

1. INTRODUCTION

During the last two decades, the HIV pandemic has entered our consciousness as an incomprehensible calamity. HIV/AIDS has already taken a terrible human toll, laying claim to millions of lives, inflicting pain and grief, causing fear and uncertainty and threatening economic devastation.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO), the number of people living with HIV by the end of 1998 was estimated to be 33,4 million, a 100% increase compared to 1997. In Sub-Saharan Africa, more than a quarter of young adults are infected with HIV.

Assuming that no cure is found, it is estimated that more than 40 million people globally will be living with HIV by 2000. The impact of the epidemic on the economy is already being felt in most countries. Life expectancy has been significantly reduced as many people in the 15-49 year age group are now dying of AIDS.

Many countries both in Africa and Asia have taken urgent steps to curb the epidemic with varying degrees of success. In South Africa, despite our efforts, the HIV infection rate has increased significantly over the past 5 years. This increase in the infection rate calls for a renewed commitment from all South Africans.

1.1 PURPOSE OF THE STRATEGIC PLAN

This document is a broad national strategic plan designed to guide the country's response as a whole to the epidemic. It is not a plan for the health sector specifically, but a statement of intent for the country as a whole, both within and outside government. It is recognised that no single sector, ministry, department or organisation is by itself responsible for the addressing the HIV epidemic. It is envisaged that all government departments, organisations and stakeholders will use this document as the basis to develop their own strategic and operational plans so that all our initiatives as a country as a whole can be harmonised to maximise efficiency and effectiveness.

1.2 DEVELOPMENT OF THE STRATEGIC PLAN

The development of this strategic plan was initiated by the Minister of Health, Dr. Manto Tsabalala-Msimang in July 1999 in response to President, Mr Thabo Mbeki's, challenge to all sectors of society to become actively involved in initiatives designed to address the HIV/AIDS epidemic.

It began with a meeting in July 1999 to review the current HIV/AIDS prevention, treatment, and care efforts in South Africa. The meeting was attended by representatives of faith-based organisations, people living with HIV infection and AIDS, human rights organisations, academic institutions, the civil military alliance, the Salvation Army, the media, organised labour, organised sports, organised business,

insurance companies, women's organisations, youth organisations, international donor organisations, health professionals and health consulting organisations, political parties, and relevant government departments.

After priority areas for future efforts were discussed and agreed upon, a committee was charged with developing a five-year HIV/AIDS and STD Strategic Plan. Task teams were established to review current goals and objectives for the designated priority areas. The priority areas are prevention; treatment, care and support; legal and human rights; and monitoring, research and evaluation.

In addition, the Minister of Health held bilateral meetings with several important sectors including traditional leaders, faith-based organisations and business to obtain their views and to discuss ways to facilitate their active participation.

In September 1999, the Minister of Health and the nine provincial MECs for Health reconfirmed the previous priority areas. This was followed in October 1999 by a two-day National AIDS Meeting where Provincial AIDS Co-ordinators, the National DOH HIV/AIDS/STD Directorate, representatives of the AIDS Training and Information Centres (ATICs) and representatives of several other organisations discussed progress in the five-year HIV/AIDS/STD strategic plan.

In October and November 1999 the task teams met to further develop their goals and objectives. Task Teams were expected to review the *National AIDS Plan for South Africa, 1994*, the Department of Health *White Paper for the Transformation of the Health System*, the *1997 Annual HIV/AIDS/STD review*, and reports from the September meeting of the Provincial MECs for Health, and the National AIDS meeting.

In November 1999 a draft document was presented to the Inter-Ministerial Committee on AIDS, and additional comments were solicited from all government Ministers. The final document was completed in January 2000.

2. BACKGROUND

2.1 SITUATION ANALYSIS

The South African picture of the epidemic

Recent estimates suggest that of all people living with HIV in the world, 6 out of every 10 men, 8 out of every 10 women, and 9 out of every 10 children are in Sub-Saharan Africa. These figures provide sufficient evidence to make HIV/AIDS both a regional and a national priority.

Data from the DOH's annual National HIV Seroprevalence Surveys of Women attending Antenatal Clinics for the past 10 years provides a good estimate of HIV prevalence and trends over time in South Africa (See figure 1).

Figure 1: National HIV survey of women attending antenatal clinics of the public health services in South Africa, 1990 – 1999

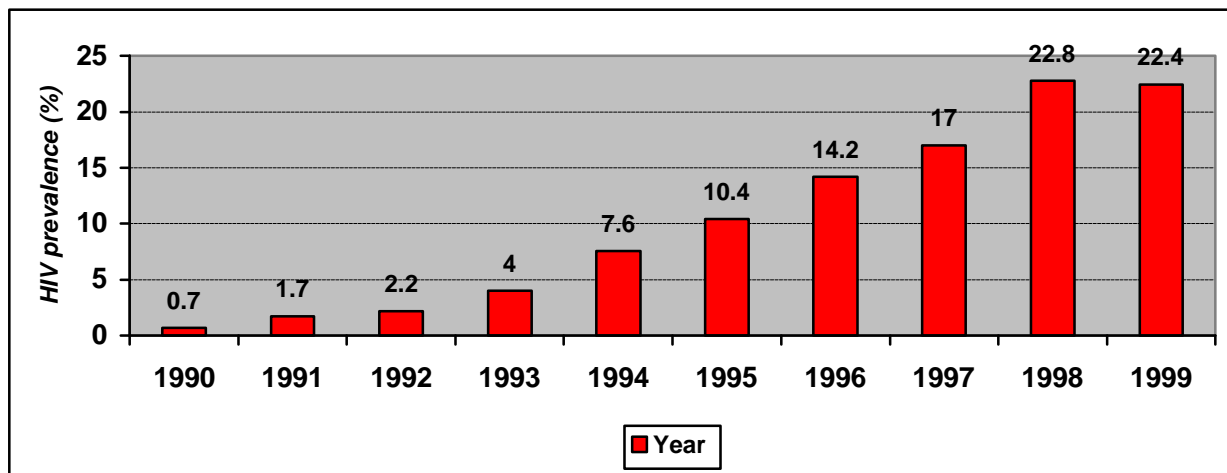
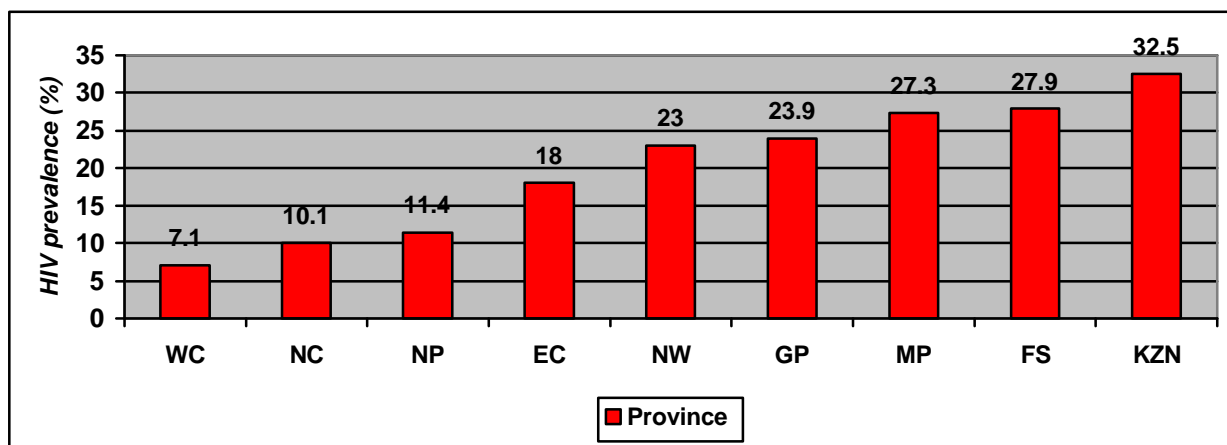


Figure 2 presents HIV prevalence in women attending antenatal clinics by province in 1998. These data show that there are geographic disparities in the distribution of the HIV/AIDS epidemic in South Africa.

Figure 2: HIV prevalence in pregnant women attending public antenatal clinics by Province, South Africa, 1999



Key¹: KZN = KwaZulu-Natal Province; MP = Mpumalanga Province; FS = Free State Province; GP = Gauteng Province; NW = North West Province; NP = Northern Province; EC = Eastern Cape Province; NC = Northern Cape Province; WC = Western Cape Province

Additional information from the survey reveal that:

- The HIV epidemic in South Africa is one of the fastest growing epidemics in the world;
- Young women aged 20-30 have the highest prevalence rates; and
- Young women under age 20 had the highest percentage increase compared to other age groups in 1998 and 1999 compared to 1997.

These and other data clearly indicate that the HIV epidemic is severely affecting the young, black, and economically poor populations of South Africa.

Currently there are approximately 3.5 million South Africans living with HIV. It is estimated that in 1998 over 1,600 people were infected with HIV each day – translating to more than 550,000 people infected each year. It is estimated that by the year 2005, there will be 6 million South Africans infected with HIV and almost 1 million children under the age of 15 whose mothers will have died of AIDS.

AIDS is currently not a notifiable disease in South Africa and voluntary reporting seriously underestimates the number of people with AIDS. It is estimated that there were approximately 165,000 people living with AIDS and 120,000 AIDS deaths in 1998. Projections indicate that by 2002 a quarter of a million South Africans will die of AIDS each year, and that this figure will rise to more than a million by 2008. Average life expectancy is expected to fall from approximately 60 years to 40 years between 1998 and 2008.

Major causes and determinants of the epidemic in South Africa

The immediate determinants of the epidemic include behavioural factors such as unprotected sexual intercourse and multiple sexual partners, and biological factors such as the high prevalence of sexually transmitted diseases.

The underlying causes include socio-economic factors such as poverty, migrant labour, commercial sex workers, the low status of women, illiteracy, the lack of formal education, stigma and discrimination. The national HIV/AIDS & STD Strategic Plan must address all these immediate determinants and underlying causes.

Tuberculosis and HIV/AIDS

Closely linked to the HIV/AIDS epidemic, is a Tuberculosis (TB) epidemic which is fuelled by HIV infection and which is also the most frequent cause of death in people living with HIV. In South Africa, approximately 40-50% of TB patients are infected with HIV. In some hospitals in South Africa, the HIV prevalence in TB patients has been recorded as over 70%.

Sexually Transmitted Diseases

There is compelling evidence of the importance of STDs as a major determinant of HIV transmission. There are approximately 11 million STD episodes treated annually in South Africa, with approximately 5

¹ See Annexure 1 for map

million of these managed by private general practitioners. Even without the HIV epidemic, STDs pose an important public health problem.

2.2 RESPONSE ANALYSIS

A detailed description of the country's response to the HIV/AIDS epidemic is beyond the scope of this plan. However, a summary of the key responses and constraints include the following:

- ⌘ In 1992 the National AIDS Co-ordinating Committee of South Africa (NACOSA) was launched with a mandate to develop a national strategy on HIV/AIDS. Cabinet endorsed this strategy in 1994. The goals of this plan were to (a) prevent HIV transmission; (b) reduce the personal and social impact of HIV infection, and (c) mobilise and unify, provincial, international and local resources.
- ⌘ A South African National STD/HIV/AIDS Review was conducted in 1997 in respect of the goals outlined in the NACOSA plan. This review indicated the following strengths in South Africa's response to the epidemic:
 - High level of commitment from the MOH;
 - Collaboration initiated by the DOH at various levels to ensure an interdepartmental and inter-sectoral response;
 - Highly motivated and active NGOs and CBOs, albeit operating with limited resources;
 - Adequate drug supply and accessibility for STD management in most clinics; and
 - Improvements in TB services.

The following constraints were noted:

- ⌘ Major restructuring of national and provincial departments delayed the appointment of personnel. Both human and financial resources at all levels were limited.
- ⌘ District structures had not been established.
- ⌘ Lack of structured referral systems and continuity of care, home based care, and terminal care facilities.
- ⌘ Lack of integration of STD/HIV/AIDS and TB care.
- ⌘ Lack of visible commitment outside the DOH to effective interdepartmental implementation of the programme.
- ⌘ Continued high levels of discrimination and human rights abuses of people infected and affected with HIV/AIDS.
- ⌘ Lack of provincial policies, guidelines or management protocols for comprehensive care and counselling.
- ⌘ Health promotion materials were not always available in the vernacular and were not client sensitive or user friendly.

Following this review of both the strengths and weaknesses in addressing the HIV/AIDS epidemic, the

following recommendations were made:

- ✘ Increase resources and build capacity at provincial and district levels to manage, organise, and implement the HIV/AIDS/STD Programme. Provincial authorities should designate co-ordinators responsible for HIV/AIDS/STD in every Province and District;
- ✘ Secure political leadership from the Deputy President and to increase political commitment and public leadership;
- ✘ Strengthen interdepartmental and inter-sectoral response to the epidemic;
- ✘ Develop concerted effort by all stakeholders to protect human rights, counter discrimination and reduce stigmatisation;
- ✘ Support and strengthen PWA initiatives and increase full involvement of PWAs in program design, implementation, and evaluation;
- ✘ Increase collaboration between the HIV/AIDS/STD and TB programmes.

Subsequent to the 1997 Review, some of the recommendations have been addressed by the following actions:

- ✘ Appointing HIV/AIDS Co-ordinators in each province and supporting regular training and meetings to facilitate programme implementation;
- ✘ Establishing an Inter-Ministerial Committee on AIDS. This Committee consisted of Ministers and Deputy Ministers and met on a monthly basis to discuss HIV/AIDS and provide political direction and policy guidance to the HIV/AIDS & STD Directorate. Late in 1999 there was a Cabinet decision to dissolve all Inter-Ministerial Committees and to take issues into the Governance Cluster meetings. In the case of HIV/AIDS this was also facilitated by the creation of the South African National AIDS Council;
- ✘ Launching the Partnership against AIDS by the President in 1998 that seeks to broaden and formalise the participation by all sectors in the response to the epidemic;
- ✘ Developing an HIV/AIDS policy by the Department of Education for learners and educators. This makes HIV/AIDS education a component in the curricula of all secondary schools;
- ✘ Developing other national policies including, the Syndromic Management of STDs and post-exposure prophylaxis (PEP) following occupational exposure to HIV;
- ✘ Establishing the South African AIDS Vaccine Initiative in 1998. This initiative seeks to develop an effective, affordable preventive vaccine for universal use in South Africa and SADC countries by 2005;
- ✘ Establishing the South African National AIDS Council (SANAC), a multi-sectoral body that will oversee the national response to the epidemic and the implementation of the Strategic Plan. The SANAC facilitates collaboration between government and all other sectors;
- ✘ Establishing a national Interdepartmental HIV/AIDS Committee that has worked to develop HIV/AIDS workplace policies and minimum HIV/AIDS programmes for all government departments;
- ✘ Developing a Strategic Framework for a South African AIDS Youth Programme; and
- ✘ Improving collaboration between HIV/AIDS/STD and TB programmes in the area of policy formulation and advocacy.

This Strategic Plan aims to address those recommendations that have not been adequately attended to since 1997, and provides a strategic framework for the country's response to the HIV/AIDS and STD epidemic.

Initiatives in the Southern African Development Community (SADC) countries

South Africa is the current chair of and host of the Health Desk of SADC, which has 14 member states: Angola, Botswana, Democratic Republic of Congo, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.

A regional response to HIV/AIDS and STDs is essential in curbing the spread, and to this end a SADC HIV/AIDS/STD task force has been formed and has prepared an HIV/AIDS/STD plan for 1999 - 2003.

The three broad goals of the programme are to achieve:

- A better co-ordinated and harmonised response to HIV/AIDS/STD among Member States.
- A multi-sectoral response to HIV/AIDS/STD.
- Improved quality and coverage of the response to HIV/AIDS/STD both at national and regional level.

These initiatives will be important in ensuring that South Africa and its regional partners have a more co-ordinated response to the HIV/AIDS epidemic. SADC thus forms an important link in the mechanisms and structures available to the country.

3. CURRENT STRUCTURES IN SOUTH AFRICA TO ADDRESS HIV/AIDS

The expanded national response will be managed by different structures at all levels. It is envisaged that each government ministry will have a focal person and team whose responsibility will be to plan, budget, implement and monitor HIV/AIDS interventions. It is also recommended that all other sectors including parastatals, NGOs, the private sector, faith-based organisations, youth, and women will also have dedicated HIV/AIDS focal persons. (See the diagram on the following page).

The following presents a brief overview of some of the important structures at national and provincial levels and their specific role and functions relating to HIV/AIDS. This list is by no means exhaustive, and only provides information on some of the current structures that play a role in the HIV/AIDS and STD arena.

CABINET

The Cabinet is the highest political authority in the country. The Cabinet meets weekly, but HIV/AIDS issues are not regularly discussed at this level, as this has been deferred to the South African National AIDS Council.

SOUTH AFRICAN NATIONAL AIDS COUNCIL

The South African National AIDS Council is the highest body that advises government on all matters relating to HIV/AIDS. Its major functions are to: (a) advise government on HIV/AIDS/STD policy, (b) advocate for the effective involvement of sectors and organisations in implementing programmes and strategies, (c) monitor the implementation of the Strategic Plan in all sectors of society, (d) create and strengthen partnerships for an expanded national response among all sectors, (e) mobilise resources for the implementation of the AIDS programmes, and (f) recommend appropriate research.

This body is chaired by the Deputy President, and consists of 16 government representatives (see list below) and 17 civil society representatives (see list below).

Government

Ministers of Health; Education; Welfare and Population Development; Agriculture; Arts, Culture, Science and Technology; Transport; Labour; Finance; Provincial and Local Government; Defence; Minerals and Energy; Correctional Services; Public Service and Administration; the Deputy CEO of the Government Communication and Information Systems; the Chairperson of the Portfolio Committee on Health; and the Chairperson of the Select Committee on Social Services.

Sectors represented

One representative each from Business; People living with HIV/AIDS; Non-government organisations; Faith-based organisations; Trade Unions; Women; Youth; Traditional healers; Traditional leaders; Legal and Human Rights; Disabled People; Celebrities; Sport; Media; Hospitality Industry; NAPWA, and Local government.

Technical Task Teams

The SANAC is assisted in its deliberations and decisions by technical task teams comprising experts in the following five areas: a) Prevention; b) Care and Support, c) IEC and Social Mobilisation, d) Research, Monitoring, Surveillance and Evaluation; and e) Legal Issues and Human Rights.

INTERDEPARTMENTAL COMMITTEE ON AIDS (IDC)

This committee consists of representatives from all government Departments who co-ordinate HIV/AIDS activities. The IDC meets monthly to review government programmes and to fulfil requests from SANAC. Goals of the IDC include facilitating the development of HIV/AIDS workplace policies in all Government Departments, ensuring that all Government Departments allocate financial resources to HIV/AIDS; and developing minimum HIV/AIDS programs for all Government Departments.

MINMEC

The MinMEC consists of all Provincial Health MECs and the national Minister of Health. The MinMEC meets every six weeks, and is the body that approves national policies and guidelines. HIV/AIDS is a standing item where reports on national and provincial programmes are discussed.