

**GOAL 2: IMPROVE THE MANAGEMENT AND CONTROL OF STDs**

<b>Objective</b>	<b>Basic Strategies</b>	<b>Lead Agencies</b>
<b>Ensure effective syndromic management of STDs in the private sector</b>	<ul style="list-style-type: none"> <li>a) Investigate granting dispensing licences to nurses for STD treatment</li> <li>b) Monitor and regulate the quality of care in the private sector</li> <li>c) Training on syndromic management within the private sector</li> <li>d) Review Medical Schemes regulations to ensure minimum reimbursement for treatment of STDs</li> </ul>	DOH <sup>2</sup> , SAMA, Board for Health Funders, Health Professions Council of SA
<b>Ensure effective Syndromic Management (SM) of STDs in the public sector</b>	<ul style="list-style-type: none"> <li>a) Training in syndromic management undergraduate / basic curricula of all nurses, doctors and pharmacists</li> <li>b) Regular in-service training of HCWs</li> </ul>	DOH, SANC, Nurse training institutions, Medical Schools
<b>Collaborate with traditional healers to improve health care seeking behaviour for STD treatment</b>	<ul style="list-style-type: none"> <li>a) Develop, print and distribute training manuals in various languages</li> <li>b) Conduct capacity building workshops with THs</li> <li>c) Sensitise the health sector regarding traditional medicine</li> <li>d) Consider referral systems between traditional and western medicine</li> </ul>	DOH, Traditional Healer Organisations; CONTRALESA
<b>Increase access to youth friendly reproductive health services – including STD management, VCT and rapid HIV testing facilities (special focus on youth, women, and migrant workers)</b>	<ul style="list-style-type: none"> <li>a) Make clinics and HCWs “youth friendly”</li> <li>b) Make schools places where youth can access friendly and supportive counselling services</li> </ul>	DOH, DOE, Youth Sector

**GOAL 3: REDUCE MOTHER-TO-CHILD HIV TRANSMISSION (MTCT)**

<b>Objective</b>	<b>Selected Strategies</b>	<b>Lead Agencies</b>
<b>Improve access to HIV testing and counselling in ANC clinics</b>	<ul style="list-style-type: none"> <li>a) Develop counselling guidelines</li> <li>b) Train counsellors</li> </ul>	DOH, Women’s Sector, NGOs
<b>Improve family planning services to known HIV positive women</b>	<ul style="list-style-type: none"> <li>a) Train reproductive health providers on HIV/AIDS counselling</li> <li>b) Improve access to comprehensive reproductive health services for HIV positive women</li> </ul>	DOH, Women’s Sector, NGOs, NPPHCN
<b>Implement clinical guidelines to reduce the transmission of HIV during childbirth and labour</b>	<ul style="list-style-type: none"> <li>a) Train all relevant midwives and medical practitioners</li> </ul>	DOH, Nursing Training Institutions, Medical Schools

<sup>2</sup> In section 5, DOH refers to both the national and provincial health departments

**GOAL 4: ADDRESS ISSUES RELATING TO BLOOD TRANSFUSION AND HIV**

<b>Objective</b>	<b>Selected Strategies</b>	<b>Lead Agencies</b>
<b>Maintain a safe blood transfusion service</b>	<ul style="list-style-type: none"> <li>a) Monitor implementation of current guidelines on blood transfusion</li> <li>b) Develop national guidelines on HIV and blood transfusion</li> <li>c) Improve the recruitment of low-risk blood donors</li> </ul>	DOH, SA Blood Transfusion Service

**GOAL 5: PROVIDE APPROPRIATE POST-EXPOSURE SERVICES**

<b>Objective</b>	<b>Selected Strategies</b>	<b>Lead Agencies</b>
<b>Provide services for needlestick injuries and occupational exposure</b>	<ul style="list-style-type: none"> <li>a) Ensure appropriate policies for needlestick exposure in the private sector</li> <li>b) Ensure the supply of anti-retroviral drugs to treat occupational exposure in public health facilities</li> <li>c) Reduce exposure to occupational exposure through the appropriate disposal of medical waste and sharps</li> </ul>	DOH, DOL
<b>Investigate options to reduce HIV/STD transmission and pregnancies resulting from sexual assault</b>	<ul style="list-style-type: none"> <li>a) Review research on use of ARV to prevent HIV transmission following sexual assault</li> <li>b) Assess services for women and men following sexual assault</li> </ul>	DOH, Research Institutions

**GOAL 6: IMPROVE ACCESS TO VOLUNTARY HIV COUNSELLING AND TESTING**

<b>Objective</b>	<b>Selected Strategies</b>	<b>Lead Agencies</b>
<b>Increase the number of Voluntary HIV Counselling and Testing sites</b>	<ul style="list-style-type: none"> <li>a) Introduce counselling service in all new testing sites</li> <li>b) Expand use of rapid testing methods</li> <li>c) Increase the proportion of workplaces that have on-site counselling and testing services</li> </ul>	DOH
<b>Increase the number of persons seeking voluntary testing and counselling services</b>	<ul style="list-style-type: none"> <li>a) Promote access to VCT services, especially for the youth</li> </ul>	DOH, All Sector

## PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

### GOAL 7: PROVIDE TREATMENT, CARE AND SUPPORT SERVICES IN HEALTH FACILITIES

Objective	Selected Strategies	Lead Agencies
<b>Improve treatment, care and support for people living with and affected by HIV/AIDS</b>	<ul style="list-style-type: none"> <li>a) Develop guidelines for the treatment and care of HIV/AIDS patients in health facilities and the community</li> <li>b) Ensure uninterrupted supply of appropriate drugs for the treatment of opportunistic infections and other related conditions</li> <li>c) Build capacity of health professionals to provide comprehensive HIV/AIDS/STD/TB treatment, care and support</li> <li>d) Establish strong links between health facilities and community-based support programmes</li> <li>e) Improve prevention and treatment of TB and other opportunistic infections</li> </ul>	DOH, Training Institutions, PWAs
<b>Establish poverty alleviation projects to address the root causes of HIV/AIDS/STDs and TB</b>	<ul style="list-style-type: none"> <li>a) Incorporate HIV/AIDS/STDs and TB as indicators of poverty</li> <li>b) Involve relevant government departments and the private sector in poverty alleviation projects</li> </ul>	Agricultural sector, Government departments, NGOs, Business
<b>Ensure appropriate practices in the private sector and medical insurance industry for the care and treatment of HIV positive clients</b>	<ul style="list-style-type: none"> <li>a) Review international and regional practices relating to HIV and medical insurance</li> <li>b) Lobby the medical schemes industry to review benefits and coverage for HIV positive clients</li> <li>c) Standardise a minimum package of treatment and care for people living with HIV/AIDS in the public and private sector</li> </ul>	DOH, BHF

### GOAL 8: PROVIDE ADEQUATE TREATMENT, CARE AND SUPPORT SERVICES IN COMMUNITIES

Objective	Selected Strategies	Lead Agencies
<b>Develop and implement models of community/home-based care in all provinces</b>	<ul style="list-style-type: none"> <li>a) Develop appropriate home-based care implementation guidelines</li> <li>b) Promote the establishment of intersectoral task teams at community level to develop community/home-based care</li> <li>c) Reduce stigma of HIV/AIDS in communities and develop IEC materials targeted at communities</li> </ul>	DOH, DOW, NGOs
<b>Increase acceptability to community/home-based care</b>	<ul style="list-style-type: none"> <li>a) Use media for more exposure to the issues of home-based care in communities</li> </ul>	DOH, DOW, NGOs, Media, all sectors

### GOAL 9: DEVELOP AND EXPAND THE PROVISION OF CARE TO CHILDREN AND ORPHANS

Objective	Selected Strategies	Lead Agencies
<b>Develop and implement programmes to support the health and social needs of children affected by HIV/AIDS</b>	<ul style="list-style-type: none"> <li>a) Promote advocacy of all relevant issues that affect children</li> <li>b) Mobilise financial and material resources for orphans and child-headed households</li> <li>c) Investigate the legal protection of child-headed households</li> <li>d) Provide social welfare, legal and human rights support to protect educational and constitutional rights</li> </ul>	DOH, DOW, DOJ, NGOs, Business

<b>Objective</b>	<b>Selected Strategies</b>	<b>Lead Agencies</b>
<b>Implement measures to facilitate adoption of AIDS orphans</b>	a) Investigate the use of welfare benefits to assist children and families living with HIV/AIDS b) Subsidise adoption of AIDS orphans	DOW, DOE

### **PRIORITY AREA 3: RESEARCH, MONITORING AND SURVEILLANCE**

#### **GOAL 10: ENSURE AIDS VACCINE DEVELOPMENT**

<b>Objective</b>	<b>Selected Strategies</b>	<b>Lead Agencies</b>
<b>Support efforts to develop a Clade C HIV vaccine</b>	a) Conduct biological and behavioural research to support the development of an AIDS vaccine b) Support the South African AIDS Vaccine Initiative c) Develop South African ethical guidelines for vaccine research	DOH, MRC, Research Institutions

#### **GOAL 11: INVESTIGATE TREATMENT AND CARE OPTIONS**

<b>Objective</b>	<b>Selected Strategies</b>	<b>Lead Agencies</b>
<b>Review and revise policy on anti-retroviral use for reducing mother-to-child HIV transmission</b>	a) Review, monitor and evaluate current research on the use of anti-retroviral therapy to reduce mother to child HIV transmission b) Identify and implement additional areas of research c) Review and update national policies to reduce MTCT	DOH, Academic Institutions, Research Institutions, Women's Sector
<b>Conduct research on the cost-effectiveness of other forms of non-retroviral treatment and prophylaxis</b>	a) Review international research b) Facilitate local research	MRC, DOH, Research Institutions
<b>Conduct research on the effectiveness of traditional medicines</b>	a) Conduct clinical trials b) Review international research c) Collaborate with traditional healers	Traditional Healers, MRC, DOH

#### **GOAL 12: CONDUCT POLICY RESEARCH**

<b>Objective</b>	<b>Selected Strategies</b>	<b>Lead Agencies</b>
<b>Conduct HIV/AIDS studies in selected departments and provinces</b>	a) Commission research	DOH, DOF, Government Departments
<b>Conduct research to determine HIV incidence</b>	a) Conduct HIV incidence surveys in narrow age groups to approximate incidence	MRC, DOH

**GOAL 13: CONDUCT REGULAR SURVEILLANCE**

<b>Objective</b>	<b>Selected Strategies</b>	<b>Lead Agencies</b>
<b>Develop mechanisms for long and short-term training to improve the capacities of provincial and district staff to conduct HIV/AIDS/STD related operations research, surveillance, and research</b>	a) Training for provincial and district staff on research and surveillance in collaboration with research and training institutions	DOH, Academic Institutions
<b>Conduct National Surveillance on HIV and STD risk behaviours, especially among youth</b>	a) Conduct behavioural sentinel surveys, with a focus on youth b) Conduct routine STD surveillance c) Conduct surveillance of AIDS morbidity and mortality d) Conduct national HIV infections surveillance in selected populations and groups, including STD and TB clients, hospitalised patients, men, and youth	DOH, HSRC, GCIS, MRC, Youth Sector

**PRIORITY AREA 4: HUMAN RIGHTS**

**GOAL 14: CREATE AN APPROPRIATE SOCIAL ENVIRONMENT**

<b>Objective</b>	<b>Selected Strategies</b>	<b>Lead Agencies</b>
<b>Develop a National Inter-Sectoral Campaign on Openness and Acceptance of People Living with HIV/AIDS</b>	a) Promote open discussion of sexual practices in various sectors of society b) Promote voluntary testing and counselling services c) Target awareness regarding rights and responsibilities of people living with HIV/AIDS in 4 key areas: employment rights, education, health care and social service rights	SANAC, Government Departments, NGOs, all Sectors, SABC
<b>Create a legal and policy environment which protects the rights of all persons infected and affected by HIV/AIDS by 2005</b>	a) Review existing legislation and ensure the protection of rights of people living with HIV/AIDS b) Develop policy on the management of mentally challenged HIV positive persons c) Review and enact new Children's Law to take into account the needs of children infected and affected by HIV/AIDS	DOJ, DOH, SALC
<b>Monitor human rights abuses and develop enforcement mechanisms for redress</b>	a) Statutory commissions (HRC and CGE) to set up a discrimination database to collect information on the nature and extent of discrimination against people affected by HIV/AIDS b) Improve access to justice for people infected / affected by HIV/AIDS	DOJ, HRC, CGE

**GOAL 15: DEVELOP AN APPROPRIATE LEGAL AND POLICY ENVIRONMENT**

<b>Objective</b>	<b>Selected Strategies</b>	<b>Lead agencies</b>
<b>Develop policy and legislation relating to HIV/AIDS and employment</b>	a) Finalise the Code of Good Practice on HIV/AIDS in the Workplace, and accompanying regulations, to enforce workplace HIV/AIDS policies b) Support the development of workplace HIV/AIDS policies	DOL, DOH
<b>Develop policy and legislation relating to HIV/AIDS, commercial sex workers and sexual assault</b>	a) Develop criminal law mechanisms which protect the rights of victims of sexual violence b) Investigate the provision of PEP to the victims of sexual violence c) Investigate decriminalising commercial sex work	DOJ, DOH, SALC

**6. YOUTH AS A TARGET GROUP**

As indicated earlier in this document, youth is a specific focus area in the fight against HIV/AIDS as people between the ages of 14 –35 the most vulnerable to HIV infection. In addition, the youth are an important target group to protect against future HIV infection as they represent both the present and future economic powerhouse of the country.

In this section those strategies that relate to youth will be replicated to once again emphasise the need for all sectors of society to focus a significant amount of their resources and energies on this age group.

**Objective: Promote improved health seeking behaviour and adoption of safe sex practices**

- ⌘ Produce and disseminate IEC material and messages to different stakeholders
- ⌘ Implement life skills education in all primary and secondary schools

**Objective: Broaden responsibility for the prevention of HIV to all sectors of government and civil society**

- ⌘ Develop sector-specific policies and plans for the prevention of HIV/AIDS/STDs, focussing specially on the following sectors: ... youth ...

**Objective: Improve access to and use of male and female condoms, especially amongst 15 – 25 year olds**

- ⌘ Expand condom distribution through non-traditional outlets
- ⌘ Improve access to condoms in high transmission areas (e.g. truck stops, borders, mines and brothels)
- ⌘ Increase acceptance, attitudes, perceptions, efficacy and use of condoms as a form of contraception among the youth

**Objective: Increase access to youth friendly reproductive health services – including STD management, VCT and rapid HIV testing facilities**

- ⌘ Make clinics and HCWs “youth friendly”
- ⌘ Make schools places where youth can access friendly and supportive counselling services

**Objective:      Increase the number of persons seeking Voluntary HIV Counselling and Testing services**

- ⌘ Promote access to VCT services, especially for the youth

**Objective:      Develop and implement programmes to support the health and social needs of children affected by HIV/AIDS**

- ⌘ Promote advocacy of all relevant issues that affect children
- ⌘ Mobilise financial and material resources for orphans and child-headed households
- ⌘ Investigate the legal protection of child-headed households
- ⌘ Provide social welfare, legal and human rights support to protect educational and constitutional rights

**Objective:      Implement measures to facilitate adoption of AIDS orphans**

- ⌘ Investigate the use of welfare benefits to assist children and families living with HIV/AIDS
- ⌘ Subsidise adoption of AIDS orphans

**Objective:      Conduct National Surveillance on HIV and STD risk behaviours, especially among youth**

- ⌘ Conduct behavioural sentinel surveys, with a focus on youth
- ⌘ Conduct national HIV infections surveillance in selected populations and groups, including youth

## **7. WAY FORWARD**

Implementing the HIV/AIDS & STD Strategic Plan is essential to ensure the achievement of the national goals. Broad principles for implementation include the requirement that activities and practices are appropriate and cost effective for South Africa. Activities should be based on known evidence based practices.

Key critical areas for effective delivery include:

- A. Authority and political will at all levels
- B. Structures:
  - Delivery and implementation
  - Co-ordination
- C. Resources:
  - Financial Resources
  - Human Resources
  - Technical Resources
- D. Capacity:
  - HIV AIDS & STD understanding
  - Management
  - Monitoring and evaluation
- E. Communication:
  - National ⇔ Provincial & Provincial ⇔ National

- Provincial ⇔ Provincial
- Provincial ⇔ District ⇔ Community
- Government ⇔ Civil society

## **7.1 EFFECTIVE IMPLEMENTATION OF THE HIV/AIDS AND STD STRATEGIC PLAN**

To achieve this, the following issues will be addressed:

### **a) Approval of the HIV/AIDS & STD Strategic Plan by national bodies such as SANAC and the National HIV/AIDS & STDs Directorate, followed by provincial and local structures**

The HIV/AIDS & STD Strategic Plan should be used in developing national, provincial and district operational plans. Yearly operational plans should be based on realistic objectives. These should be developed taking into consideration existing financial and human resources, the capacity thereof, the process of recruitment as well as the political commitment in each of the provinces. The setting of national goals will allow for inter-provincial comparisons and ensure a measure of unity regardless of the relative autonomy of the provinces. The provinces should then take these national goals and objectives and present them to key role players within the province to ensure all buy into what would be a Provincial Strategic AIDS Plan.

### **b) Improve structures for delivery**

This involves reviewing and developing where necessary structures at all levels, from national to community. The concept of appropriate national structures such as the IDC and SANAC should be considered for duplication within provinces, keeping in mind the importance of delivery within communities.

The most important structures to create to guide the implementation of the Strategic Plan are:

- ⌘ A National AIDS Council, with duplicate bodies in each province
- ⌘ Interdepartmental Committees on HIV/AIDS in every province. One of the functions of the Interdepartmental Committees within the provinces would be to define each government department's unique and generic responsibility within the HIV/AIDS and STD Strategic Plan.

Equally important is the establishment of appropriate structures at district level to ensure the implementation of the HIV/AIDS and STD Strategic Plan. It is thus recommended that District HIV/AIDS Committees be established. These district structures should include community-based committees that represent major role-players within the relevant community in the field of HIV/AIDS.

These committees should include local government to ensure the integration of HIV/AIDS/STDs and TB issues and development plans. It is vital that this include non-health issues as part of HIV/AIDS/STD planning, such as transport and poverty alleviation.

### **c) Establish acceptable standards for provinces with respect to resources**

**Financial Resources:** It is important to ensure that adequate funding is available at national and provincial levels within the healthcare environment to ensure delivery. One method is to establish an agreed resource standard for all provinces to directly place financial resources into HIV/AIDS. This is currently (in 1999/2000 prices) set as R10 per person per year or a total of R400 million per year for the whole country.

Related activities include:

- ⌘ Audit financial resources for HIV/AIDS activities within Provinces over the preceding three years.
- ⌘ Compare resources between provinces on a per capita and per HIV infected population.
- ⌘ Agree on standards or conditions by National bodies such as MinMEC, PHRC for allocating dedicated HIV/AIDS funding from National bodies.
- ⌘ Cost the HIV/AIDS and STD Strategic Plan and Programmes.
- ⌘ Agree on the continued funding by the National DOH of activities and products [such as condoms] that have a major cross provincial impact.

Funds for HIV/AIDS should be devolved to provinces from the national government only on the condition that certain standards are met. These include:

- ⌘ Presence of an Inter Departmental Committee on HIV/AIDS;
- ⌘ Commitment to “ringfence” funds for direct HIV/AIDS activities within provinces;
- ⌘ Commitment to distribute funds according to the HIV/AIDS & STD Strategic Plan;
- ⌘ Commitment to spend over 80% of the funds in one financial year;
- ⌘ Commitment to roll funds over funds into the new financial year without risk of penalty;
- ⌘ Commitment to prioritise the process of HIV/AIDS spending within the provinces;
- ⌘ Commitment to ongoing national and provincial communication;
- ⌘ Regular review of the implementation of HIV/AIDS Plans; and
- ⌘ Establishing realistic goals and objectives that can be implemented within provinces and districts.

**Human Resources:** It is vital to the success of this Strategic Plan that adequate human resources are available to ensure delivery. The constraint on action is arguably capacity rather than funding. The current standard suggested is one dedicated employee per 100,000 population. To evaluate the availability of human resources, it will be necessary to audit the existing human resources at national, provincial, regional and district levels. This audit should inform the process of establishing standards of personnel at district, regional and provincial levels of management.

**d) Regularly review the implementation of the strategic Plan**

The HIV/AIDS Strategic Plan must be reviewed every 12 months at national and provincial levels, with quarterly reports to be submitted to provincial and national structures.

The National DOH has overall responsibility for the implementation of the Strategic Plan within the provincial structures. Specific measurable targets and indicators will be developed for each objective and reported in yearly operational plans. The Strategic Plan will be monitored by these objectives and supplemented with additional monitoring including national, provincial and local behavioural surveys. These surveys will measure changes in HIV related risk behaviours including condom use, delay of sexual initiation among youth, HIV incidence, and the number of sexual partners.

Another important point is to establish a mechanism of constant and consistent feedback and reporting by provinces to national structures and vice versa. Information from the regular review should be used to serve as an information tool in communication between provinces of successes, as well as to other stakeholders to provide guidelines on activities to be involved in.

## **7.2 THE ROLE OF SECTORS**

The HIV/AIDS and STD Strategic Plan provides a broad framework for government, NGOs, business, labour, women and all sectors of society. Each sector should develop more specific plans based on their role in society, activities and their specific strengths. These plans should be based on each sector's comparative advantage in implementing the planned activities. Sectors are encouraged to establish technical AIDS committees, which will be responsible for advocating for, managing and co-ordination, the implementation of HIV/AIDS activities within that sector.

The sectoral AIDS committees will also be responsible for liaison with other sectors and the Directorate: HIV/AIDS and STDs. The recommended role of the sectors will be as follows:

- ⌘ Identify determinants of the spread of HIV/AIDS/STDs specific to the sector
- ⌘ Identify strengths and weaknesses with respect to HIV/AIDS/STDs
- ⌘ Identify obstacles to the response within the sector
- ⌘ Integrate HIV/AIDS/STD's activities in their yearly plans
- ⌘ Formulate specific HIV/AIDS sectoral plans and budget for their implementation
- ⌘ Mobilise resources for the interventions
- ⌘ Document best practice within the sectors and share information
- ⌘ Prepare and submit quarterly reports to the SANAC

All Ministries, including the MOH, will submit quarterly reports to the SANAC on their HIV/AIDS activities.

## **7.3 MONITORING AND EVALUATION**

The effective implementation of the activities outlined in the Strategic Plan will largely depend on the availability of human, financial and institutional resources. The sustainability of the response will depend

on an efficient monitoring process in the areas of policy development, institutional strengthening and service delivery.

Monitoring will ensure that activities are being implemented according to the plan and that each implementing agency and all partners contribute to the accomplishment of policy aims. This activity should be seen as mutually beneficial for the implementing agencies to assess their performance and seek corrective measures, and for government to formulate appropriate policy.

Effective monitoring and evaluation tools will be developed and customised for each intervention. These tools will identify strengths and weaknesses in the response programmes and activities and identify areas that need the redirection of resources. The cost effectiveness of selected interventions will be determined through special operational research.

#### **7.4 CONCLUDING REMARKS**

The HIV/AIDS and STD Strategic Plan is a living document and will be subjected to regular critical review. This will be undertaken at the National, Provincial and District levels with inputs from all stakeholders. A mid-term review will be conducted and the Strategic Plan modified in accordance with the findings.