HARVARD MEDICAL SCHOOL
BRIGHAM AND WOMEN'S HOSPITAL

CASES IN GLOBAL HEALTH DELIVERY

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loveLife: Transitions After 2005

This case is a sequel to "loveLife: Preventing HIV Among South African Youth."

"A different management strategy is required for scaling up and operating at scale, but just maintaining scale is hard work. It's a massive undertaking."

—Grace Matlhape, loveLife CEO

In April 2009 Grace Matlhape took over as chief executive officer (CEO) of loveLife, South Africa's largest HIV prevention program directed at young people. In her previous six years as deputy CEO, Matlhape had managed loveLife's rapid expansion across the nation's nine provinces. She also helped loveLife survive a major funding crisis after the Global Fund to Fight AIDS, Tuberculosis and Malaria ("Global Fund") Board of Directors decided in December 2005 not to renew USD 58 million in funding for loveLife—one-third of the organization's projected revenues. Recovering from that financial blow, loveLife leaders made many difficult management decisions to reinforce the organization's goal to prevent new HIV infections among young South Africans.

In 2009 about 75% of loveLife's revenues came from the South African government. Matlhape and others considered their ability to secure domestic funding a mark of success and a sign that loveLife was integral to HIV prevention in South Africa. However, the domestic funding also brought new challenges. As Matlhape took the reins as CEO, she reflected on lessons learned during the first 10 years and how to position loveLife for the future.

2006–2008: Moving Forward

loveLife's managers drafted a new five-year strategic plan called "Brave New World" within a week of the Global Fund Board's decision not to renew the grant to the South African government, through which loveLife had received one-third of its revenues. In this 50-page document, loveLife leaders reviewed their

Sarah Arnquist, Julie Rosenberg, and Rebecca Weintraub prepared this case for the purposes of classroom discussion rather than to illustrate either effective or ineffective health care delivery practice.

original strategy, the patterns of South Africa's HIV epidemic, the prevention evidence base, and the actors involved in the nation's HIV/AIDS sector. Given that the bulk of new infections occurred among young adults, loveLife leaders concluded that targeting youth remained justified. They concluded that in post-apartheid South Africa, with staggering inequality and few educational or occupational opportunities for black youths, helping young people develop a positive sense of identity and giving them positive development opportunities would discourage them from behaviors that increased their risk of contracting HIV. loveLife leaders believed loveLife had to tackle the underlying structural and community drivers of HIV, such as poverty, gender inequality, and disenfranchisement. A loveLife manager explained:

> Where HIV prevention programs already exist, new gains will be captured at the margin by doing things differently, not by doing things the same. Some interpret loveLife's innovation as dismissive of conventional approaches to HIV prevention and international best practice. On the contrary, loveLife's programs are firmly grounded in generic HIV prevention strategies that have been shown to work … If loveLife is merely an extension of existing efforts, its prospects are limited and its reason for existence is doubtful.

loveLife managers tracked program implementation. And the Kaiser Family Foundation, loveLife's founding funder, supported the 2003 national HIV prevalence, behavior, and attitude survey—completed and analyzed by independent academics—that found youths exposed to loveLife reported greater self-motivation, higher levels of condom use, and higher likelihood of being tested for HIV. The study also showed lower odds of testing positive for HIV among those young people who participated in loveLife's interactive programs, controlling for self-selection and other socioeconomic factors like employment, education, electricity in the home, etc.[1]

loveLife leaders believed they were on the right track. Their renewed focus on loveLife's strategy—to make a positive impact on as many young lives as possible through a combination of media and interactive programs—guided their immediate next steps.

loveLife CEO David Harrison and his deputy, Matlhape, divided duties. Harrison said, "My job was to negotiate with the government to open up the political space and inspire people. Her job was to fire people." The Kaiser Foundation provided cash advances to bridge immediate financial holes. Additionally, Kaiser's senior vice president responsible for its South African operations, Michael Sinclair, set about persuading the National Department of Health and National Treasury to accelerate the projected increase in governmental funding. Sinclair recalled:

> We marshaled every effort to reverse the Global Fund decision. When it became clear that wasn't going to happen, I had very frank and long discussions with the minister and director general of health and with the senior officials at National Treasury about the additional support that the government would have to provide to keep loveLife going and the likelihood of more negative international publicity that would come if loveLife collapsed.

President Thabo Mbeki and Health Minister Manto Tshabalala-Msimang had become notorious for their denial that HIV caused AIDS and failure to support an effective response to the epidemic that infected nearly one in five South African adults. The Global Fund Board's decision reflected poorly on them because they were in charge of the Department of Health, the primary funding recipient responsible for meeting program goals. Some people believed that the Global Fund's decision was meant to be punitive toward the South African government and that loveLife got caught in the middle.

Meanwhile, after consulting with board members, Matlhape trimmed the loveLife staff from 420 to 280 people based on loveLife's primary goal to maintain the peer educators, the groundBREAKERs (GBs). Employing GBs was attractive to several government agencies. Matlhape severely scaled back the National Adolescent-Friendly Clinic Initiative, which had focused on establishing a quality certification program for government clinics, primarily using Global Fund money. Matlhape explained the decision:

> We looked at the National Adolescent-Friendly Clinic Initiative model and realized we were putting a lot of effort into individual clinics to improve the quality of care, but ultimately those clinics were accountable to the district Department of Health and not loveLife. We trimmed that program from 40 to three people and focused on interfacing with clinics at the subdistrict level and recruited them as loveLife hubs to provide youth-friendly services. We believed that structure was far more sustainable.

Matlhape also replaced a layer of middle managers who had overseen GBs with volunteer "line managers" at loveLife's franchise organizations. These franchises, also called "hubs," were community-based organizations and clinics that adopted loveLife's branding and hosted GBs to implement loveLife's curriculum and programs. loveLife began leveraging these organizations' infrastructure to spread its messages and offer activities focused on positive youth development and HIV prevention. loveLife would focus on building the capacity of these organizations to champion sustainable program delivery for young people in their communities. This also meant Matlhape would have less direct control over implementation at franchises.

Matlhape noted that that recovering from the Global Fund crisis was a pivotal moment for her as a leader and for loveLife as an organization. She reflected:

> Firing so many people was one of the most difficult things I've ever had to do. But in retrospect, the downsizing was a good opportunity to review the organization's strategy and how best to achieve our goals. We had not grown in the most strategic way, and this was a way to clean house, restructure, and become more streamlined. While it was hard, it was probably good for the organization.

South Africa had hundreds, if not thousands, of domestic and international non-governmental organizations (NGOs) working on HIV/AIDS-related issues. None matched loveLife's media presence, infrastructure, or budget. loveLife operated in every region of all nine provinces and was South Africa's most widely recognized HIV prevention campaign. A nationwide survey found that loveLife reached 79% of youth (ages 15–24) and 71% of adults (ages 25–49; see **Exhibit 1** for an overview of HIV prevalence in South Africa and **Exhibit 2** for comparison of loveLife recognition with other prevention campaigns).[2]

Following the loss of Global Fund funding, loveLife managers reported they had only a few allies within South Africa's HIV/AIDS sector, and few organizations rose to support its appeals. loveLife had the reputation of being aloof and even uncooperative. It had always attracted criticism for its bold media campaigns, and managers did not attend HIV/AIDS stakeholder and advocacy meetings. Nor did they discuss or criticize the government's approach to HIV prevention. Harrison reflected later that he should have spent more time explaining to the public loveLife's strategy for impacting the epidemic.

Funding

Despite the South African government's antipathy toward HIV programs, it more than doubled its funding for loveLife from USD 7 million in 2005 to 16.2 million in 2006. An HIV prevention stakeholder reported:

> loveLife was operating in a very hostile environment. Everywhere around them was hostility. Besides the President's blind spot on HIV, you cannot discount the power of traditionalism in African culture and the ongoing relegation of young people into positions of powerlessness. loveLife leaders were incredibly smart because even within this environment, they managed to source state funding. It's very clear that strategically they knew what they were doing. They knew who to talk to—government officials with whom they had personal relationships—and managed to tread this terrain exceptionally well.

One board member, who was a former national minister, recalled:

> During that time, the role of trustees was to vouch for loveLife and to help management make tough decisions, particularly around staffing cuts. Our personal relationships with cabinet members were key

> because they knew they could trust us. We focused on the fact that loveLife was a youth development organization working in sports and other areas and running through credible NGOs in the most remote parts of the country. That framing allowed other ministers to agree to more funding for youth development without publicly detracting from the Department of Health's position on HIV.

The treasury minister supported loveLife and allocated poverty alleviation and youth development funds to the organization on three-year funding cycles. The money still flowed through the government departments, but only about half of loveLife's government funding came from the Department of Health. The other half came from the Departments of Social Development and Sports and Recreation. Most of the funding was earmarked for the GB program and dependent on loveLife proving that GBs were implementing its curriculum at schools and other venues. Despite not requiring proof of the GB program's impact on HIV incidence, the government considered this an investment in both youth leadership development and in HIV prevention. loveLife provided quarterly reports on the scope and scale of its activities.

loveLife leaders had to carefully manage their relationship with government to ensure the organization was seen as independent with complete operational autonomy. An internal memo described the challenges:

> Managing the [government] relationship is time intensive. But the relationship is surely paving the way for other public-private partnerships that are bound to characterize service provision in the future. More challenging is the impact on loveLife's flexibility as a campaign. As a higher proportion of its funds are received from government—and directed towards institutionalization of key services—loveLife risks losing its sensitivity of response to the changing epidemic. The greatest challenge is that the wheels of collaboration grind slowly when new gains often demand a fast-paced response.

Harrison commented, "At loveLife we try to sit at the frontier, and that doesn't lend itself to most current funding models. That's where the Kaiser Family Foundation's sustained support was so incredible. They said, 'Go forward and be different.'" As the government funding increased, the Kaiser Foundation's funding tapered. From day one, Kaiser had discussed a 10-year funding guarantee with loveLife.

loveLife's only new international funding source between 2006 and 2008 was a USD 3.65 million, 2.5-year grant from the Bill & Melinda Gates Foundation to support orphaned and vulnerable youth. Some observers said donors considered loveLife's unpredictability and tendency toward controversy too risky.

In 2008 the South African government provided 75% of loveLife's USD 21.7 million revenues (see **Exhibit 3** for table showing loveLife's annual revenues and expenses). Unlike international donors, the government did not pay up front, but reimbursed on a quarterly basis. Government funding arrived late nearly every quarter. Managing the cash droughts required planning, negotiation, and communication. Program directors coordinated with the operations and finance departments to plan major purchases and prioritize supplier payments. Paying staff was the top priority, but twice in 2008 loveLife had to postpone paying salaries because the government funding had not arrived on time. "When that happens, it's very difficult to build back the staff's sense of security," Matlhape said.

loveLife Activities

Though the greatest jump in new HIV infections in South Africa occurred among women ages 19 to 21—when they were leaving school, entering relationships with older men, and often becoming pregnant—South Africa had no programs targeting this age group. Despite worries about stretching itself too thin and failing to adequately serve its core youth, loveLife expanded its target age group from 12 to 17 to 12 to 19 in 2006. In doing so, managers also chose to tackle sensitive cultural issues that affected young people's HIV risk, such as societal pressure for young girls to get pregnant to prove their womanhood. Matlhape and other leaders knew that addressing this deeply rooted cultural issue would attract criticism, but loveLife

never had shied away from controversy. This campaign generated so much controversy that for the first time loveLife retracted a series of billboards.

While loveLife began reaching out to older youth, it narrowed its focus to the young people at highest risk of contracting HIV: those living in urban slums. loveLife's media director recalled, "I pushed us to define who we were talking about and why we were talking to them. In the increasingly competitive world of media, you have to be really targeted."

Through a competitive application process, loveLife selected motivated 18- to 25-year-olds to participate in its yearlong GB youth leadership training program. GBs worked as peer educators and implemented loveLife's programs at franchise organizations, youth centers, clinics, and schools. Increasingly, loveLife focused on its school-based program and gained permission from school principals to implement the "loveLifestyle" curriculum. More schools wanted to participate than loveLife could reach. With funding remaining flat after 2006, the number of GBs loveLife could support did too.

GBs started their year of paid service with a two-week conference that included training on sexual health, HIV/AIDS, risk factors, and prevention strategies such as delaying sex and using condoms. They also learned loveLife's strategy for prevention. Regional program leaders, each assigned to 10 GBs, provided ongoing training and support in smaller groups, and GBs each recruited five volunteers. Toward the end of their service, GBs attended a wilderness leadership training course focused on helping them explore their futures.

The Bill & Melinda Gates Foundation supported loveLife's "goGogetters" program that trained 500 grandmothers in how to connect youth to government social services and school and community resources. loveLife gave the grandmothers monthly stipends and loveLife-branded purple and black shirts and duffle bags, and a program coordinator organized support groups where the grandmothers exchanged ideas and encouragement about what they could do for the estimated 1.4 million children (younger than 17) in South Africa who had lost a parent to AIDS.[3]

Training was a core loveLife activity, given the annual GB turnover and the regular changes to media messages and programs. loveLife also provided annual training to youth volunteers, classroom teachers, goGogetters, and volunteer mentors at affiliated community-based organizations. The training included an overview of HIV prevention and an update on loveLife's programs and messages. Program implementation funding financed GB trainings, but securing funding for other staff training, such as developing finance, evaluation, and planning skills among middle-level managers, was more challenging. As one manager commented, "The government wants its money to go directly to implementing program activities and not toward overhead, which is where staff development falls. So funding to develop our staff's overall skills, which contributes to building a strong, sustainable organization, is minimal."

loveLife continued delivering media campaigns on billboards, through television, by radio, and in magazines as well as through interactive programs. The campaigns promoted positive self-image and healthy decisions among young people and sparked discussion about sex and HIV. From 2006 onward, loveLife altered its media messages to focus more on structural and cultural aspects of South African society that influenced teenagers' vulnerability to HIV infection, such as poverty, low education, and gender inequality. With each passing year, the media campaigns focused more on empowering young people to make positive life choices despite the hardships around them.

In 2008 loveLife changed its tagline from "Talk about it" to "Make your move." loveLife leaders believed they had achieved their first goal of getting the country to talk about HIV, how it was transmitted, and how to prevent it. Now, they planned to focus more on empowering young people to take action and

make healthy lifestyle decisions (see **Exhibit 4** for timeline of loveLife's media messages). loveLife articulated its four main objectives as:

1. Get South Africa talking about HIV and its underlying sexual dynamics.
2. Inspire young people to develop a sense of purpose, belonging, and identity with an HIV-free future.
3. Enable young people to understand the risk of HIV and decide that risk is not worth taking, and equip them with skills to avoid the risk.
4. Embed loveLife's communication in institutional responses to young people (including youth development and leadership, educational and sports development, and access to appropriate health service).

A 2008 loveLife media campaign, primarily funded by Kaiser, comprised 8% of the loveLife budget; 84% went toward implementing face-to-face programs, primarily using government funding. loveLife cut its billboard budget in 2008 to develop MYMsta, a mobile-phone-based social networking program that connected youth to development and employment opportunities. When loveLife's billboards disappeared, some people thought that loveLife had ceased. loveLife had not given much attention to communicating its mission and strategy with stakeholders, such as leaders of other HIV/AIDS organizations and provincial and local government officials.

Structure

In 2005 loveLife had dissolved its nine provincial offices into 32 regional offices. Top leaders soon realized the regional structure was too decentralized and drove too much direct reporting to the national office. Additionally, loveLife needed a stronger provincial-level presence to align its activities with the government's HIV/AIDS plans. In 2007 Harrison brought back the nine provincial officers, designated nine provincial managers, and created 23 training regions (see **Exhibit 5** for loveLife' structure in 2008).

loveLife's central office outside Johannesburg handled fundraising, procurement, monitoring and evaluation, and program design for the entire organization. The central warehouse purchased and managed distribution program supplies for all nine provinces and 23 regions. Reaching some remote sites required flights and long drives. Not all sites had reliable Internet connections. loveLife hired courier services to distribute supplies based on the regional GB-to-participant ratio that was tracked through the central monitoring system. To better manage costs, loveLife stopped outsourcing most services in 2008, including supply procurement, fleet management, media programs, training, and conference planning. "We brought all that in-house and experienced considerable savings, as well as better relationship management," said the operations director. loveLife also contracted several vendors for the same supplies. This enabled compliance with government rules to prioritize black-owned businesses and helped avoid owing a single company large sums. Frequently loveLife could not pay within 30 days because the government funding was delayed, so vendor contracts stipulated that loveLife had 90 to 120 days to pay without interest.

The national office relied heavily on the provincial managers who were responsible for program implementation, reporting data, meeting targets, managing all provincial-level employees, managing the provincial budget, and engaging with local stakeholders. Provincial managers' success required a deep understanding of the local culture and astute politicking. One provincial manager reflected:

> Services are delivered at the local level, and that requires local political support because they give us buildings for youth centers and allow entry into schools and clinics. Managing those relationships and supporting GBs are critical jobs of provincial and regional managers … When your decision maker is so far

> removed from the action, you spend a lot of time and energy just to keep things going as is and don't necessarily come up with the best new ideas … We are trying to devolve more planning and certain elements of strategy to the provincial and community levels, and improve the flow of new ideas from the GBs to the central office.

Monitoring and Evaluation

In 2002 and 2003, loveLife devoted 6% and 7%, respectively, of its budget to monitoring and evaluation. In the following years, the portion dropped to about 2%. While loveLife had conducted the first national youth HIV prevalence survey in 2003 with the intention of repeating it to evaluate its impact, it never had sufficient funding for the second survey.

loveLife's monitoring system tracked the organization's inputs (number of GBs and volunteers, events and trainings held) and outputs (partner organizations and youth participation). loveLife's small data analysis team spent most of its time summarizing reported data for loveLife managers and program funders. The team worked to shrink the time between when the data was collected and when the CEO could review it. Leaders tried to collect only the data they absolutely needed to make program decisions and fulfill funders' reporting requirements.

loveLife also conducted a few program-specific evaluations between 2005 and 2007, assessing the impact of the youth-friendly clinic program on the quality of services for young people in participating clinics and benefits to the surrounding communities.

In 2008, 1,200 GBs and 7,000 volunteer peer educators had delivered loveLife's positive lifestyle programs to roughly 800,000 youth through school classrooms, sports camps, and youth centers (see **Exhibit 6** for map illustrating loveLife's coverage). That year, GBs taught the "loveLifestyle curriculum" at 2,000 of the nation's estimated 12,000 secondary schools. GBs staffed loveLife's telephone hotline and organized community discussions between teenagers and parents. In 2008 loveLife sponsored 350 community discussions that reached more than 10,000 people, and the youth telephone hotline answered 600,000 calls. In 2008 loveLife distributed 6 million copies of its youth magazine and aired public service announcements with prevention messages in 2,800 radio and 1,000 television spots.

By 2008, 7,500 young people had graduated from the GB program. To try and capture the impact of its GB program, loveLife commissioned an external survey of 644 former GBs. In comparison to their peer group, former GBs were more likely to be employed (60% versus 36%) and more likely to have achieved some postsecondary school education (50% versus 6%).[4]

A national HIV prevalence survey completed in 2002, 2005, and 2008 showed encouraging trends in declining youth HIV prevalence and estimated incidence. Between 2005 and 2008, youth HIV prevalence held steady and condom use increased by 50%. Estimated incidence* dropped by about half for 15- to 19-year-olds from 2005 to 2008[2] (see **Exhibits 7 and 8** for tables showing increased condom use and declining incidence). Disentangling loveLife's overall effects on the epidemic from myriad other potential confounding variables in a large-scale impact evaluation would be incredibly complex and expensive. "Rather than put USD 3 million toward an impact evaluation, I'd rather sustain the programs we've got," Matlhape said.

* Youth incidence estimates were derived mathematically using prevalence data by single year of age and assuming that HIV prevalence differences between the age strata represent incident HIV infections. This method is not applicable in older age groups, when AIDS-related mortality has a major impact on HIV prevalence levels.

loveLife in 2009

In 2009 Kaiser funding would represent only 10% of loveLife's USD 19 million revenues. It would be phased out completely in 2010. To support this transition, Kaiser sponsored a long-term strategic planning process to help loveLife position itself. In 2010, after 10 years of building and leading loveLife, Harrison also decided to leave the organization and focus on new ventures. In particular, he was interested in creating more education and employment opportunities for former GBs and young adults.

Having played a central role in shaping loveLife's strategy and managing its scale up over the past six years, Matlhape felt prepared to take on the role of CEO. In 2009 loveLife had 99 staff at the national office, 308 at the provincial and regional levels, 1,200 paid GBs, and 500 paid goGogetters. Over the decade, loveLife had maintained its core strategy to halve the rate of new HIV infections among young people, focus on youths and give them the information, opportunities, and strong sense of positive self-identity to motivate them to make healthy decisions. Managers refined the strategy and learned from mistakes as they operated at a national scale, but they never caved in to pressure from critics or funders to alter their target audience or approach.

Matlhape saw room for deeper penetration in certain high-risk communities and planned to focus on quality consistency across the organization. In doing so, she faced many challenges. At the forefront of her concerns was expanding and diversifying loveLife's funding. Importantly, she had to find ways to operate under the cash flow constraints that accompanied the government's financial support.

Matlhape insisted loveLife change its campaigns and messaging annually to stay fresh and relevant: "loveLife has to change because young people change. Young people five years ago are different than young people today. We have to stay relevant to young people today. This is a point of difficulty for some members of our team who need a sense of stability in a constantly changing environment like ours."

While the smaller, nimbler central office could incorporate changes relatively quickly, loveLife's 800 community hubs adopted and implemented new messages and programs more slowly and at varying quality. Matlhape needed strong midlevel managers to facilitate this diffusion of change and to provide effective oversight. Recruiting people with management experience remained an ongoing challenge. As a nonprofit, loveLife couldn't match private-sector salaries. The organization had to rely on attracting socially conscious people interested in working with young people. loveLife chose to promote from within, but that meant many loveLife employees had never worked elsewhere, and this created an extra challenge for managers. Matlhape said, "We retain the best and most talented and give them opportunities to be part of the workforce. So we get a group of people who already are familiar with loveLife and are social activists in their communities. The challenge is motivating these young workers while enforcing employment policies among people who never held a job before. Managers have to develop a work ethic and culture of accountability."

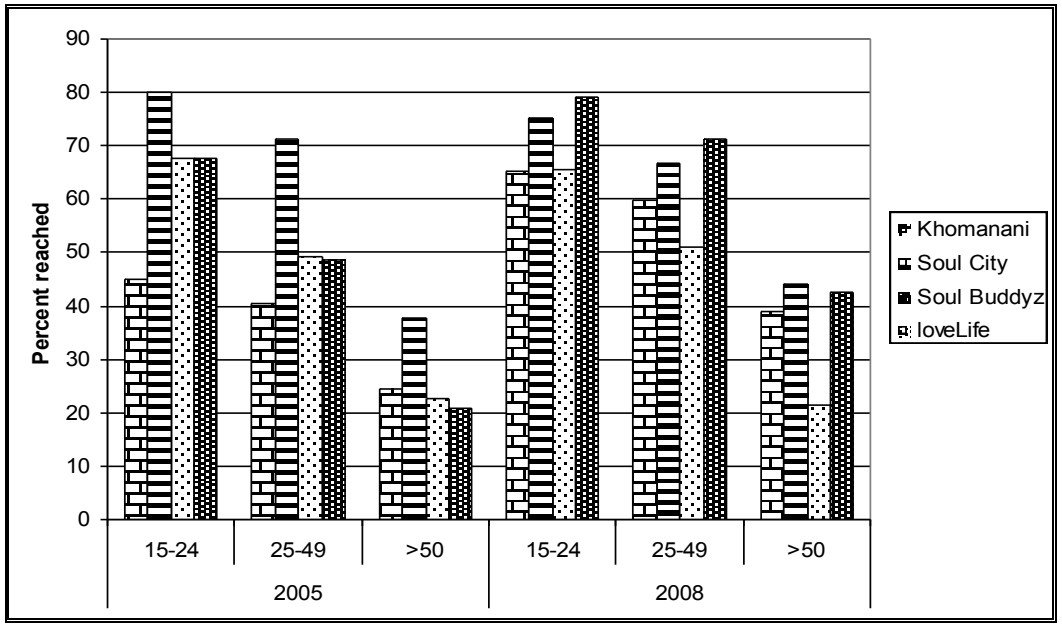
Around the time of Matlhape's promotion, South Africa's new president, Jacob Zuma, was ushering in a new government. "We suddenly have a government interested in HIV/AIDS prevention," Matlhape said. "That opens a window of interaction with government departments, and I have prioritized meetings with as many new ministers as possible to correct misperceptions about loveLife and position us as an integral part of the country's HIV response, focusing specifically on young people." As Matlhape mapped these new opportunities, she reflected how best loveLife could engage as a partner to the government to avert infections and empower those at risk for HIV.

Exhibit 1 *HIV Prevalence in South Africa by Year, Age, and Sex*

	2002		2005		2008	
Age	**Men**	**Women**	**Men**	**Women**	**Men**	**Women**
2–14	5	6	3.2	3.5	3	2
15–19	4	7	3.2	9.4	2.5	6.7
20–24	8	17	6	23.9	5.1	21.1
25–29	22	32	12.1	33.3	15.7	32.7
30–34	24	24	23.3	26	25.8	29.1
35–39	18	14	23.3	19.3	18.5	24.8
40–44	12	19	17.5	12.4	19.2	16.3
45–49	12	11	10.3	8.7	8.4	14.1
50–54	5	8	14.2	7.5	10.4	10.2
55–59	7	7	6.4	3	6.2	7.7

Source: South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2002, 2005, 2008.

Exhibit 2 *HIV/AIDS Communications by Program and Age, 2005 and 2008*



Source: South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008.

Exhibit 3 *loveLife Annual Revenues (USD millions), 1999–2008*

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Kaiser Family Foundation†	3.5	7.6	11.0	8.1	12.9	11.5	6.7	6.6	4.15	3.57
SA Government				2.2	4.2	4.7	7.1	16.2	15.54	16
Bill & Melinda Gates Foundation			6.9		12.6				0.16	1.2
Nelson Mandela Foundation					1.9	1.5				
Anglo American (mining company)			0.1			0.5	0.8	1.2	0.5	
Global Fund						6.1	2.9	0.25	0.22	0.2
Corporate and other		0.07	.004	0.08	0.4		1.2	0.08	0.4	0.7
Total USD	**3.5**	**7.7**	**18.0**	**10.4**	**31.0**	**24.3**	**18.6**	**24.3**	**21**	**21.7**
SAR-USD exchange rate	6.14	6.28	7.7	11.4	8	6.6	5.8	6.1	7.1	7.5
Total SAR (in millions)	21.3	48.3	138.7	118.0	248.3	160.0	107.8	148.15	149.2	162.8

Source: loveLife Audited Annual Reports.

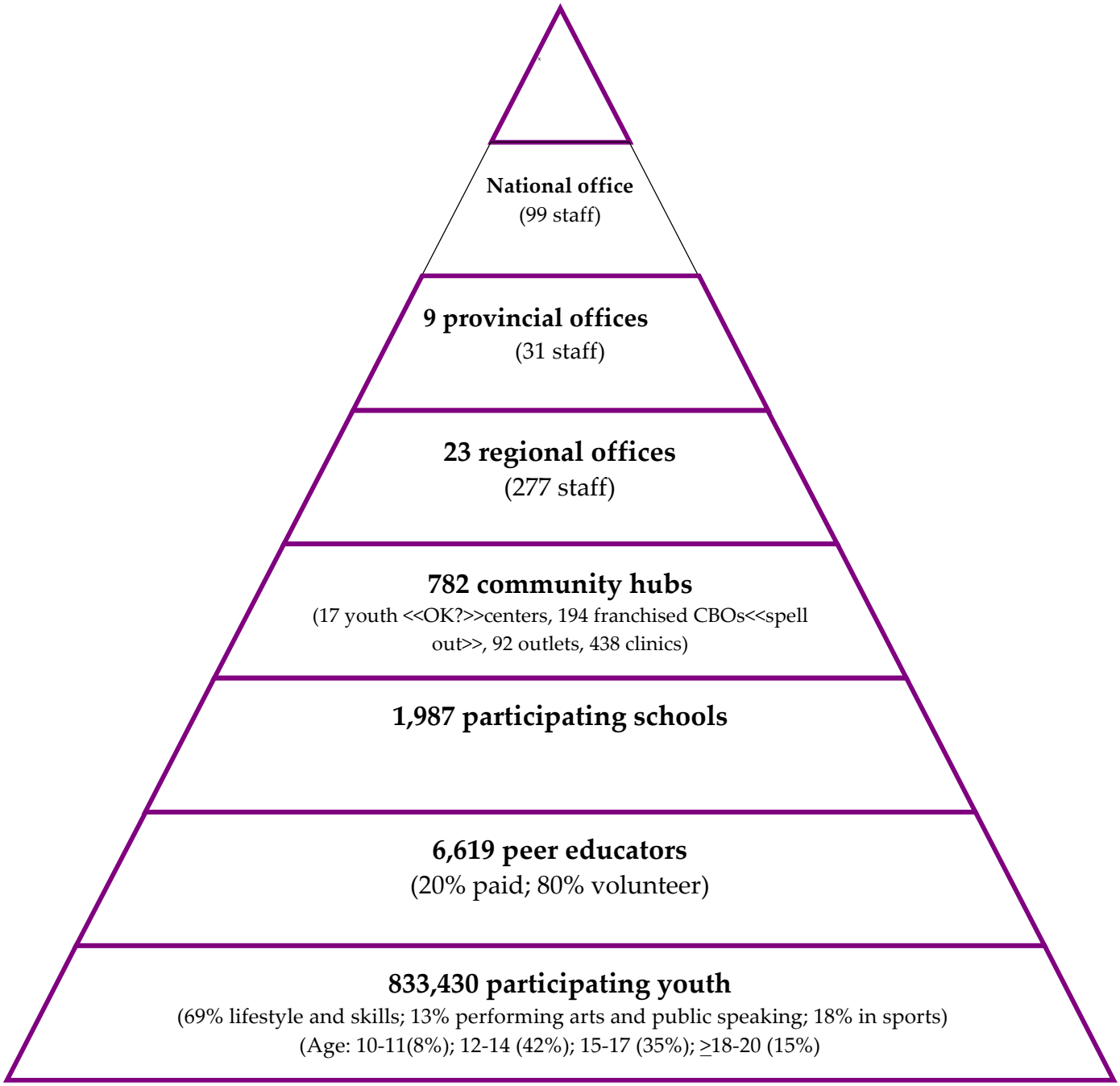
† Kaiser donated more in 2002 than in 2001, but due to the high exchange rate, when converted it was less.

Exhibit 4 *Timeline of loveLife's Media Campaigns*

YEAR	The Problem	loveLife's Media Response
1999	We South Africans aren't talking about HIV and the epidemic.	Talk about it.
2000	We aren't connecting HIV and sexual behavior.	It's about sex.
2001	We aren't connecting HIV and their future.	HIV: The future ain't what it used to be. Motivate a new HIV-free future.
2002	We are not taking personal or collective responsibility.	Shape values of responsibility, love, dignity, and respect.
2003	We know about the ABC, but telling people to ABC does not address the drivers of high risk behavior	Tackle the drivers of high-risk behavior—coercion, peer pressure, sex for money.
2004	In our minds, we need to connect drivers to high risk behavior	Focus on high risk behavior
2005	Our actions are shaped by our attitudes—personal and societal	Focus on attitude to self and to others—a new generation; a new way of thinking
2006	Enough! Why aren't some people hearing us? We need a wake-up call.	Make the call - HIV: Face it! Show what facing up to HIV means for young people
2007	Young people have got the message, but continue to engage in high-risk behavior due to their circumstances.	Rally young people to join a positive movement. loveLife generation: Get ambition, get the power to decide, decide to avoid HIV.
2008	Risk tolerance amongst youth remains high—they must believe change is actually possible. Youth HIV prevention needs to address the social determinants of HIV.	Make YOUR Move! Small actions every day by every young person—actions that will help you achieve your goals, are within your power, and will enable you to stay HIV-free.
2009	Although opportunities may exist, young people do not believe in themselves enough or know themselves well enough to take advantage of these opportunities; in turn, change still does not seem possible and risk tolerance is still high.	In order to make your move, you must first believe you can. And to know what moves to make, you must first know who you are. Loving life and making your move is your formula to success.

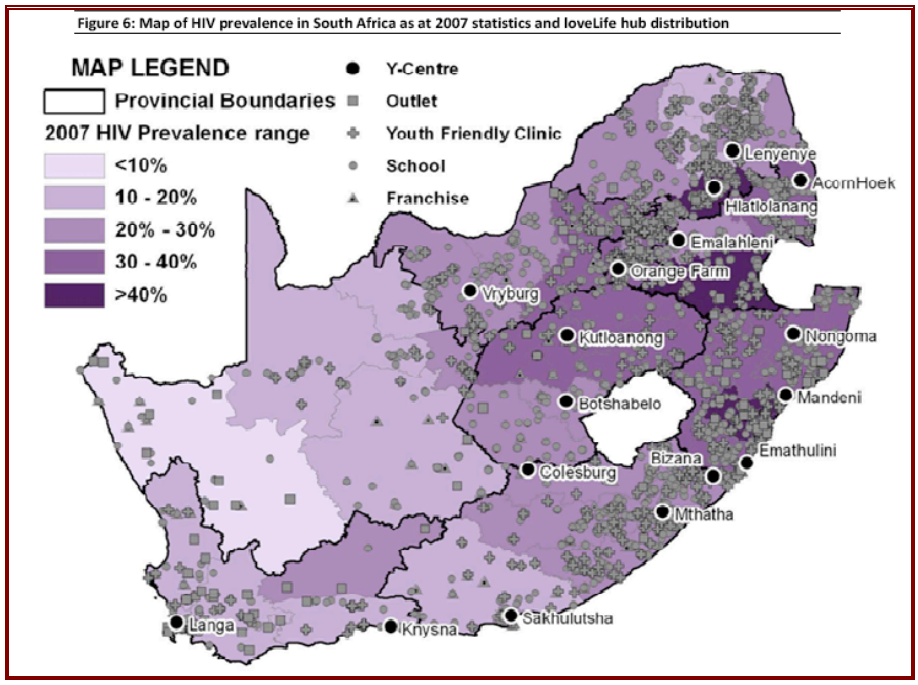
Source: loveLife.

Exhibit 5 *loveLife Organization, 2009*



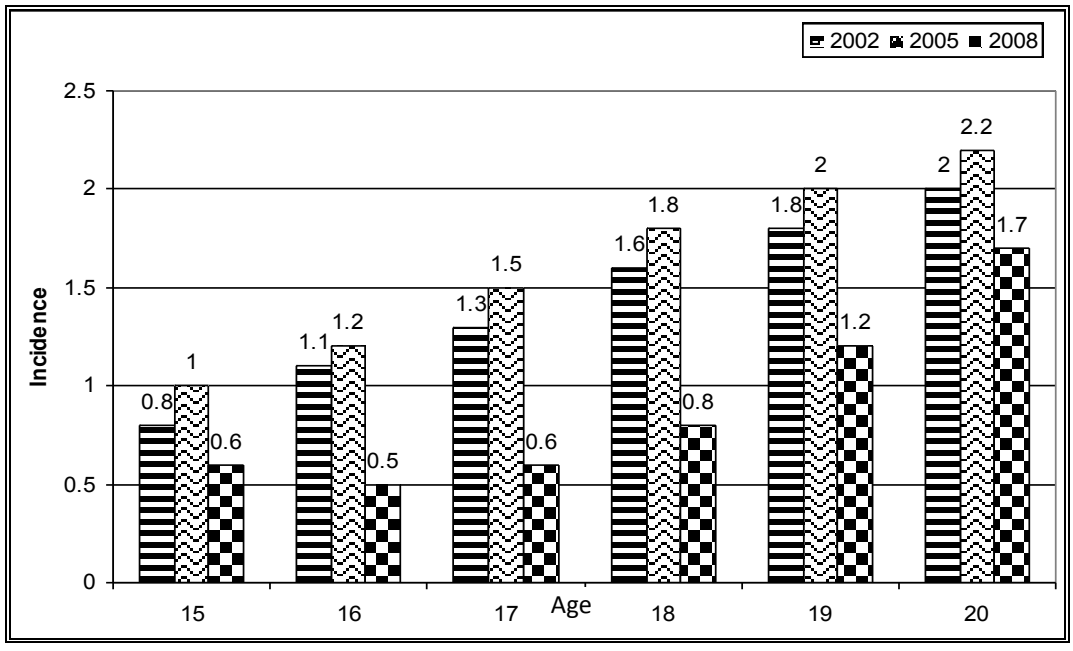
Source: loveLife.

Exhibit 6 *loveLife Program Coverage, 2007*



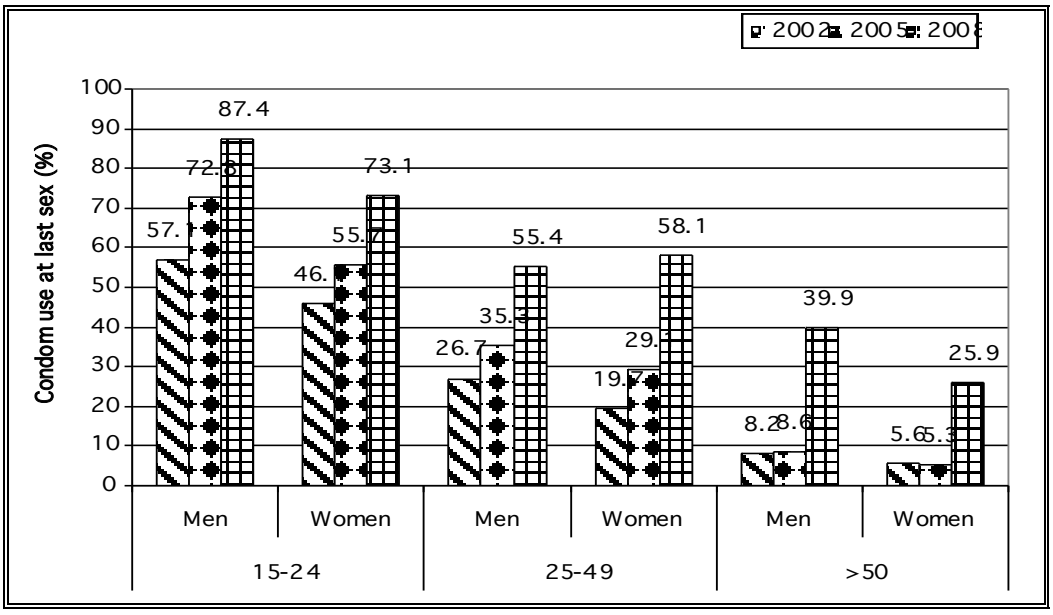
Source: loveLife.

Exhibit 7 *HIV Incidence Among 15- to 20-year-old South Africans, 2002–2008*



Source: South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008.

Exhibit 8 *Condom Use at Last Sexual Encounter, by Age and Sex, 2002–2008*



Source: South African National HIV Prevalence, Incidence, Behavior and Communication Survey, 2008.

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