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THE HENRY J. KAISER FAMILY FOUNDATION

DREW E. ALTMAN, PH.D.
PRESIDENT AND
CHIEF EXECUTIVE OFFICER

August 19, 1999

Dear Sandy,

Thank you for your support on this. I think it can be a winner for everyone. Please give me a call to discuss this at your convenience.

Best wishes,

Drew E. Altman, Ph.D.

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WASHINGTON, DC OFFICE: 1450 G STREET, NW, SUITE 250 WASHINGTON, DC 20005 202 347-5270 FAX 202 347-5274

VIA FACSIMILE

THE HENRY J. KAISER FAMILY FOUNDATION

August 19, 1999

DREW E. ALTMAN, PH.D.
PRESIDENT AND CHIEF EXECUTIVE OFFICER

Ms. Melanne Verveer
Office of the First Lady
Room 100 OEOB
Washington, DC 20500

Dear Ms. Verveer, MELANNE,

On Monday, before the White House event on *Children and Violence,* the First Lady and I discussed her upcoming meeting on HIV in southern Africa. I promised to send some further information to you for the First Lady on a new national HIV Prevention initiative we have organized in South Africa. Since that time I know you have spoken with Ambassador Joseph about the initiative and his proposal for an announcement at the September 7th event. We think Ambassador Joseph's proposal would be a plus for everyone and I address it below.

First some background. The Kaiser Family Foundation first got involved in South Africa in 1987 when the late Congresswoman Barbara Jordan, then a Foundation trustee, suggested the Foundation develop a South Africa program. South Africa remains the Foundation's only commitment outside of the United States and over the years we have become major players there.

Our newest major effort is the National Adolescent Sexual Health Initiative (NASHI). NASHI is South Africa's first comprehensive HIV prevention effort for youth. Organized by the Foundation over the past eighteen months, NASHI brings together South Africa's national and provincial departments of health and non-governmental and corporate sectors in one coordinated national effort. The initiative is overseen by a distinguished national advisory board chaired by South Africa's First Lady, Zanele Mbeki, and directed on a day-to-day basis by a national coordinator and staff. Funding for NASHI is administered by the Health Systems Trust. The Trust is a highly respected non-governmental organization established to lead the process of planning for the restructuring of South Africa's public health system with funding from the Foundation, the South African government and the European Commission.

NASHI's ambitious goal is to achieve a fifty percent reduction in the incidence of HIV among young South Africans over the next five to ten years. To accomplish that, South Africa's entertainment and news media has been mobilized on an unprecedented scale to spread the HIV prevention message, and a broad array of new services for youth are being established across the country, including adolescent centers, hotlines, and peer groups.

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NASHI will be launched with an initial $2.5 million commitment from the Foundation. A matching commitment is expected soon from the South African government and substantial additional funds are also expected from other sources. Many of South Africa's leading celebrities have added their voices to the campaign. The South African Broadcasting Corporation (SABC) has also made a major commitment of air time and many leading South African corporations are making substantial in-kind contributions.

NASHI represents a unique model of public/private sector and U.S./South African collaboration to stop the spread of HIV. With that in mind, I believe Ambassador Jim Joseph has written to you and Sandy Thurman suggesting a $10 million commitment in new U.S. AIDS prevention funding for NASHI, with matching funds provided by our Foundation. We think this is a critically important effort and with $5 million already committed by the Foundation and the South African Government, we would be pleased to commit to provide and/or raise the remaining matching funds. Indeed, we are confident that matching funds in excess of $10 million can be provided.

Ambassador Joseph further suggested that the effort and funding partnership could be announced at your upcoming September 7th conference. We would also be comfortable with that. I will also be in Johannesburg on September 15th with my Board of Trustees to announce NASHI. That occasion would provide a further opportunity, in South Africa, to call attention to the effort and the U.S. commitment to HIV prevention in South Africa.

If this is of interest to you or you would like to explore this further please don't hesitate to give me a call. I am in Washington on an almost weekly basis and would also be happy to participate in any meeting that would be helpful. The director of our South Africa program, Dr. Michael Sinclair, is based in our D.C. office and is also available on short notice.

Thank you for your attention to this matter. Please thank the First Lady again for me for her support for the *Talking With Kids About Tough Issues* campaign and her participation in Monday's White House event.

Best wishes,

Drew E. Altman, Ph.D.

DEA/mo

Cc: James A. Joseph, U.S. Ambassador to South Africa
Sandra Thurman, Director, Office of National AIDS Policy

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THE HENRY J. KAISER FAMILY FOUNDATION

September 11, 2000

Ms. Sandra Thurman
Director
Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503

Dear Ms. Thurman,

The mission of the Kaiser Family Foundation is to provide timely, reliable, and non-partisan information on national health issues to policymakers, the media, and the general public. As a major next step in advancing that mission, the Foundation will launch the Kaiser Health Information Network at www.kaisernetwork.org in the fall. This new free service will feature HealthCast, Internet broadcasts of briefings, speeches, seminars, press conferences, and congressional hearings. Many events will be live and all will be archived for later viewing. Kaisernetwork.org will also provide three daily news summary reports on health policy, HIV/AIDS, and reproductive health, a national health policy calendar, as well as an online clearinghouse of the latest health policy ads.

As we prepare to launch, we are seeking the assistance of key members of the audience we hope to serve such as you. Whenever you alert the press about an event, a new ad, or the latest comment on an issue, please inform us as well. We may add your events to our webcasting schedule, include it in the national calendar, or include information from your office in one of the Kaiser Daily Health Reports. Please include the Kaiser Network on any press, fax, mail, and email lists. We can be reached via email at kaisernetwork@kff.org or via fax at 202-347-7302.

To date, the Kaiser Network has produced several pilot webcasts. In June, we offered live coverage of the Academy for Health Services Research and Health Policy annual meeting in Los Angeles. One of the featured sessions was a discussion of the health policy proposals of the two major presidential candidates. This webcast can be found

2400 Sand Hill Road Menlo Park, CA 94025 650 854-9400 Fax 650 854-4800 www.kff.org
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at www.kff.org/kaisernetwork, along with other archived pilot webcasts. Special resources are included with each webcast, such as speaker biographies, policy reports, and links to useful sites. In the fall, HealthCast will offer a powerful search engine to help you find the part of any event you wish to view. And by year's end, we expect to have covered more than 30 events and archived 100 hours of health policy programming.

If you would like more information about the Kaiser Health Information Network you can visit www.kaisernetwork.org or call 202-347-5270.

Sincerely,

Drew E. Altman, Ph.D.
President

Enclosure

JOINT CENTER
— FOR —
POLITICAL AND ECONOMIC STUDIES

THE HENRY J. KAISER FAMILY FOUNDATION

December 16, 1999

Ms. Sandra L. Thurman
Office of National AIDS Policy
736 Jackson Place
Washington, DC 20503

Ms. Thurman:

We are writing to invite you to a forum on "Mobilizing to Fight HIV/AIDS in the African American Community," cosponsored by the Joint Center for Political and Economic Studies and the Kaiser Family Foundation on January 20, 2000, in Washington, DC. This forum will be the leading event for the Eighth Annual National Policy Institute (NPI-8). The National Policy Institute is a quadrennial conference for black elected officials and other policy influentials, including individuals in the health policy community.

The forum will focus on issues related to the epidemiology, financing, and access to care for persons with HIV/AIDS in the African American community. The forum will provide qualitative and quantitative information, as well as an interactive arena for development of recommendations that will help to ameliorate the HIV/AIDS crisis in the African American community. In addition, a report of a survey conducted with black elected officials in selected states concerning these issues will be featured. A preliminary program is enclosed.

This is a very busy time of the year, but we believe that this is a critical issue. Your participation in the forum will contribute to the development of an important policy agenda. Please use the enclosed fax reply form to confirm your participation. If you have questions or need additional information, please contact the project manager, Dr. Jennifer C. Friday at 202-789-3532

Sincerely,

Eddie N. Williams,
President
Joint Center for Political and
Economic Studies

Sincerely,

Drew E. Altman, Ph.D.,
President
Kaiser Family Foundation

THE HENRY J. KAISER FAMILY FOUNDATION
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1090 VERMONT AVENUE, N.W. • SUITE 1100 • WASHINGTON, D.C. 20005 • (202) 789-3500 • FAX (202) 789-6390

JOINT CENTER FOR POLITICAL AND ECONOMIC STUDIES

"MOBILIZING TO FIGHT HIV/AIDS IN THE AFRICAN AMERICAN COMMUNITY"

THE HENRY J. KAISER FAMILY FOUNDATION

Thursday, January 20, 2000

PRELIMINARY AGENDA

Moderator: George Strait, *IssueSphere*

11:30 a.m. - 12:00 p.m.	**Forum Registration**
12:00 p.m. - 1:30 p.m.	**Welcome and Introductions** Eddie Williams, *Joint Center for Political and Economic Studies* Drew Altman, *Kaiser Family Foundation* ***Lunch Served*** **Keynote Luncheon Address** Donna Shalala, *Department of Health and Human Services* (Invited)
1:30 p.m. - 2:30 p.m.	**HIV Epidemic in the African American Community** **Commissioned Papers** **Epidemiology** Dawn Smith, *Centers for Disease Control and Prevention* Jennifer Friday, *Joint Center for Political and Economic Studies* **Access to Health Care** William Cunningham, *University of California, Los Angeles* **Financing of Services** Jeff Levi, *George Washington University* Julia Hidalgo, *Positive Outcomes, Inc.* **Reactor Panel** Mario Cooper, *Leading for Life* Michael Johnson, *Health Research and Services Administration* (Invited) Beny Primm, *Addiction Research and Treatment Corporation*
2:30 p.m. - 2:45 p.m.	**Break**

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PRELIMINARY AGENDA Continued

2:45 p.m. - 3:45 p.m.	**Report of the Survey Findings** Jennifer Friday, *Joint Center for Political and Economic Studies* **Reactor Panel** Cornelius Baker, *National Association of People with AIDS* Cathy Cohen, *Yale University* Garnet Coleman, *Texas State Senator (District 147)*
3:45 p.m. - 4:30 p.m.	**Audience Discussion: Facing the Challenges**
4:30 p.m. - 4:45 p.m.	**Closing Remarks** Marsha Lillie-Blanton, *Kaiser Family Foundation*
4:45 p.m.	**Adjourn**

"MOBILIZING TO FIGHT HIV/AIDS IN THE AFRICAN AMERICAN COMMUNITY"

January 20, 2000

Capital Hilton Hotel
16th & K Streets, NW
Washington, DC

TO: **Ms. Taunya Jenkins**

FAX: **(202) 789-6390 OR 789-6391**

FROM: _____

ORGANIZATION: _____

ADDRESS: _____

_____

PHONE: _____ FAX: _____

☐ *I will attend the conference*

☐ *I will attend lunch*

☐ *I will not be able to attend but my colleague*

_____ *is interested in attending*
(Name)

☐ *I will not be able to attend the conference*

Please return by Thursday, December 30, 1999. Your prompt response is encouraged as seating is limited. If you have any questions, please call (202) 789-3524.

loveLife

A COMPREHENSIVE NATIONAL STRATEGY TO COMBAT HIV/AIDS AMONG YOUNG SOUTH AFRICANS

Michael R. Sinclair, Ph.D.
Senior Vice President

THE HENRY J. KAISER FAMILY FOUNDATION

1450 G Street NW, Suite 250
Washington, DC 20005
202 347-5270
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Email msinclair@kff.org

1. EXECUTIVE SUMMARY

loveLife is a comprehensive national strategy to curb the incidence of HIV/AIDS among young South Africans through an integrated, sustained program of:

- Awareness Building and Education
- Adolescent Reproductive Health Service Development
- Outreach and Institutional Support
- Research and Evaluation

HIV infection among 15-20 year old South Africans is increasing at a rate of 65 percent annually. Already between 6-10 million South Africans (approx. 20 percent of the population) are HIV positive. About 45 percent of the South African population (16 million) is under 15 years. The best prospects for impacting the course of the HIV epidemic in South Africa is logically in focusing on this segment of the population.

Past efforts at HIV education in South Africa have had little impact on adolescent sexual behavior. *LoveLife* is a comprehensive sexual health strategy that harnesses popular culture to promote sexual responsibility and healthy living, while at the same time developing frontline reproductive health services that are more responsive to the sexual health concerns and needs of adolescents. By combining sexual health education with popular culture, this approach is designed to grab and hold the attention of young people, but also to produce benefits beyond HIV prevention—such as decreasing teenage pregnancy and sexually transmitted diseases—and to confront deeply ingrained attitudes toward sex and sexuality, and relationships between men and women, which impede more conventional efforts to combat HIV in South Africa.

2. BACKGROUND

Over the next five to 10 years conservative estimates are that between six to 10 million South Africans (about 20-25 percent of the population) will die of AIDS. These figures are at best estimates because surveillance systems and reporting of HIV infection remain inadequate.

The rate of increase in HIV infection is highest among 15-20 year olds. About 45 percent (16 million) of the South African population is currently under 15 years of age.

The *loveLife* campaign is based on the strategic calculation that one of the strongest prospects for curbing the trajectory of the HIV epidemic in South Africa is in effecting significant reductions in HIV infection among that cohort of the population that will become sexually active over the next five years.

Existing HIV education programs have had limited impact on sexual behavior. Surveys show that about 98 percent of South Africans are aware of HIV/AIDS and the means of transmission, but condom usage among South African males has remained almost unchanged at around 10 percent over the past five years.

International research shows that to be effective:

- Prevention efforts must target the highest risk groups (a scatter-shot approach does not work);
- Education must deal with the broader context of sexual behavior;
- Condom usage must become a normal part of youth culture;
- Education and prevention efforts must be sustained over many years at a sufficient level of intensity to hold public attention;
- Awareness and education efforts must be reinforced by appropriate reproductive health services, outreach and institutional support for adolescents.

But HIV/AIDS is not the only problem. South Africa has one of the highest rates of teenage pregnancy in the world (about 330 per 1,000 live births) and a high incidence of sexually transmitted diseases among adolescents (as high as 60 percent in some parts of the country). South Africans are initiating sex at an increasingly early age (currently 13 for boys and 14 for girls). Coercion, fear and peer pressure are common characteristics of adolescent sexual behavior.

3. THE PROJECT

LoveLife is a brand-driven national initiative to reduce HIV infection among South African adolescents by promoting sexual health and healthy futures for young people. The main target group of the campaign is 12-17 year olds, but special programs focusing on children 6-12 years are also part of the campaign. The focus and program components of the initiative were developed through a two-year process of investigation, consultation and planning, including a review of international HIV prevention programs, evaluation of existing South African HIV education efforts, and extensive focus group research among young South Africans.

The result is a comprehensive positive sexual health strategy that harnesses popular culture to promote sexual responsibility and healthy living, while at the same time developing clinical services that are more responsive to the sexual health concerns and needs of adolescents, as well as a range of institutional support mechanism, such as a telephone help-line, that make it easier for young people to get appropriate information about sex, sexuality and gender relations. By combining sexual health education with popular culture this approach is designed to grab and hold the attention of young people, but also to produce benefits beyond HIV prevention such as decreasing teenage pregnancy and sexually transmitted diseases (STDs), and to confront deeply ingrained attitudes toward sex and sexuality, and relationships between men and women, which impede more conventional efforts to combat HIV in South Africa.

LoveLife programs are developed and implemented in tandem as part of an integrated and comprehensive national strategy. This strategy is based on a three to five year perspective with elements of the *loveLife* program evolving over this period according to the results of ongoing research about the impact of the program on adolescent behavior.

The program has four main components:

I. Building Awareness

Although most South Africans report awareness of HIV, this has not translated into behavior change. Traditional approaches promoting condom use have had little impact. *LoveLife* is using a combination of television, radio and billboards to encourage more responsible sexual behavior. The media components are backed up by printed educational materials and a national telephone help-line providing basic sexual health information and referrals for counseling and clinical care.

During the first year, the main focus of the media component of the campaign is to encourage more open discussion about sex and sexuality, and the connection between sexual behavior and HIV, and other sexual health problems. The emphasis is on encouraging teenagers to better inform themselves about sexual health and to seek help if

they need more information or clinical care. Over the next 18-24 months the messaging will evolve to focus more directly on clinic attendance by young people and making condom usage part of youth culture.

In October 1999, *JikaJika* ('make a change"), South Africa's first sexual health talk show began airing on South Africa's primary entertainment television channel. Scheduled to run for 13 weekly episodes, production of *JikaJika* is fully sponsored by *loveLife*, but the airtime is provided at no cost as part of a five year partnership agreement with the South African Broadcasting Corporation. Since *JikaJika* began airing, the help-line has been averaging 15,000-20,000 calls per week.

The television show is supported by radio programming, developed by *loveLife* and broadcast on nine major radio stations—three broadcasting nationally and the others major regional stations broadcasting in local ethnic languages. In addition, the primary messages of "talk about sex" and "inform yourself" are promoted on billboards throughout the country (particularly in rural areas) and on more than 500 taxis. Currently, *loveLife* has higher media exposure across South Africa than Coca-Cola.

Over the next year, *loveLife* plans to sponsor a further 13 episodes of *JikaJika.* In February, *loveLife's* second major television production *S'camto* ("talk about it") will begin broadcasting. This show documents travels across the country by five teams of young people trained in basic video production and their conversations about sex with their peers. A second series of this show is also planned for broadcast late next year.

LoveLife has also commissioned a mini-drama called the *Love Life Diaries* recorded as 24 two minute episodes for broadcast over the next 12 months. Episodes of *Love Life Diaries* will be broadcast repeatedly in the same way as a public service announcement, with a new "episode" each month.

In September 1999, *Codi: Loud and Clear, loveLife's* first television program targeting younger children began airing. Broadcast six days a week as part of South Africa's most popular kids television channel, *Codi: Loud and Clear* is a series of two minute inserts designed to encourage children and parents to talk about difficult issues such as sex, HIV/AIDS, substance abuse and violence. The television component is also supported by a booklet designed to help parents initiate discussion about difficult issues with their children.

II. Service Development

A major impediment in the HIV prevention effort is the alienation of young people from public health services. Most teenagers express fear and reluctance about using the public health services for a sexual health problem. More than 80% of South Africans depend of the public health service for their care. Making these services more responsive to adolescent needs is pivotal to the effort to reduce HIV and other sexual health problems.

In partnership with the South African government's Department of Health, *loveLife* has developed national standards for adolescent friendly services in primary health clinics. These standards will provide the basis for an adolescent friendly clinic accreditation program. This program will include intensive technical assistance and training to help clinics meet the accreditation criteria, as well as monitoring of clinics' compliance with the accreditation standards.

Over the next year, the accreditation program will be piloted in 21 health districts—a total of about 1,500 clinics. The goal is to ensure that in the next three years the majority of government clinics comply with the national adolescent friendly standards.

III. Education and Outreach

Even though the South African education system is largely dysfunctional at present, *loveLife* is working to strengthen and replicate existing successful sexual health education programs in schools and outside. Peer groups are one of the most effective mechanisms for sexual health education. The importance of peer groups in providing support to HIV positive youth is also increasingly recognized.

There are already a significant number of peer education programs across South Africa. The first step has been to develop a gender relations training module for introduction in existing peer education programs. The next step is an in-depth analysis of the dynamics within peer groups that affect their effectiveness, with the goal of enhancing the peer group model before launching an effort to substantially increase the number of peer education groups nationally.

LoveLife has established a partnership with the government's National Youth Commission to establish a nationally accessible toll free sexual health HelpLine specifically designed for young people, providing information, counseling and referral. The HelpLine is promoted in *loveLife* television, radio and print materials. *loveLife* has also developed a web site (*www.lovelife.org.za*) as an interactive source of sexual health information. The website includes substantial entertainment and fun elements, as well as an on-line chat room designed to encourage young web browsers to regularly frequent the site.

In September, *loveLife* opened four ***Y Centres*** at Orange Farm in Gauteng, Motherwell in the Eastern Province, Thabong in Free State and Acornhoek in Northern Province. ***Y Centres*** are designed as multi-purpose recreational centres for young people.

The basic ingredients of all ***Y Centres*** are sexual health education, counseling and care; partnership with a radio station; and a basketball court. Additional elements of each ***Y Centre*** are developed in partnership with the local community. The primary purpose of the ***Y Centres*** is to demonstrate the effectiveness of a non-clinical environment in