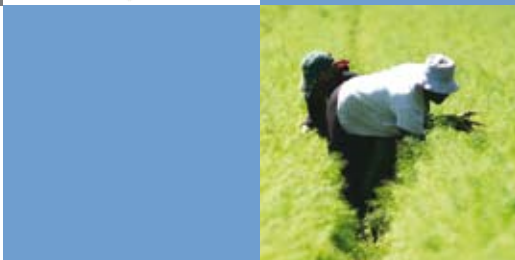
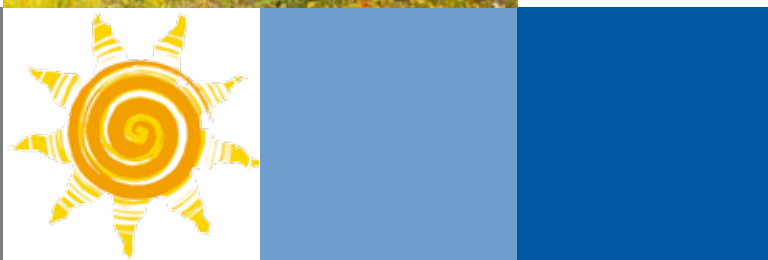
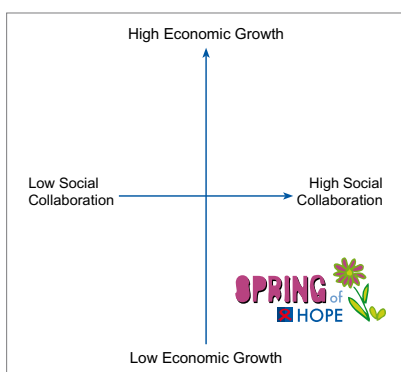


Spring of Hope

Lower economic growth / high social collaboration

The season *spring* has been used in the name of the scenario as it visually captures the essence of the scenario: in spring, the world is full of hope and optimism as the world comes back to life after the cold and hardship of winter. Spring is alive with possibility, new beginnings and the possibility of a brighter future. So too in this scenario. Greater cooperation and coordination improves economic and social conditions for increasing numbers of people.

The *Spring of Hope* looks at what our society and economy could look like in 2025 if all the role players (government, business, labour, communities and individuals) take, or fail to take, certain actions.



Key Characteristics

- Idealistic broad-based but uncoordinated leadership led by communities
- Small duplicating partnerships
- Powerful pockets in civil society responding well
- Focus on acceptance and care
- Moderate behaviour change
- Better gender equality
- AIDS response: chronic, manageable disease

The focus

The *Spring of Hope* focuses on acceptance, care and cooperation. AIDS is seen as a chronic disease and society learns to live with the epidemic despite its devastating effect. Leadership is idealistic in certain pockets of communities, but efforts are uncoordinated and not powerful on a national level. Civil society becomes very strong in their response to AIDS and occasional partnerships are formed with the public and private sector as well as international donors to address the effect of HIV and AIDS. Churches play a key role around care. These efforts largely remain fragmented and uncoordinated leading to duplication and resulting in the unsustainable use of time and resources.

Business response to the epidemic is strong in the workplace and community, however, due to a low GDP growth environment, business input is mostly limited to those few who are employed.

Individual behaviour

Within this self-reliant society, certain pockets of the community become quite powerful and encourage people to get tested. Just more than one third of South Africans know their HIV status by 2010. More than 70% of the youth and around 40% of adults use condoms consistently. Those not in a long-term relationship change partners less often due to pressure from society. Many communities empathise and care for AIDS affected households, and encourage higher gender equality and less sexual violence.

The new society

Low economic growth and an inadequate response to the HIV and AIDS epidemic result in a South Africa with low GDP per capita. Education remains poor, but life expectancy increases slightly to 56 years by 2025. Not much improvement has been made in the Human Development Index (HDI) since 2005. Skilled resources emigrate due to lack of employment opportunities and poor service delivery. Most households are affected by AIDS but communities form cooperatives and assist with healthcare provision. The State Welfare system becomes overburdened and government resources are limited.

Shortage of skilled labour worsens with emigration and poor education leading to the struggle of business to remain competitive globally. Foreign direct investment reduces in this low growth environment. Funeral insurance remains highly popular and the market for basic goods and services is strong.

What does the HIV epidemic look like by 2025?

The total number of people infected with HIV in 2025 will have reduced to 3.4 million from the current estimates of 5 million. The estimated HIV prevalence rate amongst the ages 20 to 64 will have reduced to 11% from the current estimated 19%. A total of half a million South Africans will be in the final stages of the disease and in need of antiretroviral treatment. AIDS deaths per annum will be reduced to around 292 000.

