

COME ALONG

Liya Kebede, a designer for the Born Free Collection, with children from Ntwasahlobo Primary School in Cape Town's Khayelitsha township. Fabric design for all Born Free clothing based on the work of Wangechi Mutu. On Kebede: Lemlem for Born Free dress. Joie jacket. Jutta Neumann belt. Marc Jacobs sandals. Details, see In This Issue.

Fashion Editor: Phyllis Posnick





BRAND-NEW DAY

In the global fight against AIDS, South Africa is making extraordinary strides in reducing mother-to-child transmission. Now a philanthropic initiative called Born Free is teaming up with the fashion industry to lend a hand. By Jonathan Van Meter. Photographed by Annie Leibovitz.

Los Angeles has its sprawl, Paris its lights, Beijing its smog. Cape Town, especially in the summer, is windy. On a perfectly beautiful, blue-sky day—one like today, as it happens—a wind can kick up out of nowhere and blow so strongly and constantly that you have to all but give up on trying to talk to the person right next to you. This happens with such regularity during the week I spend here in late February, the height of the South African summer, that I grow accustomed to the small army that emerges from my colonial-era hotel to tie down all of the lawn furniture lest it end up in the pool. These persistent winds are called “the Cape Doctor” because, for so many years, they were thought to be powerful enough to blow away all the pestilence.

If only it were that simple.

On this particular hot, windy afternoon, I find myself riding in the passenger seat of a black Toyota belonging to Dr. Michael Phillips. We are driving out of Cape Town through the eastern suburbs of Kraaifontein, on our way to the Bloekombos community, a former shantytown of poverty-stricken squatters—an “informal settlement,” in the technocratic lingo. Since the late nineties, the South African government has put a lot of effort and money into pulling this place onto the grid, building housing, schools, and one crucial clinic.

Phillips, a genial, soft-spoken 41-year-old black South African, grew up on the edges of the gang life that dominated his northern Cape Town suburb, went to medical school, and found work in an HIV clinic. Five years ago, he became a district manager for Kheth’Impilo, an ambitious public-health NGO that supports more than 300 facilities in the poorest—and hardest hit by HIV—districts in South Africa. As the landscape shifts to arid empty lots followed by mile after mile of shantytowns, Phillips recalls for me how South Africa became virtually synonymous with the AIDS crisis in the developing world. “South Africans endured a lot of bureaucracy around the availability of antiretroviral treatment with the previous ministers of health,” he tells me, referring to the administration of Thabo Mbeki, one of current president Jacob Zuma’s predecessors and an AIDS denier whose health policies, according to a 2008 Harvard study, led directly to the deaths of hundreds of thousands of people. But things have turned around dramatically since President Zuma was elected, partly because he had the sense to install an actual doctor as the minister of health. “Now,” says Phillips, “we have one of the biggest antiretroviral programs in the world, if not *the* biggest.”

Spending time with people like Phillips, you can’t help feeling the newfound sense of hope and optimism in South Africa when it comes to HIV/AIDS. I quickly learn that nowhere is this more evident than in the excitement around the issue of ending mother-to-child transmission. It’s been only a couple of years that a pregnant woman with HIV could take one pill—a combination therapy of three antiretroviral medications—every day of her pregnancy and practically ensure that her baby would be born free of the virus. “It’s one of the greatest inroads we have made in fighting this,” Phillips says. “Because you’re talking of a new generation. Parents are positive or mother is positive, but the child is born negative. A brand-new start.”

We pull into the Bloekombos community just after 2:00 p.m., as hundreds of kids in maroon school uniforms are just beginning to fan out across the windswept, rubble-strewn roads toward their homes, many of which are single-parent households. We pass one little girl with a backpack slung over her shoulder, walking very slowly: She is intently studying a piece of sheet music, singing to herself. Though there is now formal government housing in Bloekombos, with piped-in water and flushable toilets, a good many of the 30,000 residents still live in tin shacks, and one-third of them are unemployed. The prevalence of HIV hovers around 11 percent.

Today Phillips wants me to see the Bloekombos Clinic, which treats 300 people a day on average. Inside, he and a pharmacist named Lizette Monteith proudly show me around the facility: It is plain, well organized, and spotlessly clean. Cartoon posters on the wall—SAY “NO” TO TEENAGE PREGNANCY AND DIARRHEA (RUNNY TUMMY) CAN KILL BABIES AND YOUNG CHILDREN—lend it the air of a grade school, but one with lessons that have life-and-death consequences.

We walk into a lab where Monteith takes out a white plastic bottle with an orange-and-black label with the word TRIBUSS on it and sets it down in the middle of a big metal table. It’s almost impossible to believe that this bottle of pills is the main cause of so much momentum in bringing the rate of mother-to-child transmission of HIV down to zero in Africa. First developed in the late eighties, antiretrovirals didn’t become truly effective until used in combination in the mid-nineties. But even then the regimen was brutal, often requiring up to 20 pills a day with debilitating side effects. “Now, when an infected mother comes in,” says Monteith, “you just have to give her one bottle of pills, not this huge bag filled with drugs.”

After we leave the clinic, Phillips takes me to the home of Barbara Matisane, a 30-year-old with HIV and a mother of two—a three-month old and a nine-year-old—both born negative thanks to Matisane’s determination to continue her treatment throughout her pregnancies and breast-feeding so that she did not pass the disease along to her children. Phillips calls her “the special one,” as she is now part of the Kheth’Impilo network, a social-auxiliary worker who helps other women to get tested, join support groups, and take their medication.

Matisane represents a growing cadre of young mothers who, by taking charge of their children’s fates and becoming mentors to other afflicted young women, have turned a potential death sentence into a cause for hope. The influence of these “mentor mothers,” who may not have more than a second- or third-grade education, is confirmed when I speak with Robin Smalley, a former Hollywood producer who cofounded mothers2mothers in Cape Town in 2001, a grassroots organization that has reached more than 1.2 million people through programs in nine countries throughout sub-Saharan Africa. “These mentor mothers have really become a professionalized tier to support the rest of the medical team,” says Smalley. “And then, when they go back into their communities, they are fighting stigma in the townships, just by their example.”

Though Matisane’s house has running water and electricity, it is clearly not part of the so-called formal government-housing initiative that has transformed this “settlement” into a “community.” Indeed, her house is pieced together out of particleboard and corrugated aluminum, with a tangle of wires crisscrossing her ceiling and newspapers stuffed in the cracks between the roof and the walls. Matisane is pie-faced and ebullient in her red scoopneck T-shirt, blue

jeans, and red tasseled loafers. Though the predominant language in this community is Xhosa, Matisane speaks pretty decent English, sometimes to unintended comic effect.

She was diagnosed HIV positive in 1998, when she was fourteen. “I was still young, and then HIV was like a bad disease. Let me put it that way: It was a *baaad* disease. I stole my medical file, I put it in my bed, because I didn’t know how to tell my parents.” Eventually she told them, insisting that the doctor said they must all go together to the clinic as a family. “I was not happy. Maybe if I cook, my mother would take the food and throw it out.” Before long, she joined a treatment action group. “I asked my family also to join the group and then they see that, OK, we can live with a positive person in the house.”

Suddenly, Matisane’s sister appears with three-month-old Neo in her arms—a plump, gorgeous baby boy with big brown eyes. I ask Matisane if it’s possible for her to describe the feeling of finding out that Neo was born without HIV, and she jumps out of her chair. “AAAAH! Yes! It’s so happy! I don’t know what! I feel like screaming!” She talks about the stress and fear of sitting in a corner waiting for the results. “The nurse ask me, ‘Why are you sitting there?’ I said, ‘I’m scared.’ And she said to me, ‘Come.’ When I come in, she said, ‘Wow, your child is negative. All because of you.’ I said, ‘He is?’ I’m proud of myself because I don’t forget to take my treatment every day, every night. I wish some of the other mothers could be as brave as I am. They can take that treatment every day, every time. And they must go to the antenatal clinic as soon as possible when they realize that they are pregnant.” She goes on, “While I’m sitting here, I’m on maternity leave, but my phone keeps on ringing day and night, day and night because of my patients. The thing is, I have the passion; the work that I do is always here in my heart. I’m proud of myself. I love what I am doing. I’m not doing it for me, I’m doing it for my children and my community.”

As Dr. Ashraf Grimwood, the CEO of Kheth’Impilo, later tells me, “Barbara’s journey is an example of moving from patient to health-care provider, from victim to hero.”

One surprisingly unwindy afternoon outside Cape Town, I have lunch with Dr. Linda-Gail Bekker, deputy director of the Desmond Tutu HIV Centre, and Erica Barks-Ruggles, consul general for the United States in Cape Town. We meet in Woodstock, a recently gentrified suburb on the lower slopes of Devil’s Peak that seems to be trying to live up to its name, with locavore cafés where modern-day hippies (and hipsters) hang out.

An intense, wiry platinum blonde with a pixie haircut, Bekker, who grew up in Zimbabwe, is one of the foremost experts on HIV in South Africa. She has been agitating for access to antiretroviral treatment and destigmatization since the late nineties. “Initially, with our patients, there was an overwhelming sense of ‘Well, that’s it: Your sexual lives are over, as is the likelihood of your having a child,’” she says. “And what changed—this was around 2004—is that there was a soap opera on our national television, and one of the characters had the virus and got pregnant. Suddenly it kind of hit us between the eyes that women had a right to be pregnant, and that it was all about living a normal life with this disease. For the six million South Africans who have it, let’s make it a

normal, destigmatized condition, like any other. We don’t stop diabetics from getting pregnant. We don’t stop heart cases. So it needed that paradigm shift.”

I tell her about going to another clinic earlier that day in Hout Bay and meeting a woman with HIV named Thabisa, who has given birth to not one but six HIV-negative children. “And that is why there is so much hope: For the first time, we actually have things we can do that we know will work,” says Bekker. “And the big issue now is, How do you apply them? How do you scale it up to the degree that you actually can talk about an AIDS-free generation?”

Since 2003, countries coping with an AIDS crisis have been able to rely on PEPFAR—the U.S. President’s Emergency Plan for AIDS Relief. Launched under President George W. Bush, it has since given \$52 billion dollars to the cause. South Africa, which was long considered ground zero for the epidemic, was one of its first beneficiaries. As of 2013, 2.5 million people in South Africa were on antiretroviral treatment—the most in any single country on Earth.

As Barks-Ruggles tells me, “This is one of those mystical, magical issues where we continue to have bipartisan support in Washington, not because people are unrealistic but because people are very brass-tacks realistic about it.” So far, in South Africa alone, the chance of mother-child transmission of the virus has gone from 30 percent to less than 3 percent. “That’s a huge number of lives,” she says.

But the next phase for PEPFAR has begun: handing off the baton. “We use the term *country ownership*,” says Deborah von Zinkernagel, the acting U.S. global AIDS coordinator who runs PEPFAR. “Because in every country, we’re there to help, but the local governments are increasingly running the show, which is how it should be.” As the

South African government has stepped up its involvement, for instance, it has built 3,000 new clinics.

Though fears about cuts to PEPFAR this year went unfounded (its funding has remained essentially flat for the past five years), this kind of commitment and financial aid from the U.S. won’t last forever, which is why it is more important than ever to find new ways to give African governments the support they need. One way to do that, of course, is to marshal resources from the private sector. (As Michel Sidibé, the executive director of UNAIDS, said to me, “Eighteen pills a day is now one pill a day—that’s the private sector.”)

Enter the American philanthropist John Megrue, the chairman of the private-equity firm Apax Partners U.S. Megrue has a long history of trying to solve the problems of extreme poverty and related issues in Africa. Once the Global Plan to eliminate mother-to-child transmission of HIV by December 31, 2015 was announced by UNAIDS, Megrue was approached by Eric Goosby, then the U.S. global AIDS coordinator; Sidibé; and Ray Chambers, a longtime philanthropist and special envoy to the United Nations, to be the private-sector voice at the table as the group came together to try and figure out, once and for all, how to reach this goal. Megrue founded Born Free, a foundation dedicated to the single task of pushing the not-inconsiderable success with reducing mother-to-child transmission in Africa over the finish line. One of the ways Born Free is doing that, says its president, Anna Squires

“For the first time, we have things we can do that we know will work. The issue is, How do you scale it up so that you can talk about an AIDS-free generation?”



ON THE ROAD

Victoria Beckham, in her own clothing, with children from the Imizamo Yethu township in Hout Bay, beside a Tutu Tester mobile HIV clinic. She is one of 23 designers—all mothers—collaborating on the Born Free Collection.





TOGETHER NOW

Kebede, next to Imizamo Yethu resident Yolanda Baliso and her family. On Kebede: Isabel Marant for Born Free blouse. Vera Wang for Born Free long-sleeved top. Nili Lotan pants. Details, see In This Issue.



Levine, is by “amplifying the effects of all the other people working on this topic already”—people like Robin Smalley at mothers2mothers and Michael Phillips of Kheth Impilo. The trick now is to capture the American imagination. “We know there are huge movements in the U.S. that catch fire and make real change, and this is not one of them,” observes Levine. “If it could be, it would be huge.”

To that end, Born Free joined forces with *Vogue* to ask 23 designers who are mothers, including Diane von Furstenberg, Tory Burch, Sarah Burton, Donna Karan, Jenna Lyons, Donatella Versace, Carolina Herrera, Vera Wang, Liya Kebede, and Victoria Beckham, to create a Born Free Collection of women’s and children’s clothing and accessories based on the work of the Kenyan artist Wangechi Mutu, to be sold on Shopbop.com, an Amazon Fashion site. The limited-edition collection, which ranges from Alexander McQueen baby blankets to matching mother-and-child pleated skirts by Prada, will go on sale on April 23, with all of the proceeds going toward helping Born Free. (The MAC AIDS Fund recently announced it would match dollar for dollar all proceeds up to \$500,000.) “The question was, How do you get the message out?” Megrue says. “You either go to Hollywood, sports, or the fashion industry, because all three have these huge megaphones.” He chose the fashion industry largely because of its history of facing down its own HIV/AIDS crisis in New York in the early nineties by raising millions and changing minds.

Until about a year ago, Megrue had been entirely focused on policy issues and implementation—and not thinking much about public awareness, particularly in America, where coverage of the success of mother-to-child transmission rates in Africa has been all but nil. As Smalley puts it, “I find my most educated, brilliant friends don’t know about it. Because we don’t see babies born with HIV in the U.S. very often anymore, we sort of assume it’s not happening anywhere. It makes headlines, it’s so rare.”

It is another incredibly windy afternoon, and Victoria Beckham, who is in talks to become an ambassador for UNAIDS, is standing in a parking lot in Hout Bay in front of the Desmond Tutu HIV Foundation’s mobile HIV clinic (also known as a Tutu Tester), holding a little girl in an apricot dress. Annie Leibovitz is behind the camera, here to capture the Born Free initiative on the ground. Behind her there are three men hanging on with all their might to the lighting equipment, lest the wind rip it from their hands and launch it into the sky.

Hout Bay is a coastal suburb, about ten miles west of the center of the city. It is about as beautiful a place as I have ever seen. In one direction there is the harbor and the fishing village that surrounds it. Beyond that there are neighborhoods with names like Hillcrest and Beach Estate. This is a surfer’s paradise: The annual Red Bull Big Wave Africa competition is held here. But up the hill behind us, there is the Imizamo Yethu (in Xhosa, literally “our struggle”) community, which is also known as Mandela Park. It is a shantytown that climbs up the steep slope right behind where Beckham, Leibovitz, and her crew are trying their best to get the right shot. Imizamo Yethu is home to 15,000 people, yet has an extremely limited sewage system. Many of the residents use the Hout Bay Main Road Clinic, supported by the TB/HIV Care Association, when they need medical attention—which, as you can imagine, is frequently.

As I did a few days earlier, Beckham will tour a facility and meet the doctors and mentors and nurses—all women—who are, among other things, striving to keep the unborn from contracting the virus. She has been supporting various charities for years now, but she had long wanted to do something more.

“It’s taken a long time to find a charity that I really feel a connection with,” Beckham will tell me later, “and it’s kind of changed how I feel about everything, really. I have met a lot of HIV-positive women who told me their stories. My eyes were opened. I had no idea that this pill existed, and because of these pills, we are now at a statistic of 97 percent of babies born free of HIV. The statistics are nothing short of mind-boggling. Obviously I am a woman and I am a mother, and this touched me. I really feel like I can do something to make a difference.”

The Ethiopian model Liya Kebede, who already has a foundation dedicated to maternal health in her native country, “was surprised by how little I knew about this maternal-transmission issue, and how within reach it is.” All of the designers seem genuinely invested in the cause. “This kind of thing I am happily roped into,” says Stella McCartney, whose contributions include onesies, T-shirts, and dresses for children. “It’s a great way to balance fashion with something incredibly vital. I love the idea of pulling out working mothers in the industry and giving us something important to tackle for a change. I mean, you know, I love shoes, but there are more important things in life, like survival, and creating the next generation of healthy humans on this planet. That’s what’s so startling about this particular cause, seeing that kids, just because of where they’re born, are not given the same set of chances.”

When I ask her about what she designed, she says, “They’re approachable pieces. I already do childrenswear, so it seemed like a good idea to bring that into this project because it’s about seeing the connection between mother and child.” Of Mutu’s artwork she says, “It’s quite ornate; there’s a lot of emotion and storytelling within it. As someone who normally creates her own prints, I found it was sort of a new way of approaching design.”

Mutu, who lives in Brooklyn and just had a big show at the Brooklyn Museum, was born and raised in Nairobi, went to high school in the U.K., and then to art school in New York, where she has now lived and worked for more than 20 years. A collage artist, she cuts up magazines and blends them with ink and paint. Intriguingly enough, she mostly uses images from fashion magazines. (She chose two pieces for the designers to work with: one from 2003, from her *Alien* series, and the other “a kind of a sweet figure seeded with big red ponytails.”) “It’s funny how it comes all the way around,” she says of the fact that her work, based on things torn out of fashion magazines, will now be made into fashion that will be featured in fashion magazines. “But I sort of believe that’s how it all works anyway. Everything is connected. So there’s an interesting relationship between how this project is transforming people’s lives and bodies, and allowing mothers to raise healthy kids. It’s just phenomenal. It’s a miracle project. It’s the kind of thing I’ve dreamed could be done—a project where art and fashion are used to empower, to educate, to give someone who might not be as fortunate as those who are making art or fashion an opportunity to enjoy their lives, and even enjoy their clothing, perhaps. *That* is what is shockingly amazing: It’s pointing out what is possible.”

One Saturday night in Cape Town, I meet John Megrue and the CEO of Born Free, Jennifer McCrea, a senior research fellow at the Hauser Institute for Civil Society at Harvard

University, at a dinner for the initiative for about 40 people at a Vegas-like resort on the waterfront called One&Only. As I watch the guests arrive, including UNAIDS's Michel Sidibé and Caroline Rupert, the daughter of a South African business dynasty that owns Cartier, among other things, it strikes me that country ownership of the fight against AIDS can't happen without the rich and powerful of Africa really getting behind the cause, people like Megrue's South African cohort tonight. A woman named Dr. Precious Moloi-Motsepe, she is the kind of person who could only exist in Africa: a doctor by training who is married to one of South Africa's first black billionaires and also runs Fashion Week in Cape Town. She travels with her stylist in tow, an exceptionally pale white man wrapped in layers of fabric who towers above everyone. Wearing a sleek black Azzedine Alaïa dress, she reminds me of some otherworldly combination of Naomi Campbell and Diahann Carroll, with all the charm, glamour, and imperiousness that that suggests.

It turns out that Rupert works closely on film projects with her good friend Kweku Mandela, whom I also meet at the reception. He is Nelson Mandela's 29-year-old grandson, who lives in Johannesburg but spends a lot of time in Los Angeles, where he has produced and directed both feature films and documentaries, including *Mandela*, about his grandfather, and *The Power of Words*, a project made for the Tribeca Film Institute last year. Wearing jeans, a gray T-shirt, and a dark denim jacket, Mandela seems to have picked up the L.A. custom of dressing down for semiformal events. When I ask how he got into show business, he tells me a story about watching *Dick Tracy*, starring Warren Beatty and Madonna, with his grandfather when he was a kid. When the credits rolled, he asked, "What are those?" and his grandfather said, "Jobs."

The next morning, an op-ed piece runs in the *Sunday Times* under the headline BORN-FREES SET TO MAKE THEIR MARK. It is not about HIV/AIDS but about the 600,000 or so eighteen- and nineteen-year-olds—new voters—who were born right after apartheid ended and are now old enough to cast a ballot in the presidential election this month. I am reminded of something that Kweku said to me about why he chose the Power & the Glory café as the location for his *Vogue* shoot with Rupert and another Mandela grandson, Ndaba, who was recently appointed deputy president of the Pan African Youth Council: "Twenty years ago a place like this wouldn't have existed, and the three of us wouldn't have been able to be here together."

In 2009, Kweku and Ndaba founded the organization Africa Rising, which is committed to honoring and carrying

on their grandfather's towering legacy while trying to tackle some of the continent's biggest problems, including HIV. "Obviously our granddad was extremely passionate about HIV, and our family was also personally affected by it," Kweku tells me. "So I think for me and Ndaba it's actually a personal thing more than anything else." They have lent their full support to Born Free. "I think it's vitally important that, if we are going to stop the next generation from being infected by this epidemic, it really starts with newborns," says Kweku. "It's the first step."

But Kweku and Ndaba are also, as one person put it to me, "using the media to change people's perceptions of Africa, particularly young people." They themselves may not be "born-frees," this new demographic who are of great interest

to South African politicians, but that is where their focus lies as well. "Now it's got to fall on this generation; that's the exciting part," says Kweku. "We're at the point where we can actually finally see the end of it."

But as Linda-Gail Bekker reminded me, it's important that we not get ahead of ourselves with all this hopeful born-free talk. "Now, for the first time, we really need the resources. This is where we say, 'Don't disengage, because we're on the cusp of getting it right.'"

Wangechi Mutu agrees. "A lot of the issues in my country, and in Africa in general, are solvable. And what bothers me—and this is part of why I am doing this—is it's really just about doing that one thing that gets everything going in the right direction so we can actually do something about it. The fact that one drug can allow the baby to survive, which happens in the U.S. all the time. . . . It's a no-brainer. But it's so great that someone

has figured out a way to make these beautiful products, these pieces of clothing for sale, into messengers—disciples of this message about prevention of this transference of disease. Go for it."

Her words bring me back to sitting in Barbara Matisane's living room as she was lamenting the fact that her nine-year-old daughter, Uthandile, whom she has already educated on the reality of HIV/AIDS, was late coming home from school. She wanted me to see and hear for myself just how healthy and wise her little girl has become. Suddenly Uthandile burst into the tiny room in her school uniform and, speaking to her mother in Xhosa, asked if she could go outside and play. Yes, said Barbara. Her daughter pulled a box from underneath the bed in the corner, grabbed some sneakers and shorts and a T-shirt, changed behind a bed-sheet hung as a curtain, and then ran out the door, like any other kid in the world. □



SING OUT

The Sizophila Choir, run by the Desmond Tutu HIV Centre, helps support mothers and children with HIV.





TABLE TALK

"Obviously I am a woman and a mother, and this issue touched me," says Beckham, photographed with (FROM LEFT) Caroline Rupert and Ndaba and Kwaku Mandela, at the Power & the Glory café, in Cape Town.



MATERNAL INSTINCTS

Kebede, photographed with five mothers with HIV and their HIV-negative children in a local home in Khayelitsha. On Kebede: Marni for Born Free dress. Donna Karan New York belt. In this story: hair, Julien d'Ys for Julien d'Ys; Beckham's makeup, Sally Branka. Produced by Gavin Schneider Productions with support from mothers2mothers, Lalela Project, and the Desmond Tutu HIV Foundation. Details, see In This Issue.

