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Background

HIV and AIDS is one of the major challenges facing South Africa today. Some two decades since the introduction of this disease in the general population, the epidemiological situation is characterized by very large numbers of people living with HIV and a disproportionate effect on particular sectors of society, viz.: young women, the poor, as well as those living in underdeveloped areas in the country. HIV and AIDS, however, affects the lives of all people who live in South Africa in different ways.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO), estimated the number of people living with HIV at the end of 2006 to be 39.5 million worldwide. While approximately 10% of the world's population live in sub-Saharan Africa, an enormous 64% of all people living with HIV live in this region - including 77% of all women living with HIV. Levels of infection vary throughout the region with countries north and west having adult (15-49) prevalence levels of between 1% and 5%, while southern Africa have prevalence levels of between 10-20%, with some countries (Botswana, Zimbabwe, Lesotho, and Swaziland) even higher. HIV prevalence has declined in some countries, Uganda in the early 1990s, and recently Zimbabwe, Kenya and urban areas of Burkina Faso. These declines seem to be linked to changes in key sexual behaviours. Overall, HIV prevalence in this region appears to be levelling off, albeit at high levels.

In 1992, the National AIDS Coordinating Committee of South Africa (NACOSA) was launched with a mandate to develop a national strategy on HIV and AIDS. Cabinet endorsed this strategy in 1994. A review conducted in 1997, in line with the goals of the NACOSA plan, highlighted the strengths and weaknesses of a health sector only, disease-specific approach to HIV and AIDS. Some of the recommendations related to capacity building for implementing agencies, increasing political commitment, increase involvement of PLHIV, and strengthen integration.

Much was done to implement the recommendations of the NACOSA Plan review. These include the appointment of provincial AIDS coordinators, the establishment of the Inter-Ministerial Committee on AIDS, launch of Partnerships against AIDS by the Deputy President in 1998, development of the Department of Education HIV and AIDS policy for learners and educators, development of other national policies, including the Syndromic management of STIs, the establishment of the South African AIDS Vaccine Initiative (SAAVI) in 1998, the establishment of SANAC, the establishment of the national interdepartmental committee on HIV and AIDS, as well as the development of a Strategic Framework for a South African AIDS Youth Programme.

In 1999, through a consultative process with stakeholders, a National Strategic Plan (NSP 2000-2005) was developed and has been the cornerstone of our response in mitigating against HIV and AIDS. Its aim was to strengthen the implementation of the recommendations of the NACOSA Plan review as well as to enhance the national response to HIV and AIDS and STIs. This plan was lauded by the previous Secretary-General of the United Nations Organisation, Mr Kofi Annan, as one of the best in the world. An assessment of the NSP 2000-2005 was carried out and its findings and recommendations have been used to inform the NSP 2007-2011.

A number of policies and guidelines have been developed in order to support the implementation of HIV and AIDS strategies in South Africa. This work began in 1994 with the finalisation of the Reconstruction and Development Programme document, from which most of other policies flowed. Some examples are: workplace policies in all government departments, the Integrated Nutrition Programme, Maternal, Child and Women's health, Development of the District Health System, Patients' Rights Charter, the White Paper on Transformation of the Health System in South Africa, the Health Charter, as well as many other relevant policy guidelines. Another important milestone was the approval by Cabinet of the National Operational Plan for Comprehensive HIV and AIDS Management, Treatment, Care, and Support (The Comprehensive Plan), in November 2003.

The process of redressing the imbalances of the past commenced in 1994 and is progressing with great vigour. Several programmes form the thrust of government interventions and ensure greater access to education, health services, reduction of poverty, the empowerment of women, and the provision of basic services such as shelter, clean water, and sanitation. The government views growing a job-creating economy and good governance as imperatives in ensuring sustained development, and has recently embarked upon an Accelerated Shared Growth Initiative for South Africa (ASGI-SA), to which is linked the Joint Initiative on Priority Skills Acquisition (JIPSA), both led by the Deputy President.

In spite of these improvements and commitments, the systemic challenge of human resources particularly in the health sector, attenuates the expected benefits of these commitments. In addition, the most disadvantaged areas such as informal settlements and rural areas, are disproportionately affected by shortages in human resources.



There is an equal challenge with shortages of social workers in South Africa. Government developmental programmes like JIPSA need to be implemented with more vigour. Innovative and efficient ways of leveraging on the private sector need to be developed and introduced.

The challenge of HIV and AIDS in South Africa requires an intensified comprehensive, multi-sectoral national response. This response should:

- Address the social and economic realities that make certain segments of society most vulnerable.
- Provide tools for prevention of infection.
- Provide services designed to mitigate the wide-ranging impacts of the epidemic.

To achieve this there is a continuing need to guide policy and programmes at all levels and in all sectors and to inspire renewed commitment from all South Africans. This NSP seeks to provide such guidance.



