistic statements. In doing so, they create powerful tools for combating stigma, which is one of the most formidable barriers to reducing the spread of AIDS today. In March 2010, seventeen HIV-positive people from South Africa gathered in Johannesburg, where they received technical and artistic training, then set out on their own personal photographic journeys. The results, some of which are seen in this double-page publication, demonstrate the group's visual creativity, informed by their unique life stories. To see more stories, photographs and videos from the global Through Positive Eyes project go to <http://throughpositiveeyes.org>



Through Positive Eyes is a project of Gideon Mendel and the Art | Global Health Center at the University of California – Los Angeles (UCLA). In South Africa, it is produced in partnership with Positive Convention with financial support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Ford Foundation, and UCLA School of the Arts and Architecture.

THESE ARE MY PHOTOGRAPHS.



ANNAH

“My baby’s name was Tshegofatso. The day we came back from the hospital, he was very big, a healthy baby. He grew nicely and was fat, chubby, and he looked like his father. He was always laughing. But when he got ill he was always frowning, and he didn’t laugh anymore.”

I fell pregnant when I was 19 years old. I gave birth to a baby boy, who passed away at six months. I realized after his death that he had died from HIV. I tested positive a month later. I was with my dad. I was very disappointed, and I even thought that I killed my baby, you know, because I tested negative when I was six months pregnant and then I didn't go for the next test. The baby was due before I was meant to test again. So being HIV-positive was another hurt, the second big hurt in my life. The sad thing is my dad cried, but I didn't cry. I just told myself, "It's life. If it's time for me to die, I'll die."

Then, a few months later, I was very ill. I thought I wouldn't survive. But I made it. I started taking medication. And now here I am. I'm living my life like it's golden.

I think I know who infected me. I had unprotected sex with him because I thought he was being honest with me, only to find out that he's got a whole lot of kids out there. He's spreading HIV to others, and he doesn't come see me when I'm sick. It's funny, but he still comes to ask me for sex. What I advise people is: Trust no one.

I just lost my dad last week. It's another hurt, the third one. I keep a room for disappointment in my heart, so I can accept all the hurts. And it's always open. I have had to build a very big room so that each time I get hurt, I don't get stressed or anything. When it's time to cry, I do cry. I allow my emotions to take their place. I allow each and everything to take its place and its time in my body. But I can't turn back the hands of time, you understand. I just have to carry on with my life, whether today I'm HIV-positive, today I lost my baby, today I lost my dad—but I'm still living.

My baby's name was Tshegofatso. The day we came back from the hospital, he was very big, a healthy baby. He grew nicely and was fat, chubby, and he looked like his father. He was always laughing. But when he got ill he was always frowning, and he didn't laugh anymore.

He just died in my hands. After breastfeeding him, he looked at me and then he started making a weird sound. I didn't even cry. I just went like, "No. No! This is not happening." But it was too late. I couldn't stop his soul from leaving his body.

We tend to remember God when days are dark. But in the happy days we forget Him. When my baby was very ill, I prayed. I asked God, "Please help me. If I've done anything wrong to you, please forgive me. Don't hurt my baby for my sins." I do thank Him for anything that He does for me, for the life that He gave me, for the challenges that He gives me, and for His blessings. He tends to give me a lot of blessings in disguise. But I always say, "Thank you, Lord, for everything you've given me. I know you'll never give me a challenge I can't handle."

THIS IS MY STORY. THROUGH POSITIVE EYES



BONGI

“We live a normal life as heterosexual couples do—we even hold each others’ hands when we walk in the street. We are just two guys who are in love with each other.”

I first realized I was gay in 1998, when I was doing my grade 10 at school. It was really difficult for me to accept this about myself. I tried to commit suicide. Then my mother and my stepfather took me to a pastor at church. I had to go through counseling sessions with him and he helped me understand and accept myself the way I am. Then, in 2003, I found out that I was HIV-positive.

It was really difficult for me to accept my HIV status. I told myself that maybe God had punished me because I'm gay. But then, after attending counseling sessions at the clinic, I accepted my status. The support that I've gotten from my church has also been really important. We even have a support group at church for people who are living with HIV.

I disclosed my HIV-status to my parents in 2004. And again, my mother and my stepfather were so supportive. My mother is such a beautiful person—she's a prophet. She can tell you about your future. I love her a lot. If she weren't here, I think I would have died after finding out my status. She's the reason I'm living now.

I'm close with the rest of my family too. I started living with my niece in 2006. There's a strong bond between me and her. She knows all of my secrets, I know all of her secrets, except for one thing: Who is the

father of the child she's carrying? Her mother, when she found out that her daughter was pregnant, said, "Bongi, that baby is going to be your responsibility." I'll be a father figure to that child. Yesterday my niece was at the doctor for a sonogram, so now I know she's carrying my little boy.

When my niece first attended the antenatal clinic, I went with her and asked for her to be tested for HIV so that if she's HIV-positive she can be enrolled through the PMTCT program. But I was a little bit afraid when she was away in the counseling room. I said to myself, What if she's positive? How am I going to cope with it—me being positive, and her being positive? Fortunately the results came back negative. That means the world to me.

But I was angry. I said to her, "Why didn't you use a condom? You know about HIV. Do you want to be like me? So make it a point, at all times when you engage in sexual activities you must use a condom. This must be the first and the last time."

Even though my family is there for me, support from the community is really hard to get. People will insult you, saying disgusting words: "Look at this gay person who has AIDS. You want to spread it. We are going to change you and make you a straight guy. But you mustn't infect our girlfriends." My motto in life is: What other people say or think about me is none of my business. In the end it's my life and I have to make the most of it.

I met my partner last year, and we have been together ever since. Our bed is very important to us. It's where we share memories, where we advise each other, where we fight, and where we pray. It's where our home is. He's HIV-negative, and he supports me. He loves me, and I love him.



PLEASURE

“The photo of my hand represents the very important role hands play in our lives. They touch, they cook, they wash, they comfort. I want to comfort myself, and I want the very same hands of mine to comfort other people, and give them courage and strength.”

In the late 1990s I wanted to purchase a house and was told that I needed to have an insurance policy. When I went to purchase that policy they said, "You need to test for AIDS." I had the test done, no problem, but when I went to collect the result they said they couldn't give me the policy because I had AIDS. It was like a bombshell to me. I did not expect it.

I went back to my boss to explain. The people with whom I was working, they started distancing themselves from me. Eventually my employer asked me to leave. The news spread that I had AIDS and my friends started to run away. I didn't have support from my family. I was chased away from my two children. I had to start another life. I lived alone, without friends. At that time, around the 1980s through the late 1990s, HIV and AIDS were so scary. No one wanted to associate themselves with people with AIDS. Even myself. I could not accept myself as a person living with AIDS.

In the early 2000s you started to see education programs and so on—I think these assisted a lot. Through treatment literacy programs, I learned about the lifecycle of the virus, how the virus operates in your system, how to control it. Me and the virus, we need to have a clear understanding. If the virus kills me today, the virus is going to die. I've made a bond with the virus to say, "Spare my life and I'll spare yours."

Up until today I'm not on antiretrovirals. My CD4 count is 750. New Ministry of

Health guidelines say that ARVs should start if the CD4 count drops below 350. I'm not saying ARVs are not good. I'll just wait until the right time comes.

In late 2006 I was facilitating a training for young people with HIV and AIDS, and I met a lady who I'm with currently. And fortunately she's negative. We are planning to get married sometime this year. I'm going to do whatever it takes to protect her sexually. Condomizing is a challenge. But as people living with HIV and AIDS, it's our responsibility to protect those who are HIV-negative.

Eventually my children said, "We want our father." As they grew up, they started to realize how life works. Now they visit me whenever they wish. I tell them, "Any time you want me, just call me. Daddy will be there for you." So the relationship with them is OK. And with the mother, I told her that I forgive her and I just moved on with my life.

My pictures tell a story of one who is HIV-positive. He was stigmatized, and didn't receive proper treatment and counseling. At end of the day he realized, "I'm HIV-positive and I'm not going to die because I'm not sick currently. I'm healthy like any other person. Why can't I rejoice in the life that I'm having, and live positively from today?" The photo of my hand represents the very important role hands play in our lives. They touch, they cook, they wash, they comfort. I want to comfort myself, and I want the very same hands of mine to comfort other people, and give them courage and strength.

You can't live alone in this world; you need to live together. Now we need to join our hands together in the fight against HIV and AIDS, not in the fight amongst ourselves. By joining hands, at end of the day we are going to defeat HIV and AIDS.



PEPFAR MOVING FROM AN EMERGENCY TO A COUNTRY-LED HIV & AIDS RESPONSE

The United States President's Emergency Plan for AIDS Relief (PEPFAR) is the cornerstone of the United States' Global Health Initiative and is the largest initiative in history to focus on a single disease. Since 2004, South Africa and the United States have partnered to fight HIV & Aids and TB and to improve the health of South Africans; thus far South Africa has received a total of more than R25 billion (US\$3.2 billion) in PEPFAR funding.

In 2010 the U.S. and South African governments signed a five-year joint Partnership Framework, which will leverage South Africa's strong and committed leadership to manage a sustainable national HIV & Aids and TB response through joint planning and decision-making. PEPFAR and the SA government are currently developing a Partnership Framework Implementation Plan that will explicitly spell out the scope and pace of this transition.

Future PEPFAR resources will focus on strengthening health systems and services to ensure increased access to comprehensive prevention, treatment, and care services aligned with key government policies, such as the National Strategic Plan for HIV & Aids and STIs.

As an indication of the SA government's commitment to the national HIV and Aids program, total funding levels from all sources are estimated to increase during the four-year period from 2010 to 2013 by 30%. Of this total, the SA government's own share will increase from 55% to 73%.

Over this transition period, the United States will continue its support to the people of South Africa, with a focus on helping South Africa strengthen technical capacity and enhance its health system. This transition is a significant step forward in the partnership.

Children play on a trampoline at the Soweto Hospice which is funded by the President's Emergency Plan for AIDS Relief, or PEPFAR, at a year-end Christmas party in Soweto, south of Johannesburg. The PEPFAR programs have helped care for nearly 4 million orphans and vulnerable children. (AP Photo/Denis Farrell)



From left: Country Director of BroadReach Healthcare, Wendy Townsend; MEC for Health, North West Province, Dr. Magome Masike; and USAID Project Development Specialist, Nomea Masihleho, after unveiling the plaque at the official "handover" of an extension of the Tshepong Wellness clinic and ARV pharmacy to the North West Department of Health.

The global community has made groundbreaking progress in saving lives through HIV prevention, treatment and care services. These gains have also translated into better health for millions of people around the world.

Around the world, U.S. investments through PEPFAR have delivered extraordinary results. PEPFAR is the largest commitment in history by any nation to combat a single disease. The U.S. directly supported life-saving antiretroviral treatment for more than 3.2 million men, women and children worldwide as of September 30, 2010, up from less than 2.5 million in 2009. Globally, PEPFAR has directly supported antiretroviral prophylaxis to prevent mother-to-child HIV transmission for more than 600,000 HIV-positive pregnant women in fiscal year 2010, allowing more than 114,000 infants to be born HIV-free. Through its partnerships with more than 30 countries, PEPFAR directly supported 11 million people with care and support, including nearly 3.8 million orphans and vulnerable children, in fiscal



Children play at Heartbeat, a center funded by PEPFAR, in the Mamelodi township near Pretoria. (AP Photo/Denis Farrell)

year 2010 alone. Globally, PEPFAR directly supported HIV counseling and testing for nearly 33 million people in fiscal year 2010, providing a critical entry point to prevention, treatment, and care.

Smart investments have allowed the global community to maximize the human impact of resources. Experience in the field has taught us how to use every dollar invested in battling HIV & Aids more effectively and efficiently. This means every dollar is going farther, allowing us to increase our impact and save more lives. Evidence-based programs have played a key role in our success to date, and new scientific discoveries provide an opportunity to expand our impact.

As we move forward with PEPFAR, the United States is proud to support partner countries like South Africa as they assume growing leadership of the fight against HIV & Aids. Uniting for action, we must come together to build on our successes to save even more lives and meet our shared responsibility in order to move toward the goal of an Aids-free generation.