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Response Analysis

A detailed description of the country's response to the HIV and AIDS epidemic is beyond the scope of this plan. However, this section offers a brief overview of progress made by various agencies in implementing the NSP 2000-2005 as well as some of the gains for the NACOSA period.

The NSP 2000-2005 articulated four priority areas – prevention; treatment, care and support; legal and human rights; and research, monitoring and surveillance.

The findings of the assessment on the extent of implementation of the NSP 2000-2005 are summarized as follows:

Prevention

Information Education and Counselling (IEC) materials in South Africa are of sound technical quality and widely available. All stakeholders disseminate similar messages, articulated around ABC, stigma-mitigation and human and legal rights. The DOH has invested a great deal in the production and dissemination of IEC materials through the existing and popular mass media.

Recent reports on the status of HIV and AIDS communication campaigns have found that a variety of AIDS communication programmes, including Khomanani, Soul City and loveLife are achieving significant reach and are becoming well known and recognised by the general population.

The Life Skills program has been extended to many schools in South Africa and significant progress has been made in building capacity among educators. Behavioural change, however, remains a problem. Reports indicate that consistent condom use among the youth is still not optimal.

Some programmes have been implemented in high transmission areas (HTA) and have grown rapidly due to high demand. These include several regional initiatives such as the Corridors of Hope service on the major trucking routes in South Africa.

Male condom accessibility, judged according to the quantity of condoms procured and distributed, has significantly improved during the NSP 2000-2005. Condoms are being distributed increasingly via non-traditional outlets, but the number of condoms handed out at these venues remains low compared to overall distribution.

The number of PMTCT sites has increased during the NSP 2000-2005 period. DOH has provided some skilled personnel, medicines and other commodities to ensure that access to PMTCT increased. The training of health care providers on PMTCT may, however, be lagging behind the expansion of the PMTCT services. Fertility options for women known to be HIV positive are still lacking. The effectiveness of this programme is still to be established.

The availability of post-exposure prophylaxis (PEP) services has also improved during the NSP 2000-2005. Policies are available, and the number of sites and drug availability has improved since 2000. But the percentage of people who have been raped who actually receive PEP is low. This could be due to weak human resource capacity or failings of other support systems (for example, data/information management) for the programme.

Significant investment has been made in infrastructure since 2000 including recruitment of staff, training of staff, and procurement of equipment and supplies for VCT. The proportion of people counselled to those who are tested has improved during the NSP 2000-2005 period, as has the proportion of health care workers being trained to provide the service. The contribution of the private health sector to VCT is minimal, too low in proportion to the resources in that sector.

All government departments are committed to the prevention of HIV and AIDS. Departments have developed and implemented appropriate policies and plans. There are suggestions, however, that implementation capacity for specific activities within government departments is inadequate.

In August 2005, South Africa joined the WHO Afro Regional Resolution to declare 2006 a year of accelerated HIV prevention and a five-year strategy for accelerated HIV prevention was developed. HIV prevention is one of the key priority programmes articulated in the Strategic Plan of the DOH for 2006/2007.



Treatment, Care and Support

Standard treatment guidelines for the management of HIV and AIDS related conditions in the public health sector were developed and distributed with training of health care workers. An important milestone in this regard was the development and approval by Cabinet of the National Operational Plan for Comprehensive HIV and AIDS Management, Treatment, Care and Support (The Comprehensive Plan). This plan united the country in ensuring that a comprehensive package of good quality services is equitably provided to those in need whilst strengthening the health system.

Since the launch of this plan, a lot of resources have been allocated to treatment, care and support within facilities. Policy and guidelines for all aspects of HIV and AIDS were updated to include the use of antiretroviral drugs and nutrition interventions. Staff training has increased, laboratory services are more accessible, physical infrastructure has improved. In the first year of the implementation of the Comprehensive Plan, accredited service points covered all health districts. Today many accredited service points are already functioning beyond capacity.

South Africa now has the largest number of people enrolled on antiretroviral therapy in the world. There are however many more people in need of this and other related interventions to reduce morbidity and mortality from HIV and AIDS. In particular more eligible adults than children have accessed these services. There is a need to develop more innovative strategies to improve access for children as well. The management of TB poses a specific challenge as the cure rate remains low and resistance increases despite the efforts that have been put into the programme.

Community and home-based care have grown rapidly in South Africa in the last five years. Guidelines have been developed and training is available for home-based carers. In general, communities are responding positively to the need to care for PLWHAs. Collaboration between the government and some CBOs is well established, with many receiving funding from the government. The provision of a stipend for home-based carers is an important incentive that also contributes to poverty alleviation. This programme is seen as the department of health's contribution to the national Expanded Public Works Programme (EPWP). Policies for the management of community care givers as well as career path programmes have been developed whilst good quality services are provided to home-bound clients and children in early childhood centres.

The burden of HIV and AIDS on children has increased greatly. The number of Orphans and Vulnerable Children (OVCs) has more than doubled in the past three years. The government response to this reality is multi-sectoral, comprehensive and developmental. There is significant inter-sectoral collaboration between relevant government departments and civil society to address the needs of these children.

Research, Monitoring and Evaluation

South Africa's efforts to develop a vaccine have met with international acclaim. Support from government and other research institutions is very valuable to the initiative. The various scientific teams involved have observed all ethical requirements. HIV vaccine development has strengthened the level of community participation in scientific research, and capacity to do research has increased considerably in the country. The challenge is to ensure equitable spread of this development. It is, however, still a long way before an effective vaccine is available for use.

A number of HIV and AIDS research projects have been commissioned during the NSP 2000-2005 to investigate various treatment options in South Africa. Also various projects are underway, funded through the Comprehensive Plan. Great emphasis has been placed on ensuring that new drugs are safe - both in the mainstream and traditional health sectors. Studies have been conducted to establish the incidence of HIV. There are still some methodological discussions yet to be concluded in this domain.

Several behavioural surveys of varying methodological strength have been carried out. Some of these were aimed at establishing a baseline against which future surveys could be assessed. The antenatal care survey for the prevalence of HIV among pregnant women was conducted once a year during the time of the NSP 2000-2005.

Human and Legal Rights

Between 1994 and 2007 South Africa developed a sophisticated legal framework dealing with health, which has respect for human rights at its centre. There are also a number of laws, policies, guidelines and judgments that specifically protect the rights of people living with HIV and AIDS in South Africa. However, information on these rights has not been widely enough disseminated. Linked to this is the failure to allocate resources for human rights education and protection, leading to the human rights-based response being limited, fragmented and largely driven by NGOs. As a result, poor, marginalised and disabled people face the problem of being unable to afford or have easy access to the legal and judicial system.

During the NSP of 2000-2005 some research has reported a lessening of stigma and the latest evidence suggests the majority of South Africans are willing to care for PLWHAs. In addition there have been a number of successful cases challenging unfair discrimination. But despite this, the combination of stigmas against HIV, disability and sexual orientation, together with other forms of discrimination, remain a challenge. This continues to deter people, particularly from vulnerable groups, from seeking HIV testing, treatment and support. In addition, much greater openness about HIV remains elusive.

Civil Society Sectors response

Various sectors of civil society were identified as lead agencies in the implementation of the NSP 2000-2005. Challenges with lack of indicators and poor co-ordination make it difficult to provide an accurate account on the performance of these sectors. However, during 2000-2005 many sectors expanded their involvement in HIV prevention, treatment, care and support. For example, the PLWHAs, business, higher education, traditional health practitioners, people with disabilities, children, and religious sectors are some of the sectors that have made meaningful contributions.

The main challenge is now for the sectors to coordinate and monitor their activities more effectively. There is also a need for sectors to ensure that campaigns on HIV reach all of their members.

The final report of the assessment of the NSP 2000-2005 concluded that:

1. All stakeholders in government and civil society embraced the NSP 2000-2005 as a guiding framework during the time of its implementation. Sectoral HIV and AIDS policies and operational plans in South Africa are designed according to the principles and structures charted in the NSP 2000-2005.
2. Participation in the fight against HIV and AIDS has broadened to involve agencies other than the Department of Health and government departments during the time of the NSP 2000-2005.
3. There has been an increase in the levels of HIV and AIDS awareness and in the acceptance of people living with HIV and AIDS. However, behaviour has not changed proportionately to levels of awareness and availability of prevention methods such as condoms.
4. Stigma and discrimination remain unacceptably high.
5. The NSP 2000-2005 gave rise to the establishment and expansion of key programmes such as health education, voluntary HIV counselling and testing (VCT), prevention of mother-to-child transmission (PMTCT) and antiretroviral therapy (ART). There has been significant growth in input to, and uptake of, these programmes over the period of the NSP 2000-2005.
6. The implementation of these programmes tended to be vertical, with capacity deficits evident in their implementation. This is reflective of the health system or lead agency's weaknesses rather than a weakness in the strategic framework.
7. The lack of a clear monitoring and evaluation framework and clear targets and responsibilities was a major weakness of the NSP 2000-2005.
8. The overall co-ordination of activities at SANAC level and within civil society was another major weakness.

Key recommendations for government departments included:

1. Review the approach and content of the Abstain, Be faithful, Condomise (ABC) strategy behind the design of Information, Education and Communication materials (IEC). There should be greater emphasis on strategies that are designed to influence behaviour rather than simply to raise awareness. Also, there should be emphasis on positive messaging - sending a clear message that it is possible to live a happy, fulfilled life with HIV.
2. Strengthen the implementation of government departments' HIV and AIDS plans. Establish an interdepartmental framework to record the experiences of the various departments.
3. Consolidate and build existing partnerships, especially concentrating on increasing the contribution of the private sector.
4. Strengthen co-operative agreements among SADC member states and promote implementation of these agreements to create a regional framework.
5. Strengthen the co-ordination and monitoring and evaluation of the sector within the framework of SANAC.

The key recommendations identified the following needs within civil society:

1. Develop strategies to enable SANAC representatives to fulfil their mandate of coordinating activities in civil society.
2. Develop strategies to increase business sector contribution in all aspects of the response to HIV and AIDS, especially small, medium and micro enterprises (SMMEs). Formalise structures in the trained health professional (THP) sector.
3. Establish a monitoring and evaluation plan for all civil society structures. Strengthen co-ordination among all sectors of civil society involved in treatment, care and support activities.
4. Make prevention education and other HIV and AIDS related interventions accessible to people with special needs.





