



12

Requirements for Effective Implementation of the NSP

This section highlights environmental issues relating to systems weaknesses, policy gaps and regulatory requirements to be addressed primarily (but not exclusively) by government.

Operationalisation of the HIV & AIDS and STI Strategic Plan by SANAC sectors

After it has been adopted by SANAC, the NSP should be used in developing sector plans at national, provincial and district level. Yearly operational plans should be based on realistic objectives that are linked to the NSP's objectives, interventions and targets.

Establish and Strengthen Structures for Delivery

In a similar fashion to the review process undertaken by SANAC in 2006, there is a need to review and develop structures at all levels, from national to community where necessary. It is recommended that Provinces duplicate appropriate national structures, such as SANAC, at provincial and local level. It is particularly important to establish appropriate structures at district level and it is recommended that District HIV and AIDS Committees be established. These district structures should include all local role players within communities. Local government structures should mainstream HIV and AIDS, TB and STI activities to harmonise with local integrated development plans: issues such as access to transport and poverty alleviation are integral to HIV programmes.

Addressing Policy and Legal Issues

In each of the key priority areas there are issues of policy and regulation that require attention from relevant policy makers and the legislature. These are set out briefly below:

Facilitating Effective HIV Prevention

A reduction of new HIV infections by 50% in five years is an ambitious target. A supportive legal and policy framework is critical for effective implementation of key aspects of the plan.

The NSP proposes focused prevention efforts on groups who are known to have a higher risk of being infected with HIV because of their age, sex, behaviours or social status. It recommends that all policy and law makers be familiar with and understand the NSP.

In this regard the NSP recommends that:

- Legislation and policy that will protect children's rights be finalised. This includes the Children's Act and Child Justice Bill.
- Existing laws that protect women and girls from gender-based violence are effectively implemented. In particular that:
 - Adequate resources are provided for the implementation of the Domestic Violence Act.
 - The Domestic Partnerships Bill is finalised.
 - The Sexual Offences Act is finalised.
- The recommendation of the Equality Review Committee to amend the Equality Act to include 'HIV status' as an express ground of non-discrimination is considered in order to meet the objectives set out in Key Priority Area 4.

The NSP recognises that several higher-risk groups, such as sex workers and drug users, face barriers to accessing HIV prevention and treatment services, because their activity is unlawful. The NSP therefore recommends:

- The decriminalisation of sex work.
- The finalisation and implementation of the Prevention and Treatment for Substance Abuse Bill, and its incorporation of HIV harm reduction measures.

Finally, there are a number of policy issues that must be addressed by the Department of Health:

- Whilst the NSP affirms that VCT remains the primary model, Goal 6 expands this model to include HIV testing that is offered by health providers to specified groups of people attending health facilities. It also proposes to identify new strategies for the provision of counselling and testing outside of health facilities. These new initiatives require a development of policy.
- In early 2007, the World Health Organisation/UNAIDS issued recommendations on male circumcision for HIV prevention. It is recommended that the Department of Health consider the effectiveness of male circumcision as an HIV prevention intervention and develop appropriate policies.



- There is overwhelming evidence that better efficacy is achieved with dual therapy in PMTCT. A dual-therapy regimen is also known to be highly cost effective. Goal 3 requires that policy on the drug regimen used in PMTCT needs to be updated according to the Guidelines of the WHO.

Facilitating Treatment, Care and Support: Affordability of Medicines

It is estimated that, at current prices, the provision of antiretroviral therapy will account for about 40% of the total cost of the NSP. This much needed service will soon be unaffordable at the current drug prices. The following legal opportunities can be exploited in order to make medicines more affordable.

- Amending the Patents Act (57 of 1978) to permit compulsory licensing of medicines when deemed necessary. This in accordance with Revised Guideline 6 of the International Guidelines on HIV/AIDS and Human Rights and the WTO's Declaration on the TRIPs Agreement and Public Health and decision on the Implementation of paragraph 6 of the Doha Declaration on the TRIPs Agreement and public health.
- Finalising of regulations establishing international benchmarks for medicine prices.
- Removing obstacles to the timeous registration of essential medicines.

Social Security

The NSP recommends strengthening systems to provide food support to children and adults on chronic medication and the introduction of a Chronic Diseases Grant, a policy choice currently being considered by the Social Cluster of Government.

Strengthening Human Resources for Health

A major threat to the implementation of the NSP's interventions to provide prevention treatment, care and support is the unavailability of skilled personnel. Human resource shortages, however, are not a justification for paralysis. South Africa has already found innovative ways to mobilise local communities for the provision of services. These strategies have been successful in promoting greater access to services. Some examples include defining clear responsibilities for the use of community development workers, community care givers and lay counsellors in health facilities.

A number of important systems level innovations are therefore recommended by the NSP.

- **Task shifting:** This involves the delegation of activities to less qualified cadres and includes, for example, training of primary health care nurses (rather than doctors) to initiate antiretroviral treatment; lay counsellors (rather than nurses) "pricking" patients for rapid HIV tests; lay counsellors (instead of social workers) for orphan support activities. The NSP recommends that regulatory and policy barriers to task shifting be identified; nursing scopes of practice be amended and that processes are set in motion to provide the necessary training to health care workers.
- In order to minimise the risk of compromising the quality of services, such policy decisions require a supportive systemic environment. In this regard, defining norms and standards, roles and responsibilities, target setting, identifying vulnerable groups, removing barriers to access, building integrated networks, and strategies of prevention care and support as well as inter-sectoral collaboration are some of the core responsibilities at district and local level.

Sustainability of Financing

Weaknesses of existing monitoring and evaluation systems have made it very difficult to adequately cost the NSP because of uncertainty around baseline performance and outputs. Nonetheless, the cost implications of the NSP are extremely large; for example, if the NSP target of 80% of AIDS cases receiving ART was achieved, this would exceed 20% of the health budget (see *Table 4* on page 114). This is before taking into account the costs arising from the effect of the epidemic on hospital and primary care services. This poses challenges for both the affordability and sustainability of the NSP. It requires policy makers to consider what efficiencies might be possible and to make difficult resource allocation choices within the health sector and between sectors.

Therefore in ensuring the financial feasibility of this plan, some of the key considerations are:

- Extending HIV prevention programmes and getting them to work. This is critical reducing long-term morbidity and costs. A simple example is PMTCT. If this programme was functioning properly, it would radically reduce paediatric AIDS cases.
- Innovative financing arrangements such as partnerships with the development partners (Global Fund to Fight AIDS, TB and Malaria and PEPFAR) as well as partnerships with the private health sector, business and a range of other stakeholders.
- Increasing the affordability of medicines.
- Improving monitoring and evaluation, which will, amongst other things, show value for money.
- Sustaining high adherence to treatment: poor compliance and associated rapid development of resistant strains would lead to increasing reliance on more expensive lines of treatment.

It is important for the Cabinet and Treasury to continue to ensure that adequate funding for ensuring delivery is made available at national, provincial and district levels. The best mechanism of ensuring predictable and sustainable provision of financial resources is the conditional grant that is available through the division of revenue.





