

## East London, 23–27 October 2017

### *Delegation members:*

Jürgen Maaß, Axel Blumenthal, Nico Kerski, Andreas Paruszewski, Christin Engelbrecht

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## Monday, 23 October 2017

After a short introductory round with all participants, Leigh Ann van der Merve, council member of ECAC and member of the Board of Directors of S.H.E. (Social, Health & Empowerment Feminist Collective of Transgender Women of Africa), presented the National LGBT HIV Plan. This action plan has just been set in motion. It was developed in response to new data on the prevalence of HIV among MSM, the UNAIDS Gap-report, and first data from the Integration Bio-Behavioural Study (IBBS). These studies showed that the original MSM-centred approach had to be broadened to include other vulnerable groups as well. Trans\* women, for instance, are at a higher risk of acquiring HIV than previous studies had suggested. The above-mentioned studies also highlighted the lack of data on the situation of lesbian women and bisexual men and women.

In contrast to European countries, South Africa is faced with an HIV epidemic that started in the general population. The South African action plan for fighting HIV takes this into consideration.

Today, there is a growing awareness in South Africa that minority groups, such as trans\* women, trans\* men, lesbian women and MSM, are not only heavily impacted by HIV, but also difficult to reach due to prior traumatising, discrimination, or stigmatisation. MSM were underrepresented in the national studies because some participants refused to be classified as MSM; other men avoid testing sites and clinics altogether because they are afraid of being identified as MSM.

These findings prove the need to focus structural prevention efforts on the LGBTI Community.

Consequently, the National LGBT HIV Plan's objectives are:

- To create a safe, healthy, and empowering environment for LGBTI, so that they can take charge of their (sexual) health and advocate for their human and civil rights.
- To reach LGBTI people with comprehensive services
- To reduce the number of hate crimes against LGBTI people
- To reduce the rate of new HIV/STI/TB transmissions

These are some of the reasons why there is a growing interest in LGBTI-oriented HIV prevention measures, programs, and organisations.

Seite: 2 von 11

With its various outreach programs, S.H.E. (Social, Health & Empowerment Feminist Collective of Transgender Women of Africa) is a brilliant example of the effective integration of social and health care services. The organization brings together paralegal support services, psychosocial support services, health screenings, and health education.

In some South African communities, the ritual circumcision of boys is a tribal rite of passage into manhood. For adolescent trans\* women, their upcoming circumcision very often marks a point when they break with their families. It is not uncommon that the relatives of trans\* women do not accept their female identity and cast them out.

■ As a result of family rejection, workplace discrimination, stigmatization and sometimes trauma, many trans\* women see sex work as their only chance for making a living. Since prostitution is illegal in South Africa, many of these trans\* women will sooner or later face legal punishments, including incarceration. In prison, trans\* women are usually misgendered as men and placed in the men's ward. There, they face even harder discrimination, violence, and often rape. Prison rape, in turn, often leads to HIV infections (if the imprisoned women were not already living with HIV prior to their incarceration). Therefore, the decriminalization of sex work is a central goal of the structural prevention plan for trans\* women. Other important goals are better access to trans\* competent clinical services, hormone therapies, and transition surgeries.

■ In South Africa, trans\* women are often forced to accept traditional "female" gender roles. Accepting these roles usually means losing the male privileges they enjoy in their families if they present as "male." Therefore, yet another goal of the action plan is to support the self-empowerment of trans\* women. Narrative photography and events like the "Miss Trans Diva Contest" create spaces for self-empowerment and help boost the participants' self-esteem.

The delegation from Lower Saxony was invited to the "Queer-Lounge." This lounge was established by gay activist Mr. Zolan Martin Kuni in one of East London's townships. It provides a safe space for members of the LGBTI community.

## Tuesday, 24 October 2017

In the morning we were most heartily welcomed by the Premier of the Eastern Cape Government, Mr. Phumullo Masualle. He honoured the annual exchange program and expressed his hopes for deepening our friendship.

Also present at the meeting were:

- Dr. P. P. Dyantyi, MEC (Member of Executive Council) of the Eastern Cape Department of Health

- Dr. T. B. Mbengashe, Superintendent General of the Eastern Cape Dept. of Health
- Ms. Inger Steffen, the Representative of Lower Saxony in Eastern Cape
- Dr. Andrea Knigge, Chief Technical Advisor of GIZ
- Ms. N. Ludidi and V. Dayile, Eastern Cape AIDS Council (ECAC)
- Leigh Ann van der Merwe, S.H.E.
- Dr. Rolene Wagner, CEO of Frere Hospital

One important topic during this meeting was the upcoming medical exchange programme between Eastern Cape and Lower Saxony. Mr. Andreas Paruszewski from the German Delegation gave a short overview of this programme: The plan is to send a doctor from the *Medizinische Hochschule Hannover* (MHH) to Eastern Cape for six months, where she will work in several hospitals and day clinics under the supervision of a local doctor to learn more about the treatment of HIV in South Africa. She will also share her own expert knowledge with her South African colleagues. Ideally, she will be given the opportunity to work on a personal project and to devise an academic program. In return, a doctor from Eastern Cape will complete an internship with the MHH.

To discuss this exchange programme in more detail, we tried to include Prof. Stoll from the MHH in our conversation via internet video conference. Unfortunately, the internet connection did not work properly, so Prof. Stoll was only able to send his greetings and to affirm the MHH's commitment to take part in this exchange.

It was agreed that Prof. Stoll and Dr. Rolene Wagner, the CEO of Frere Hospital in Duncan Village, should discuss the details of this medical exchange programme another time and inform the Department of Health of the requirements. The *Staatskanzlei* of Lower Saxony will give financial support to the exchange programme.

Afterwards, we visited Duncan Village Day Health Center and Frere Hospital's maternity section. We were welcomed by Dr. T. B. Mbengashe, the Superintended General of the Department of Health. Both clinics care for a high number of clients living with HIV. During our last visit to these places in 2015, the township clinics' urgent need for modern medical equipment had become obvious. Consequently, the State Chancellery of Lower Saxony decided to donate some equipment. For instance, Duncan Village Day Health Center received a dentists treatment chair and a computer for client administration. The Frere Hospital's maternity ward, on the other hand, was given a fetal monitor and an incubator for their laboratory.

Both the CEO and the head nurse of Frere Hospital emphasized that, with the new modern medical equipment donated by the State Chancellery of Lower Saxony, the medical staff are now able to help their clients more efficiently. In particular, the new fetal monitor helps reduce the mortality rate of both babies and mothers. Additionally, the modern medical equipment attracts young doctors and medical staff to join the clinic's team.

Dr. P. P. Dyantyi, the MEC of the Eastern Cape Department of Health, heartily thanked the delegation for the State Chancellery's help. Ms. Inger Steffen conveyed greetings on behalf

of Ms. Cornelia Rundt, Lower Saxony's Minister for Social Affairs, Health and Equality. Ms. Rundt is very happy that her government was able to help.

Seite: 4 von 11

In the afternoon, we visited the Amahleke Health Care Facility in Dimbaza, which also received medical equipment from Lower Saxony. We were very impressed by the clinic's MSM support program, which is implemented by ANOVA. ANOVA is an NGO which administers various health care projects. It is also a close partner of the Department of Health. Amahleke Health Care Facility employs an openly gay ambassador, who talks with the clinic's clients about sexual orientation and sexual identity. This young gay man and his partner seemed to be fully accepted by their village community, even though acceptance of gay men is often lacking in similar communities. The clinic's staff was sensitized to the special needs of MSM, including health risks regarding HIV and other sexually transmitted infections. Moreover, the staff received training on "detecting" potential MSM and on speaking openly about same sexual relations. The topic of MSM was also highly visible in the clinic corridors: numerous posters on the notice-boards provided health care advice specifically for MSM. Addressing the challenges of this program, Ms. Lee Ann van der Merwe pointed out that more data is needed regarding the response of MSM to the program.

In Dimbaza, the openly gay ambassador informs local communities about same-sex relationships. Nevertheless, a general lack of acceptance for LGBT people remains a problem in these communities, where traditional manhood is closely linked to heterosexual behaviour. At the age of 18, many young men in South Africa get ritually circumcised to be initiated into manhood. Their virility has to be proven through sex with women, and in some extreme cases this results in rape. Often, the traditionally male leaders of South African communities will encourage competition between men, thereby reinforcing traditional "male" gender-roles and behaviours. Heterosexist gender norms are also one of the driving factors behind the HIV epidemic. Role models like the above-mentioned gay ambassador show that men can be strong in other ways.

Another challenge to the social acceptance of LGBT people are the various religious communities. Many churches do not accept same sex relationships, and religion is still deeply rooted in society. Ms. van der Merwe described the situation with the following quote: "We had the land and the whites came with the bible. When we said "Amen", they had the land and we had the bible."

## Wednesday, 25 October 2017

9:00 am – 9:30 am

### *Recap, reflections and discussion points*

Due to the tight timeframe, the upcoming Medical Exchange was discussed today for the first time.

After yesterday's session, it had become clear that the details of the upcoming medical staff exchange should be negotiated directly between Professor Stoll and the CEOs of the South African clinics. The Department of Health should also be involved in the planning, as well as the Premier's Office and the Office of the MEC of Health. The Medical Exchange should become part of the Memorandum of Understanding (MoU) between Eastern Cape and Lower Saxony.

The German delegation pointed out that, due to budgetary reasons, the money allocated for the exchange needs to be spent as soon as possible. However, due to the upcoming holiday season in South Africa, it is unrealistic to expect the money to be spent before February 2018.

- The Eastern Cape delegation suggested that the German doctor split their time between two facilities. Duncan Village Hospital would especially benefit from a doctor's placement because the clinic is currently understaffed.

Germany would benefit from the exchange programme by learning from Eastern Cape's experiences with treating HIV/AIDS in the general population. Eastern Cape doctors, on the other hand, could be trained in Lower Saxony in transition surgeries for trans\* people, which are hardly available in Eastern Cape.

- One of the German MD's potential assignments could be the development of a protocol for hormone therapy for trans\* people. Such a protocol could help increase the provision of hormone treatments for trans\* people in Eastern Cape.

## **9:30 am – 11:00 am**

### ***Presentation of the Rosa Luxemburg Foundation's work in South Africa***

The presentation was given by Jörn Jan Leidecker, the Rosa Luxemburg Foundation's representative in South Africa. The organization's South African office is based in Johannesburg.

The foundation has been active in South Africa since 2003. The foundation supports labour organizations, heritage development, and the self-organization of minority groups, such as LGBTI\* people.

The foundation believes that the solutions to the problems faced by the various communities are already out there, as are people willing to work on these issues. But these activists and communities need to be supported in their fights for social change. The Eastern Cape delegation shares this view, particularly with regard to gay and trans\* people.

Next, Mr. Leidecker laid out the concept of structural prevention. The German delegation elaborated on the concept some more.

The Eastern Cape delegation drew attention to the fact that South Africa's LGBT community is not a monolithic group. It is internally divided along the axes of gender and race. Due to this internal weakness, the LGBT sector is the most marginalized sector of South Africa's society. Mr. Leidecker pointed out that there will probably never be enough funding for HIV prevention programmes. Therefore it is necessary to focus prevention efforts on key populations. Targeting the vulnerable LGBT community is an essential component of wider structural prevention efforts. Empowering LGBT people will have a tremendous impact on preventing new HIV infections.

## **11:00 am – 1:30 pm**

### ***Visit to Mooiplaats – Showcasing Mama Africa***

- The delegation visited Mama Africa in Mooiplaats. Mama Africa is a trans\* woman, who educates the general population in rural areas about HIV/AIDS prevention. She works on a peer-to-peer basis, and her main focus is on educating MSM. She also provides on-site HIV testing. Mama Africa goes from house to house, providing condoms and information on HIV prevention and treatment.

To date, Mama Africa knows 24 MSM living in seven villages across the area we visited.

## **2:30 pm – 4:00 pm**

### ***Visit to S.H.E. and lunch***

- S.H.E. is a support organization for the LGBT community with a special focus on trans\* people. The organization was founded seven years ago and currently has a staff of 27 people, most of them working in the field.

S.H.E. only recently moved into the new office building our delegation visited today. The new building provides more space for offices, medical support, and community events. S.H.E. mainly supports victims of homo- and transphobic hate crimes, including lesbian victims of "corrective" rape. Homo- and transphobic hate crimes happen quite frequently in Eastern Cape. Moreover, S.H.E provides PEP treatments and offers a psychosocial programme with counselling for LGBT people and their families.

## **4:00 pm**

### ***Resting Time***

Thursday, 26 October 2017

Seite: 7 von 11

## **Recap**

The day started with a recap of Wednesday's programme:

The trip to the rural area gave us a good impression of rural life and the vastness of the province. The delegation was impressed by Mama Africa and her work. The recap discussion gave us some more information on Mama Africa's work:

- The house we visited belongs to one of the people who were present when we arrived. It was obvious that the house was used for sex work.
- • How does Mama Africa work: She lives in the vicinity and is part of the local community. She walks from door to door and offers her services to everyone. Since she does not own any car or bike, she has to walk or use public transportation. We agreed that a bike would certainly be very helpful. Mama Africa works on her own. However, she gets support from S.H.E. The question of whether she gets any counselling or coaching, considering that she has to take in a lot, had to be raised again at a later point when Leigh Ann was present. All people present at the meeting agreed that Mama Africa does a fantastic job.
- We presented the concept of using role models for HIV prevention, which is quite common in Germany. Axel Blumenthal stressed that, in his department, they have had good experiences with openly gay counsellors: Having gay or trans\* people as role models helps prevention organizations reach their vulnerable target groups.

We were impressed by S.H.E.'s new office space. Unfortunately, there was not enough time to discuss all the topics that came up in our conversations.

## *Feedback on Jan Leidecker's (Rosa Luxemburg Foundation) presentation:*

ECAC thinks that Mr. Leidecker's visit was very helpful. Leigh Ann and other stakeholders could benefit from a cooperation with the foundation. Unfortunately, hardly any LGBTI stakeholders were present at the meeting.

## **Presentation by and discussion with PEPFAR**

Mfezi Mcingana presented PEPFAR's HIV prevention programme in Eastern Cape.

The US President's Emergency Plan for AIDS Relief (PEPFAR) supports programmes that integrate the prevention, diagnosis, and treatment of TB into HIV services. PEPFAR plays an important role in strengthening health care systems. Strengthening health care systems contributes to reducing the impacts of TB and HIV co-infections.

## *Background*

The programme focuses on female sex workers in Eastern Cape. Since sex work is illegal in South Africa, sex workers are confronted with high levels of stigmatization and discrimination. They may not go to clinics because of this stigma, or because they or their colleagues have had bad experiences with clinics in the past. Health care workers must understand the needs of sex workers. Linking peer-delivered prevention and testing to other health care services was recommended as a best practice approach to sex work programming.

## *Peer-education programme for sex workers*

- This outreach programme works through peer mobilization: Sex workers are trained as peer educators. Active sex workers generally know best where and when they can bring up the topic of prevention and testing. There is a monthly advisory group (like a committee of sex workers) where peer educators can share and discuss issues they encountered in the field. The peer educators work with the police and other authorities. They are trained as paralegals and learn about human rights and sex workers' psycho-social needs.

The most important part of the programme is the mobile wellness unit.

The mobile wellness unit provides the following core services:

- - TB and HIV tests, blood pressure measurements, pap smears, health education, risk reduction education, referrals to health care services (comprehensive health care services are not part of this programme).
  - Information about circumcision: PEPFAR recommends the circumcision of men because it reduces the risk of HIV transmission by a great deal. Eastern Cape is a rather conservative province. Circumcision is mostly done by traditional surgeons. The mobile wellness unit cooperates with clinics for further examinations.
  - ART and PrEP will soon be implemented within this programme.

## *Data on the programme*

The Eastern Cape sex work project was implemented in two districts in Eastern Cape: Nelson Mandela Bay (Port Elizabeth) and OR Tambo (Umtata). Between October 2016 and September 2017, a total of 6,688 health screenings was performed. 585 HIV tests were positive.

## *Challenges*

Sex workers are very mobile, i.e., they usually do not stay in the same place for too long. Furthermore, there is a high rate of substance use among sex workers.

## *Discussion*

Seite: 9 von 11

The programme's HIV testing services cannot be accessed anonymously. However, the reporting of test results is done anonymously. The service providers see it as a success that the programme receives financial support from the Department of Health (DOH).

Often, sex workers' clients do not like to use female condoms. Consequently, expecting clients to use "classical" condoms is more realistic in private or street settings. Brothels, on the other hand, can assert the use of female condoms more often.

Axel Blumenthal reported an increasing demand of female condoms from sex workers in Hannover.

## *Similar project for drug users*

PEPFAR now has a new project focusing on drug users: The project started in September and employs outreach workers and counsellors. These offer a harm reduction programme and health screenings (including testing for hepatitis B and C). They also provide drug users with new needles, syringes, and filters. Since September, the project has recorded 16 positive hepatitis C test results and around 200 positive HIV test results. The HIV prevalence among drug users is very low compared to the HIV prevalence among sex workers.

## ***National World AIDS Day project steering committee meeting***

The German delegation was invited to participate in the first multi-sectional meeting preparing an event for the upcoming National World AIDS Day. This event will be held in O R Tambo/ Eastern Cape in 2017.

Four people prepared and chaired the meeting. They were representatives from ECAC, the South African National AIDS Council (SANAC), the National Health Department, and the President's office. The decision about which province should hold the event had been made on October 19<sup>th</sup>, 2017 (only one week before this meeting).

The event's theme is: "It is my right to know my status, prevention is my responsibility."

The Vice-President is going to participate, and about 5,000 people are expected to come.

The event is accompanied by a vibrant media campaign called "Red Ribbon Friday Activation."

This campaign will run between November and January.

One of the discussion points was particularly interesting: It was suggested that all police stations should dispense PEP to rape victims.

## *Queer Lounge in Duncan Village*

Seite: 10 von 11

In the evening, the delegation was invited to a queer bar in Duncan Village Township. We were impressed by the courage of the person who had hand-built and opened the bar in this difficult area. The delegation felt welcome and got an impression of what it might mean for a black LGBT person to live in this township.

## **Friday, 27 October 2017**

### *Wrap Up Meeting*

The Wrap Up Meeting between ECAD and the NAH delegation started at 10am.



All German delegation members were deeply impressed with the brave commitment of the local activists we met (e.g., Mama Africa or the people running the queer bar in one of the townships we visited the evening before). During the Wrap Up Meeting, we discussed how these local activists could benefit from the exchange programme between ECAC and AHN. The German delegation would appreciate more direct contact with these projects' stakeholders during future exchanges.

We formulated a shared demand that the governments of both counties provide a fixed budget each year for our exchange programme. Instead of wasting precious time on matters of funding, both sides would prefer to focus on discussing the actual problems our communities face.

### **TOP 01 – Medical Exchange**

At some point during the exchange programme, we talked about our next steps with regards to the upcoming Medical Exchange.

ECAC is grateful for the medical technicians the State Chancellery of Lower Saxony sent to South Africa. ECAD cited their technical assistance as an example of how fruitful the exchange programme with Lower Saxony has been thus far. They ask for more technical support. To this end, ECAC will get in touch with Mrs. Steffen from the State Chancellery of Lower Saxony.

For the upcoming Medical Exchange, ECAC proposed the following topics for discussion:

- Transition surgery procedures (ideally, a German doctor familiar with these procedures will work with two different hospitals in Eastern Cape, one of them being Duncan Village Hospital)
- Ways to increase the number of available drug combinations for ART
- PrEP for HIV prevention among MSM
- HIV treatments for children (< 5 years)

- HIV treatment for the general population

The Medical Exchange will take place between February and July 2018.

### ***TOP 02 - International AIDS Conference***

As a sign of global solidarity and in order to build a global network of HIV-activists, ECAC and AHN want to submit an abstract for a joint talk to the 22<sup>nd</sup> International AIDS Conference. In January/February 2018, ECAC and AHN will develop a joint proposal. AHN would like to involve some stakeholders in this process. Topics could be our upcoming Medical Exchange or local prevention projects serving the trans\* community (e.g. Leigh Ann van der Merwe's S.H.E. project).

### ■ ***TOP 03 – Memorandum of Understanding (MoU)***

In the official MoU of Eastern Cape and Lower Saxony, the exchange programme between ECAC and AHN was formalized and further established.

### ***TOP 04 – Funding***

ECAC faces a decrease in funding for their projects. So they ask German funding agencies, donors, or companies to support local stakeholders in Eastern Cape. ECAC's projects support and empower local LBGT-communities. ECAC is interested in learning more about the concept behind QNN (*Queeres Netzwerk Niedersachsen/Queer Network of Lower Saxony*). With the help of Rosa Luxemburg Foundation, they want to support local LBGTI activists and organisations in building a similar network.