HIV/AIDS/STD STRATEGIC PLAN FOR SOUTH AFRICA

2000-2005

FEBRUARY 2000

TABLE OF CONTENTS

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ATIC	AIDS Training and Information Centre
BHF	Board of Health Funders
CBOs	Community-based Organisations
CGE	Commission on Gender Equality
CMA	Civil Military Alliance
DENOSA	Democratic Nursing Organisation of South Africa
DOE	Department of Education
DOF	Department of Finance
DOH	Department of Health
DOJ	Department of Justice
DOL	Department of Labour
DOME	Department of Minerals and Energy
DOT	Department of Transport
DOTS	Direct Observed Therapy Short Course
DOW	Department of Welfare
EDL	Essential Drug List
GCIS	Government Communication and Information Systems
IDC	Interdepartmental Committee on AIDS
IMC	Inter-Ministerial Committee on AIDS
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HRC	Human Rights Commission
HSRC	Human Sciences Research Council
IEC	Information, Education, and Communication
IMC	Inter-Ministerial Committee on AIDS
MOH	Ministry of Health
MEC	Member of Executive Committee
MRC	Medical Research Council
MTCT	Mother-to-child transmission
MTEF	Medium Term Expenditure Framework
NAC	National AIDS Council
NACOSA	National AIDS Co-ordinating Committee of South Africa
NGOs	Non-Government Organisations
NPPHCN	National Progressive Primary Health Care Network
PEP	Post-exposure prophylaxis
PWA	People living with HIV infection or AIDS

PHRC	Provincial Health Restructuring Committee
SAIMR	South African Institute of Medical Research
SALC	South African law Commission
SAMA	South African Medical Association
SAPS	South Africa Police Service
SADC	Southern Africa Development Community
SANDF	South African National Defence Force
STDs	Sexually Transmitted Diseases
SM	Syndromic Management
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
VTC	Voluntary HIV Testing and Counselling
WHO	World Health Organisation

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 9 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

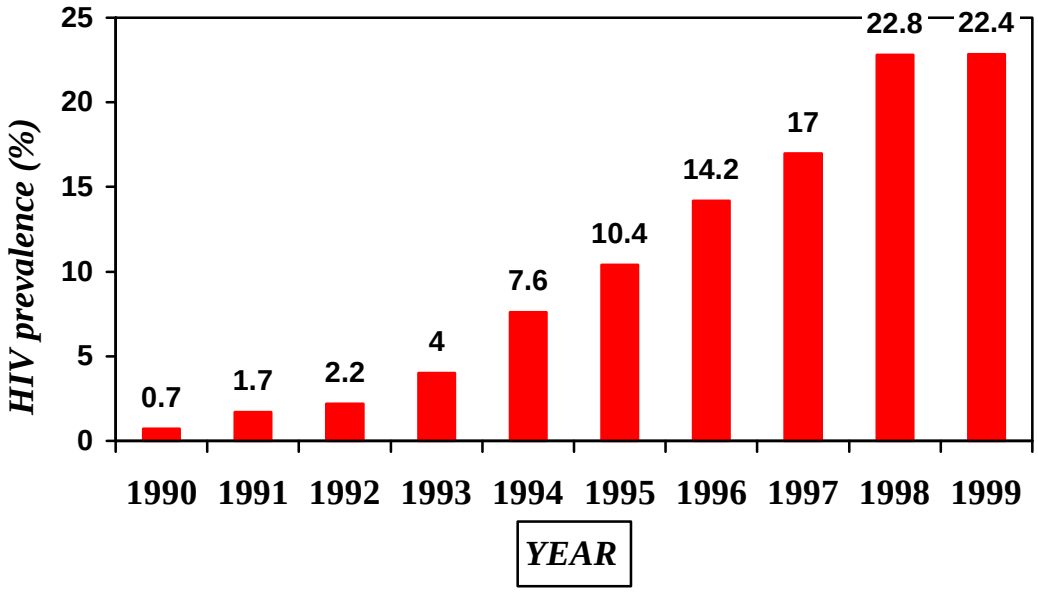
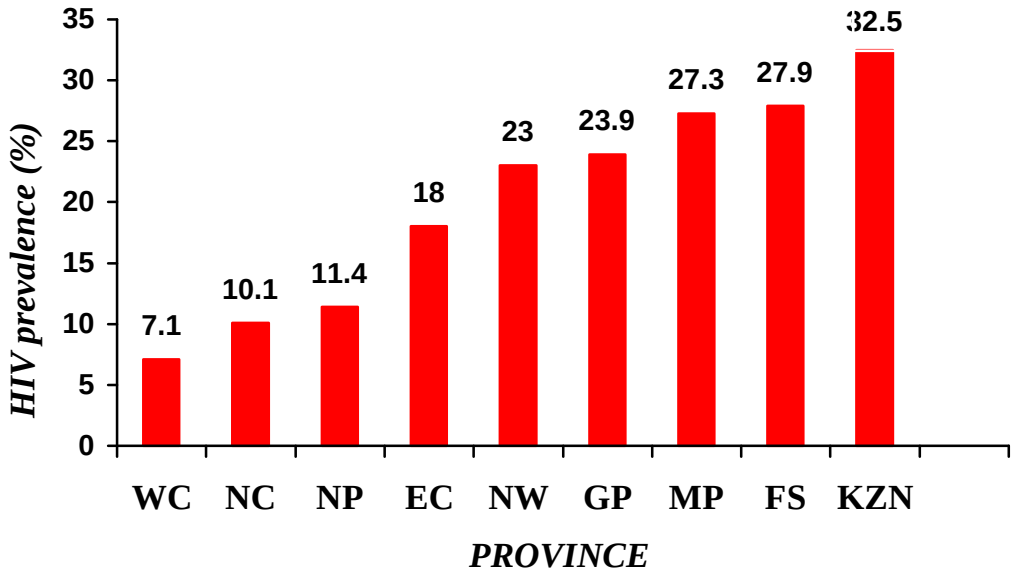


Figure 2 presents HIV prevalence in women attending antenatal clinics by province in 1998. These data show that there are geographic disparities in the distribution of the HIV/AIDS epidemic in South Africa.

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



Key[1]: 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 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 4.2 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.

[1] See Annexure 1 for map

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 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.
- 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 STD/HIV/AIDS 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 Coordinators in each province and supporting regular training and meetings to facilitate programme implementation;
- Establishing an Inter-Ministerial Committee on AIDS. This Committee consists of Ministers and Deputy Ministers and meets on a monthly basis to discuss HIV/AIDS and provide political direction and policy guidance to the HIV/AIDS & STD Directorate;
- 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 National AIDS Council (NAC), a multi-sectoral body that will oversee the national response to the epidemic and the implementation of the Strategic Plan. The NAC 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 addressed 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. 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 diagram 1 on page 13).

The following presents a brief overview of important structures at national and provincial levels and their specific role and functions relating to HIV/AIDS.

Cabinet

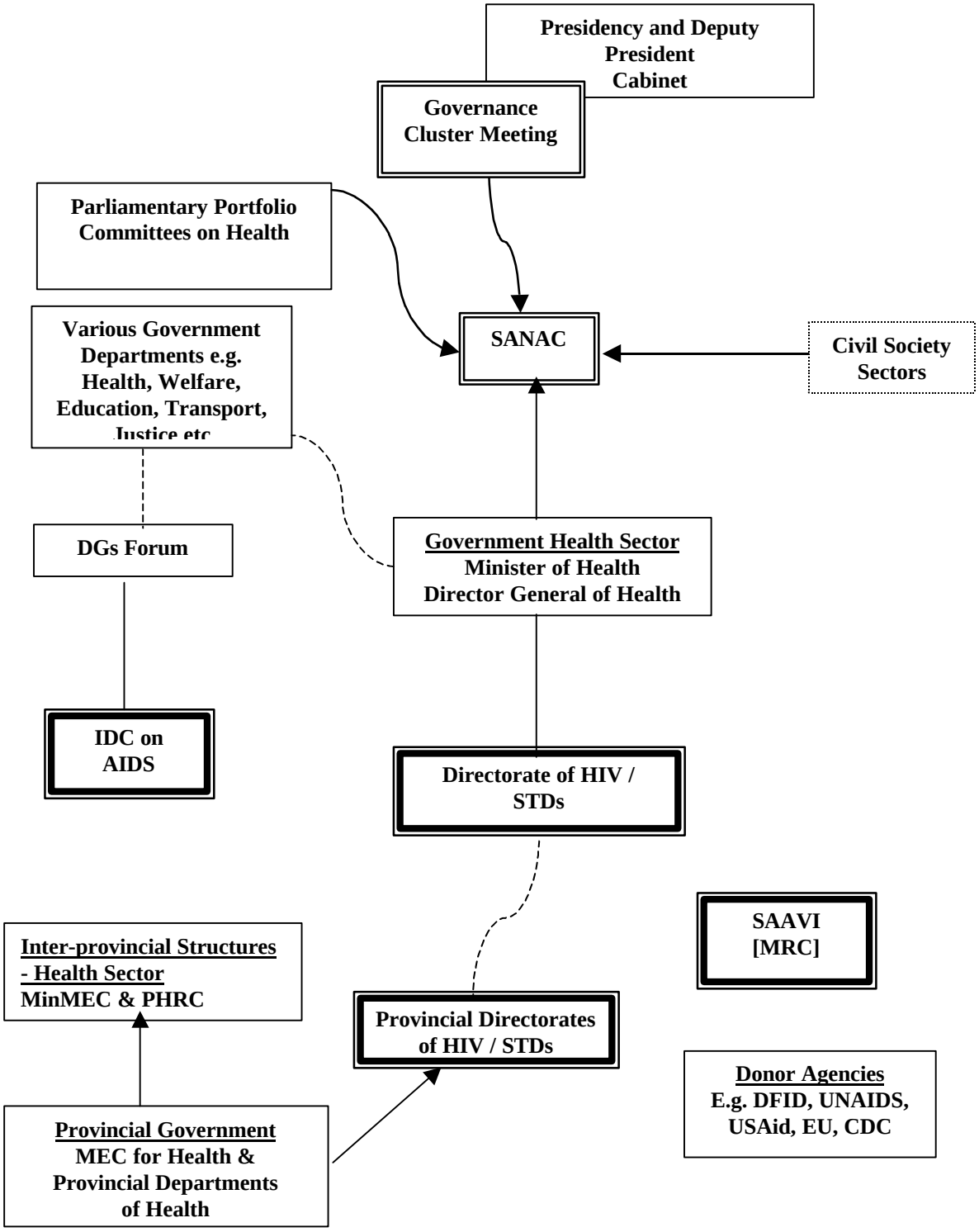
The Cabinet is the highest political authority in the country. The Cabinet meets weekly, but HIV/AIDS issues are not regularly discussed at this level, as all Cabinet members plus all Deputy Ministers and members of the Department of Health meet monthly in the Inter-Ministerial Committee on AIDS (see page 14).

National AIDS Council

The 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 15 government representatives (see list on p 14)and 16 civil society representatives (see list on p14).

Diagram 1: Relevant National and Provincial Structures



- **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; 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 to be 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; and Local government.

- **Technical Task Teams**
  The NAC will be assisted in its deliberations and decisions by technical task teams to be established by the Ministry of Health, and 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.

- **Inter-Ministerial Committee on AIDS (IMC)**
  In 1997, the South African Cabinet formed the IMC. The IMC consists of all Ministers and Deputy Ministers and is chaired by the Deputy President. This committee meets on a monthly basis to review the country's response to the HIV/AIDS epidemic. Issues of strategic importance are discussed and political guidance is given to the HIV/AIDS and STD Directorate and the IDC.

- **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 programs and to fulfil requests from the IMC. 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.

- **Provincial Health Restructuring Committee (PHRC)**
  This committee consists of all Provincial Heads of Health and meets on a monthly basis to discuss the strategic issues of national and provincial importance. HIV/AIDS is a standing agenda item where reports from the IMC, National HIV/AIDS/STD Directorate and Provincial HIV/AIDS Co-ordinators are discussed. Once the PHRC has discussed and approved documentation, it is referred to the MinMEC for the political approval.

- **Director-Generals Forum**
  This forum consists of Director Generals from all the National Government Departments and meets regularly. HIV/AIDS is a standing agenda item where reports from the IMC are discussed.

- **HIV/AIDS and STD Directorate, Department of Health**
  HIV/AIDS issues are brought to the attention of the above national bodies by the Department of Health's Directorate of HIV/AIDS and STDs. This Directorate prepares briefing documents for these national forums, and attends meetings to provide further information to aid decision-making in these national committees and bodies.

4. GUIDING PRINCIPLES

The following principles for HIV/AIDS and STD prevention, treatment and care efforts for South Africa have been previously adopted in the *National AIDS Plan for South Africa, 1994 – 1995*, and the Department of Health *White Paper for the Transformation of the Health System in South Africa, 1997*, and are reaffirmed.

- People with HIV and AIDS shall be involved in all prevention, intervention and care strategies;
- People with HIV and AIDS, their partners, families and friends shall not suffer from any form of discrimination;
- The vulnerable position of women in society shall be addressed to ensure that they do not suffer discrimination, nor remain unable to take effective measures to prevent infection;
- Confidentiality and informed consent with regard to HIV testing and test results shall be protected;
- Education, counselling and health care shall be sensitive to the culture, language and social circumstances of all people at all times;
- The government has a crucial responsibility with regard to the provision of education, care and welfare of all people of South Africa;
- Full community participation in prevention and care shall be developed and fostered;
- All intervention and care strategies shall be subject to critical evaluation and assessment;
- Both government and civil society shall be involved in the fight against HIV/AIDS;
- A holistic approach to education and care shall be developed and sustained;

- Capacity building will be emphasised to accelerate HIV/AIDS prevention and control measures; and
- STD prevention and control are central elements in the response to HIV/AIDS.

5. HIV/AIDS AND STD STRATEGIC PLAN FOR SOUTH AFRICA: 2000 – 2005

The primary goals are to:

- Reduce the number of new HIV infections (especially among youth); and,
- Reduce the impact of HIV/AIDS on individuals, families and communities.

The following general strategies will be stressed:

- An effective and culturally appropriate information, education and communications (IEC) strategy.
- Increase access and acceptability to voluntary HIV testing and counselling;
- Improve STD management and promote increased condom use to reduce STD and HIV transmission; and
- Improve the care and treatment of HIV positive persons and persons living with AIDS to promote a better quality of life and limit the need for hospital care.

The Strategic Plan is structured according to the following four areas:

- Prevention;
- Treatment, care and support;
- Human and legal rights; and
- Monitoring, research and surveillance.

In addition, the youth will be broadly targeted as a priority population group, especially for prevention efforts.

NATIONAL SET OF PRIMARY INDICATORS AND SURVEILLANCE DATA FOR THE COUNTRY

South Africa as a whole needs a set of key indicators that can be used to track the overall response of the country to the epidemic. This means not only tracking the course of the epidemic over the next five years, but also tracking changes the attitude, social values, health care practices, socio-economic conditions and behaviours that act as predisposing factors of the epidemic.

The following list of indicators are proposed as a combination of various indicators, that collectively can be used to judge how well the country is doing in terms of tackling the HIV epidemic. Where necessary, mechanisms to collect the required data will be developed.

General trend of the epidemic

- Prevalence of HIV amongst ante-natal clinic attendees (using national sentinel surveillance procedure)

Youth

- Prevalence of HIV amongst ante-natal clinic attendees below the age of 18 years (*using national sentinel surveillance procedure*)
- Teenage pregnancy incidence and rate

Prevention

- Proportion of STD cases effectively managed using syndromic treatment in a) the public sector; b) the private sector
- Percentage of sexually active women using condoms
- Proportion of children leaving primary school who are fully informed of the causes and methods of transmission of HIV

Socio-economic indicators predisposing to HIV transmission

- Proportion of household living below the minimum poverty line
- Unemployment rate

Abuse of women

- The number of reported rape cases
- The number of cases of workplace legislation abuse related to employees contracting HIV

Social values, human rights and acceptance in the community

- The number of VTC clients
- The number of homeless children, as a proxy indicator of the capacity of society to care for AIDS orphans.
- The number of people "coming out" as people living with AIDS

GOALS, OBJECTIVES, STRATEGIES AND LEAD AGENCIES

Priority Area 1: Prevention

- Goal 1: Promote safe and healthy sexual behaviour
- Goal 2: Improve the management and control of STDs
- Goal 3: Reduce mother-to-child transmission (MTCT)
- Goal 4: Address issues relating to blood transfusion and HIV
- Goal 5: Provide appropriate post-exposure services
- Goal 6: Improve access to Voluntary HIV Testing and Counselling (VTC)

TREATMENT, Care and Support

- Goal 7: Provide treatment, care and support services in health facilities
- Goal 8: Provide adequate treatment, care and support services in communities
- Goal 9: Develop and expand the provision of care to children and orphans

RESEARCH, MONITORING AND EVALUATION

- Goal 10: Ensure AIDS vaccine development
- Goal 11: Investigate treatment and care options
- Goal 12: Conduct policy research
- Goal 13: Conduct regular surveillance

HUMAN AND LEGAL RIGHTS

- Goal 14: Create an appropriate social environment
- Goal 14: Develop an appropriate legal and policy environment

5.1 PRIORITY AREA 1: PREVENTION

GOAL 1: PROMOTE SAFE AND HEALTHY SEXUAL BEHAVIOUR

Objective	Selected Strategies	Lead Agencies
Promote improved health seeking behaviour and adoption of safe sex practices	a) Produce and disseminate IEC material and messages to different stakeholders b) Implement life skills education in all primary and secondary schools c) Increase the number of trade unions who have implemented HIV/AIDS & STD policies and programmes d) Facilitate and support the trucking industry's AIDS High Transmission project	DOE, DOH, NGOs, Trade Unions, DOL, DOH Youth Sector
Broaden responsibility for the prevention of HIV to all sectors of government and civil society	a) Develop sector-specific policies and plans for the prevention of HIV/AIDS/STDs, focussing specially on the following sectors: Government sectors: Health; Education; Welfare; Local Government; Transport; Justice; Police; Correctional Services; Home Affairs; Civil society sectors: Traditional leaders; Youth; Faith-Based Organisations; Business; Entertainment and media.	DOH, NAC, All Sectors
Implement HIV/AIDS prevention for migrants	a) Develop an health programme with an HIV focus as part of the Maputo corridor project b) Facilitate cross-border interventions c) Work in partnership with other SADC countries	DOH, SADC, UNAIDS
Develop and implement counselling and care programmes for all national government departments	a) Create public awareness of HIV/AIDS & STDs in all government departments b) Identify, train, and support peer educators c) Distribute condoms in all government department buildings	DOH, Government Departments
Improve access to and use of male and female condoms, especially amongst 15-25 year olds	a) Expand condom distribution through non-traditional outlets b) Improve access to condoms in high transmission areas (e.g. truck stops, borders, mines and brothels) c) Increase acceptance, attitudes, perceptions, efficacy and use of condoms as a form of contraception among the youth	DOH, All Sectors

GOAL 2: IMPROVE THE MANAGEMENT AND CONTROL OF STDS

Objective	Basic Strategies	Lead Agencies
Ensure effective syndromic management of STDs in the private sector	a) Investigate granting dispensing licences to nurses for STD treatment b) Monitor and regulate the quality of care in the private sector c) Training on syndromic management within the private sector d) Review Medical Schemes regulations to ensure minimum reimbursement for treatment of STDs	DOH[2], SAMA, Board for Health Funders, Health Professions Council of SA
Ensure effective Syndromic Management (SM) of STDs in the public sector	a) Training in syndromic management undergraduate / basic curricula of all nurses, doctors and pharmacists b) Regular in-service training of HCWs	DOH, SANC, Nurse training institutions, Medical Schools
Collaborate with traditional healers to improve health care seeking behaviour for STD treatment	a) Develop, print and distribute training manuals in various languages b) Conduct capacity building workshops with THs c) Sensitise the health sector regarding traditional medicine d) Consider referral systems between traditional and western medicine	DOH, Traditional Healer Organisations; CONTRALESA
Increase access to youth friendly reproductive health services – including STD management, VTC and rapid HIV testing facilities (special focus on youth, women, and migrant workers)	a) Make clinics and HCWs "youth friendly" b) Make schools places where youth can access friendly and supportive counselling services	DOH, DOE, Youth Sector

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

Objective	Selected Strategies	Lead Agencies
Improve access to HIV testing and counselling in ANC clinics	a) Develop counselling guidelines b) Train counsellors	DOH, Women's Sector, NGOs
Improve family planning services to known HIV positive women	a) Train reproductive health providers on HIV/AIDS counselling b) Improve access to comprehensive reproductive health services for HIV positive women	DOH, Women's Sector, NGOs, NPPHCN
Implement clinical guidelines to reduce the transmission of HIV during childbirth and labour	a) Train all relevant midwives and medical practitioners	DOH, Nursing Training Institutions, Medical Schools

[2] In section 5, DOH refers to both the national and provincial health departments

GOAL 4: ADDRESS ISSUES RELATING TO BLOOD TRANSFUSION AND HIV

Objective	Selected Strategies	Lead Agencies
Maintain a safe blood transfusion service	a) Monitor implementation of current guidelines on blood transfusion b) Develop national guidelines on HIV and blood transfusion c) Improve the recruitment of low-risk blood donors	DOH, SA Blood Transfusion Service

GOAL 5: PROVIDE APPROPRIATE POST-EXPOSURE SERVICES

Objective	Selected Strategies	Lead Agencies
Provide services for needlestick injuries and occupational exposure	a) Ensure appropriate policies for needlestick exposure in the private sector b) Ensure the supply of anti-retroviral drugs to treat occupational exposure in public health facilities c) Reduce exposure to occupational exposure through the appropriate disposal of medical waste and sharps	DOH, DOL
Investigate options to reduce HIV/STD transmission and pregnancies resulting from sexual assault	a) Review research on use of ARV to prevent HIV transmission following sexual assault b) Assess services for women and men following sexual assault	DOH, Research Institutions

GOAL 6: IMPROVE ACCESS TO VOLUNTARY TESTING AND COUNSELLING

Objective	Selected Strategies	Lead Agencies
Increase the number of voluntary HIV testing and counselling sites	a) Introduce counselling service in all new testing sites b) Expand use of rapid testing methods c) Increase the proportion of workplaces that have on-site counselling and testing services	DOH
Increase the number of persons seeking voluntary testing and counselling services	a) Promote access to VTC services, especially for the youth	DOH, All Sector

5.2 PRIORITY AREA 2: TREATMENT, CARE AND SUPPORT

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

Objective	Selected Strategies	Lead Agencies
Improve treatment, care and support for people living with and affected by HIV/AIDS	a) Develop guidelines for the treatment and care of HIV/AIDS patients in health facilities and the community b) Ensure uninterrupted supply of appropriate drugs for the treatment of opportunistic infections and other related conditions c) Build capacity of health professionals to provide comprehensive HIV/AIDS/STD/TB treatment, care and support d) Establish strong links between health facilities and community-based support programmes e) Improve prevention and treatment of TB and other opportunistic infections	DOH, Training Institutions, PWAs
Establish poverty alleviation projects to address the root causes of HIV/AIDS/STDs and TB	a) Incorporate HIV/AIDS/STDs and TB as indicators of poverty b) Involve relevant government departments and the private sector in poverty alleviation projects	Agricultural sector, Government departments, NGOs, Business
Ensure appropriate practices in the private sector and medical insurance industry for the care and treatment of HIV positive clients	a) Review international and regional practices relating to HIV and medical insurance b) Lobby the medical schemes industry to review benefits and coverage for HIV positive clients c) Standardise a minimum package of treatment and care for people living with HIV/AIDS in the public and private sector	DOH, BHF

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

Objective	Selected Strategies	Lead Agencies
Develop and implement models of community/home –based care in all provinces	a) Develop appropriate home-based care implementation guidelines b) Promote the establishment of intersectoral task teams at community level to develop community/home ~~b~~based care c) Reduce stigma of HIV/AIDS in communities and develop IEC materials targeted at communities	DOH, DOW, NGOs
Increase acceptability to community/home-based care	a) Use media for more exposure to the issues of home-based care in communities	DOH, DOW, NGOs, Media, all sectors

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

Objective	Selected Strategies	Lead Agencies
Develop and implement programmes to support the health and social needs of children affected by HIV/AIDS	a) Promote advocacy of all relevant issues that affect children b) Mobilise financial and material resources for orphans and child-headed households c) Investigate the legal protection of child-headed households d) Provide social welfare, legal and human rights support to protect educational and constitutional rights	DOH, DOW, DOJ, NGOs, Business
Implement measures to facilitate adoption of AIDS orphans	a) Investigate the use of welfare benefits to assist children and families living with HIV/AIDS b) Subsidise adoption of AIDS orphans	DOW, DOE

5.3 PRIORITY AREA 3: RESEARCH, MONITORING AND SURVEILLANCE

GOAL 10: ENSURE AIDS VACCINE DEVELOPMENT

Objective	Selected Strategies	Lead Agencies
Support efforts to develop a Clade C HIV vaccine	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

Objective	Selected Strategies	Lead Agencies
Review and revise policy on anti-retroviral use for reducing mother-to-child HIV transmission	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, Womens Sector
Conduct research on the cost-effectiveness of other forms of non-retroviral treatment and prophylaxis	a) Review international research b) Facilitate local research	MRC, DOH, Research Institutions
Conduct research on the effectiveness of traditional medicines	a) Conduct clinical trials b) Review international research c) Collaborate with traditional healers	Traditional Healers, MRC, DOH

GOAL 12: CONDUCT POLICY RESEARCH

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

GOAL 13: CONDUCT REGULAR SURVEILLANCE

Objective	Selected Strategies	Lead Agencies
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	a) Training for provincial and district staff on research and surveillance in collaboration with research and training institutions	DOH, Academic Institutions
Conduct National Surveillance on HIV and STD risk behaviours, especially among youth	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

5.4 PRIORITY AREA 4: HUMAN RIGHTS

GOAL 14: CREATE AN APPROPRIATE SOCIAL ENVIRONMENT

Objective	Selected Strategies	Lead Agencies
Develop a National Inter-Sectoral Campaign on Openness and Acceptance of People Living with HIV/AIDS	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
Create a legal and policy environment which protects the rights of all persons infected and affected by HIV/AIDS by 2005	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
Monitor human rights abuses and develop enforcement mechanisms for redress	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

Objective	Selected Strategies	Lead agencies
Develop policy and legislation relating to HIV/AIDS and employment	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
Develop policy and legislation relating to HIV/AIDS, commercial sex workers and sexual assault	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 ~~3~~5 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, VTC 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 testing and counselling services**

- Promote access to VTC 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:

- **Approval of the HIV/AIDS & STD Strategic Plan by national bodies such as the Inter-Ministerial Committee on AIDS (IMC), NAC and 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.

- **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 IMC, IDC and NAC 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 departments 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.

- **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.

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/STDs 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 NAC

All Ministries, including the MOH, will submit quarterly reports to the NAC 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.

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Map of South Africa

The following map represents the nine provinces that make up South Africa.