

KAISER FAMILY FOUNDATION
THE FUTURE OF GLOBAL HIV PREVENTION
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MR. MICHAEL SINCLAIR: Good afternoon, ladies and gentlemen. I'm Mike Sinclair, Senior Vice President of the Kaiser Family Foundation. Thank you for staying with us as we change the cast of actors here to one that is, indeed, much younger than the previous cast of actors. Of course, there are two obvious exclusions to that.

I guess the obvious question is why should you be paying attention to loveLife and I, in starting out, want to offer three reasons why we think that is so. In the first instance, loveLife offers an unprecedented and unique effort in the world to operationalize on a national scale, a comprehensive campaign, with a five to 10 year perspective, that brings together the lessons in HIV prevention of the past 15 years.

This effort in South Africa is primarily aimed at stemming the HIV epidemic among young South Africans. At the current rate of infection among teenagers in South Africa, roughly half of those under 15 will become infected with HIV in the next 5 to 10 years. About 40 percent of the population is under 15 at the moment, roughly 12 million people. So about 6 million young South African's lives are at stake.

So loveLife obviously is crucially important to South Africa. But more so, it is important in informing the international understanding of what can be done in terms of behavior change on a national scale. And so we hope that it provides a laboratory for helping inform prevention efforts internationally.

I think there was mention made earlier that HIV prevention efforts have been undermined historically by insufficient resources and the lack of commitment or understanding of what it takes to create behavior change. And in loveLife, we have a singular opportunity to help inform that understanding.

The second reason I think you ought to pay attention to loveLife is that it offers an example of a public/private partnership between the Kaiser Family Foundation, the Bill and Melinda Gates Foundation and the South African Government that we present--think presents an excellent model for leveraging private sector, donor and in-country resources in the fight against HIV as we talk about building this global war chest.

In the third instance, young people everywhere are at the epicenter of the epidemic, as successive generations of teenagers are put at risk of HIV infection. Therefore, clearly, youth prevention needs to be at the core of a comprehensive strategy combating the epidemic.

So what is loveLife? Conceptually, loveLife is South Africa's national HIV program for youth, combining high-powered media with countrywide clinical services, outreach and support programs.

Practically though, let me illustrate for you a couple of the key features of what loveLife really is. For example, it is adolescent-friendly services in 5,000 government clinics. It is a network of 15 Y-centers around the country, providing recreational, educational and in sex educational services. It is a toll-free telephone service providing sexual health counseling and referral, receiving something like 80,000 calls per month.

It is a national youth corps of community mobilizers, helping organize youth groups around the country, particularly in the poorer and impoverished parts of the country.

It is a national yearlong calendar of sports competitions involving some four million students, using sport as a creative venue for sexual health education. It is an intensive, high visibility media campaign using TV, radio, outdoor media and print, including a youth newspaper reaching about three million readers every month.

So although the primary goal of loveLife is HIV prevention, it is clearly and fundamentally about sexual behavior change and sexual behavior change, we know, is a difficult and complicated process. And therefore, loveLife, it has a complex strategy and, in order to elucidate more on the approach that loveLife has taken to the HIV issue, I would like to now invite the loveLife Director of Media, Judi Fortuin to speak.

MS. JUDI FORTUIN: Judi Fortuin, Director of loveLife. We, at the United Nations at this very important juncture [cut in audio] 20 years later we have been requested, and of many of the countries who are present have been requested, to pay a particular--to pay particular attention to Africa. We will share with you the perspective of South Africa.

We launched loveLife two years ago, after a very lengthy period of consolidation in terms of reviewing the international successes and lessons learned. The loveLife is a product of research internationally and in South Africa, in particular. What we focused on within the South African context is, in the emerging new democracy, is what informs the behavior of the young South Africa today in the year 2000, the year 2001.

What we also know 20 years later and into the AIDS epidemic is that, for behavior modification to work with young people, one requires very fundamental value shifts among young people. In an emerging democracy, with the advent of globalization, multimedia penetration, this becomes an even more difficult area of operation when you're working within the South African and the African context.

What loveLife also does is, while it focuses on youth culture, what we look at is sex, sexuality and gender among young people, but paying particular attention to the social needs of young people and looking at the aspirational qualities of young people. What we do know that is very different within the South African context, and this is born out by research, is that South Africans and South African youths have a particular brand of optimism that is very difficult to find in other parts of the world.

The South African young person is highly optimistic, has very high levels of aspirations and is incredibly positive about his and her future. The question that many people ask, of course is, so what makes loveLife different?

We believe that it is the scale and intensity of the work at the moment that makes loveLife fundamentally different from many other HIV programs across the world. It is driven as a long-term effort, and what is very important is not about the narrow perspectives on HIV, nor the medicalization of HIV, but it is rooted in a belief that we at loveLife are fundamentally working towards the transformation of the young South African's environment and for the success of the future generations of young South Africans because, after all, what are the two most important issues for young people all over the world? It is about love and it is about life and it is about their love life and that is what loveLife is all about, because actually, life is a beautiful thing.

MR. SINCLAIR: Thank you, Judi. Now that we've got the old people out of the way, we should turn to the folks who really make loveLife work. A unique element of loveLife is that it is--the content of loveLife is essentially driven by young people. And I would like to introduce the young people here firstly, and then I will ask one of them to speak and they will also be available to you for questions.

On my immediate left is Mondla Sibeko, 22 years of age, a member of the loveLife Advisory Board; on his left is Michelle Bowers, 18 years of age; on my right first is Sosa Quosa [sp], 15 years of age; and on her right is Edwin Thabete, who is 16 years of age.

I would like first to ask Mondla to say a few words about his role on the Advisory Board of loveLife and the role of young people generally in giving content to loveLife, and then please be free to ask questions of us, Judi and myself, and the other young people as well.

MR. MANDLA SIBEKO: Thank you. Thank you. As the Chairperson has already said, I am a member of the loveLife Advisory Board. And what makes the loveLife Advisory Board interesting is that it is made up of more than 20 South African leaders and a significant part of the loveLife Advisory Board is made up of young people, the ratio is two to one.

Basically, when loveLife was founded, it was really important that since loveLife was a youth-driven initiative, that young people also play an important role at an executive level. So that it is really an interaction between the young and the old.

I believe that loveLife is really gonna work and is really working amongst the young South Africans, because it is really--young people are really involved in all structures of loveLife. Young people have given loveLife the go ahead. They have given it unprecedented support. As already said, seven million South Africans tune in to our television programs and five million watch our radio program--listen to our radio programs.

Research that was done after a year of loveLife has revealed that more than 70 percent of South African youth have identified with the loveLife brand. LoveLife has certainly got South Africans talking.

Thank you.

MR. SINCLAIR: It's an open forum. Please feel free to ask questions of any of the young people. I don't know if one of you--maybe you want to say something to start with? Either one of you?

Are there questions from the floor? Questions from the floor? Yes, sir? Please identify yourself.

THOMAS: I am Thomas. I have a question. I come from Cameroon and I would like one of those young people to answer the question, please. How could they explain that 65 percent of young people in South Africa is HIV positive? That is what I read in the document? How can they explain--explain just as--increased number of young people infected in South Africa?

MR. SINCLAIR: OK, you--the question you're asking is to explain the rate of increase with what the fact that your reading is that the rate of increase is 65 percent annually, not that 65 percent of young people are infected? OK? So that is the rate at which infections are accelerating among young people. Is that your question?

THOMAS: Yes, but how do they explain--.

MR. SINCLAIR: Why this is happening?

THOMAS: Yes.

MR. SINCLAIR: OK. Mondla, do you want to start and then we can ask the others why is HIV spreading so fast among young people?

MR. SIBEKO: Basically, I think what loveLife has learned is that, if you're going to work with young people and any work that is done by young people, it has to focus on the dreams and inspirations of young people.

Basically what it has meant is that other campaigns have not worked. The reason why there is a high increase of HIV—and the HIV and AIDS epidemic amongst young South African has basically meant that young people's lives, the popular culture, the sport that they--the music that they listen to, and other campaigns have not focused around the lives of young people. And have basically--young people have said that we're tired of you people lying to us saying these are youth driven initiatives, when young people are not making the decisions.

What makes loveLife different, once again, is that young people are involved in all structures of loveLife. The work that is done by loveLife is informed by young people, for young people.

MR. SINCLAIR: Michelle, do you want to say something? Edwin? No? Good, other questions? Yes, ma'am?

UNIDENTIFIED WOMAN: I am from the (inaudible) Group. We have newspaper and television, too. My question is like how do you impress other youngsters to join loveLife?

MR. SINCLAIR: Who wants to take it? Koza?

MS. NONGAMSO KOZA: I'm Koza. I'm representing loveLife. Well, basically loveLife is about people. It's designed by youngsters and it's led by youngsters. So loveLife's got a lot of TV programs. Right now, it's (inaudible) is showing. It's 10, in fact 11 youngsters, 15 to 17 years old. They talk about sex, how to overcome peer pressure, other stuff. Well basically, they're gonna see that when--when they watch or listen to what youngsters are saying that, OK, I'm not the only one. She's got the same problem that she's facing. So she can overcome it, so how come I can't overcome it? LoveLife is basically giving the youngsters of South Africa a positive way of thinking. Let's focus on making this happen, positive side. This is good in life, not always can do it, but I can do it actually, because if she can do it, then I can do it.

MR. SINCLAIR: Thank you, Koza. Edwin?

MR. EDWIN THABETE: Basically, she said everything I wanted to say. But I can also say that we--as she said, there's TV programs, like there was a program which was called Stancel at Large (?), which Stancel means talk about, let's talk--let's talk. And while there's a group of youngsters in that program in which youngsters phone in and ask questions and which they want to know more, and there's another one just playing now every Wednesday in South Africa called Groundbreakers, which does youngsters, which is the--the youngsters reach actor and they talk about young stuff, young things which affect teenagers in South Africa. And, while they ask, they want to know more, especially the young teenagers, as I said. They want to know more what they--what they can overcome their problems. Because, while we say things which affect us, we share feelings, things which affect us, and they listen to those as the means which--and if she's got the same problem or if he's got the problem, he can see that, well, how come she's got or he's got or she's got the same problem which I have. That means I can overcome it, too. While she's basically said everything I wanted to say, so--.

MR. SINCLAIR: Thanks, Edwin.

MR. THABETE: Thank you.

MR. SINCLAIR: Judi, do you want to just round that off?

MR. FORTUIN: Yeah, in terms of the person that is the old person behind all the young people. The key to the success of the loveLife communication and media programs have been, and we follow pretty much the convention on the right of the child, especially work in children and media. And it really is around knowing what the genres are of programming that work with young people. And we've got very good audience research techniques that we use in South Africa. And what we know works is that, once young people are given the opportunities to have themselves represented in media, and that they are able to shape the images of that media and the messages of the media, you're on a winner. Because basically what we're doing is two young people like this begin to represent 20,000 out there, 2 million young people. And they say it the way it is, with no adult intervention.

And I suppose, to the credit of our national broadcasters, we've not been closed due to--our shows have not been stopped due to archaic censorship laws. They've kind of given us the leeway to have the kinds of programming we have because of the crisis that we have in the country around the effectiveness of past HIV programming.

And young people say it the way it is. Young people see themselves being represented in their reality. But the difference is, which we have to fight with all the time in South Africa, is the negative representation of young

people. All our programs are about positive representation, so that's very refreshing in a media world that focuses on doom and gloom.

MR. SINCLAIR: OK. And as I said [cut in audio] enforced by direct engagement on the ground in communities with young people through a variety of mechanisms.

You had a follow up question?

UNIDENTIFIED WOMAN: (inaudible) How do you motivate parents because parents are the ones that send children for your program?

MR. SINCLAIR: Right.

UNIDENTIFIED WOMAN: So how do you convince the parents to send their children?

MR. SINCLAIR: Right, Michelle, do you want to answer that? When the red light is on, you're speaking.

MS. MICHELLE BOWES: OK, basically--I'm Michelle Bowes. I'm 18 years old. LoveLife has different ways of approaching different issues and one of the ways that loveLife has actually helped me is that, I always used to have a problem with my parents and communicating with them, because I couldn't do the things that I wanted to do and if I had to mention sex it would have been a problem. It just wouldn't be allowed.

So once loveLife came into my life, it actually gave me the skills to be able to communicate with my parents and my parents do communicate with me as well. In doing that, they kind of gives us the use of voice, you know? So that we know that we can go to our parents because they would be the first people that you should go to. So, yeah, they actually do give you the skills to communicate.

MR. SINCLAIR: Great, you want to talk about that?

MR. SIBECO: And also I'd like to add that parents in South Africa have said that they are aware that HIV and AIDS is really--they wouldn't want their children to die. And one of the things that they've stated was that they--they felt that they came from a generation where they were not equipped to talk about sex or to dealing with HIV matters. And they really were grappling with it, even in the new South Africa and they really wanted to be equipped, so that they can deal with these issues. And they have come forward to say that, please help us, we really want to make a difference in the lives of our children.

MR. SINCLAIR: The institutional support behind that is a deliberate effort on the part of loveLife, through public service announcements etc., to

encourage parents to talk to their children, not just about sex, but about difficult issues generally. We provide a help line specifically for parents where parents can call and get advice on how to initiate communication with their children and that's supported by prints, educational materials, which are freely available and very widely distributed.

Any other questions? Yes, ma'am?

UNIDENTIFIED WOMAN: How successful have you been in reaching our youth in the rural areas? How do you (inaudible)?

MR. SINCLAIR: Yes. Let me just give you a little framework and then some of the kids who are from rural areas can talk about that. LoveLife is only 18 months old and we have done one national survey a year into the program to establish the reach of the program. And somebody mentioned earlier that 70 percent of South Africans across the board were able to identify the brand and to accurately describe the program.

A much--a higher percentage, something of the order of 76 percent, of rural South African teenagers were able to identify the brand, so we actually, somewhat to our surprise, found that we had higher penetration in--and recognition in rural areas. Part of the explanation for that is less media competition, but also the fact that, in our programming, in the construction of Y-centers, for example, we have deliberately targeted the rural and more remote parts of the country. So I think it is fair to say that it's genuinely national in its coverage. But, Sosa is from a very rural part of South Africa and maybe you can talk about that.

MS. KOZA: OK, as you know, I'm Sosa. I'm from South Africa. I'm from ItenCape [sp], where actually our former President, Nelson Mandela, comes from. He doesn't live far away from our house. Jokes. Actually the rural areas also benefit from loveLife. As he has just said, that we've got Y-centers, but unfortunately for my area, we don't have a Y-center. That's not a problem.

At the Y-centers they get information about AIDS and other stuff. There's an organization of sports called USSASA [sp], which is United School Sport Association of South Africa. LoveLife's got partnership with USSASA. What they do is they've got games called loveLife games where about seven million students benefit from it. They play sports and all those things, so, that's how loveLife and the kids benefit from it.

The rural areas also participate in sports. It's not only for townships or-- we also participate even though we're from rural areas. We also participate in sports. What's good about Pitch & Coach. Pitch & Coach benefit from it--from the sport. So it doesn't always focus on the media, it also reaches out by sport and everything else. So, that's how loveLife reaches the whole South Africa.

How I got involved with loveLife, I played sports for the border; border is the area where I live. So I play on 58 borders, but I play handball. They wanted kids who played sports on the USSASA, and it's got partnership with USSASA. So I was luckily chosen to be one of those kids—of them. And I also made the big thing for ItenCape. So I was luckily chosen to be one of the ten (inaudible) who were shooting (inaudible). We were first shipping it in showing. So that's how I got involved with loveLife.

MR. SINCLAIR: Thank you. Do you want to talk about that? The rural penetration?

MR. SEBECCO: Young people in South Africa aspired to brands and, if you look across the young people, despite whether they were poor or whether they were rich, they have--aspirational levels of young South Africans have been the same, in rural areas and in urban areas. So young people in rural areas have really consumed into brands, into buying, into--and because loveLife is—is selling of lifestyle, young people are buying into it. Whereas, Coca-Cola would be selling Coke, loveLife is selling a lifestyle. So, young people are buying into the loveLife way of living, even in rural areas.

MR. SINCLAIR: There was a question back there. Yes? Hello.

MR. LOCAL FELEHATE [SP]: My name is Local Felhate from the Netherlands. Your organization is aimed at prevention, right? But what do you do for the millions of I guess young people as well who are infected already? Do you want them to be treated? And if so, I mean, do you agree with providing them with anti-retroviral cocktails or not?

MR. SINCLAIR: I think there are a couple of parts to your question. In the first instance, loveLife is dealing specifically with 12 to 17 year olds and the idea obviously being--the primary goal being to try and prevent infections among their cohorts in the first instance.

In terms of the--one of the core elements of loveLife, which is to work with the public clinics, loveLife is building the infrastructure which includes both prevention, treatment and care. In the process of training providers and ensuring that clinics are equipped to provide free counseling and testing, for example, ultimately mother to child transmission, etc., we're helping establish the infrastructure for--potentially for an anti-retroviral program. So, in terms of the basic philosophy of whether people who are infected should have access to anti-retrovirals and to treatment, I should--I don't think there was any question about that.

MS. FORTUIN: I would like to add that 50 percent of South Africa's population is under 20 years of age and, in fact, that population currently we know are HIV negative because our zero conversion rates occur later.

So it is very important for loveLife, as a South African initiative, to harness as much of the prevention budget, because our fundamental philosophy is that every South African who is 15 today, who's HIV negative, in fact remains HIV negative beyond the age of 20. And I think that's very important within the South African context where we--where our population is skewed towards the majority being young and they are currently sexually--in the main, sexually inactive and HIV negative. And what is important to note, too, that anti-retrovirals on young populations, where young people are age 12 and 13, trials--the evidence is not there in terms of the effect of anti-retrovirals on people that young.

MR. SINCLAIR: Thank you. I think we have time for one more question. Is there any other questions? Yes?

MR. FELEHATE: Sorry, just a follow up. President Thabo Mbeki is in the country at the moment, but he's meeting President Bush in Washington. Don't you think that he, as the leader of the country that's the worst affected in the world, should have been here to attend the AIDS Summit?

MR. SINCLAIR: Yes, I do.

MS. FORTUIN: I'd like to answer. I think there are many "what ifs" in the world and "should haves," but I think in absolute respect for the President is that, had loveLife tried, had loveLife been tried in any other part of the world, I can assure you it would have been stopped. The nature of what we do, the open with--openness with which we deal with our subject matter, would not be tolerated in other parts of Africa and would certainly not be tolerated in the United States of America and our President has not stopped us. In fact, he has supported us on every level.

So we once again are a country riddled with contradictions, but we remain optimistic and that's a fundamental feature of the South African landscape.

MR. SINCLAIR: Thank you very much for being here this afternoon. Thank you to the panel. If you would like to ask any questions of the panel, they are available for a few minutes after this.

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