

# **SEDIBENG RESPONSE TO HIV&AIDS, STIs & TB**

## ***"MAINSTREAMING IN MOTION"***

### **2012-2016 STRATEGY**

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***"...Towards HIV-free Community"***



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## **1. INTRODUCTION:**

Since the bubonic plague and the influenza epidemic in the fourteenth century and the 1917 respectively, never in the global history has all nations and countries converged in pursuit of a common goal; to reduce enroute to ultimately eradicating Human immune-deficiency Virus and Acquired Immune Deficiency Syndrome (HIV&AIDS). The HIV&AIDS pandemic has taken the lives of millions of people like never before in the history of mankind.

When HIV&AIDS first emerged in the eighties, they were perceived purely as health issue and the approach to mitigate them was biomedical. However the complex nature of the cause and effect, including macro and micro socio-economic impacts of this scourge, has prompted countries to earnestly and continuously revise their approaches to mitigate the spread of HIV&AIDS. HIV&AIDS have in most instances nullified many hard earned human developmental gains and in some countries further pushing poverty and unemployment to unprecedented levels.

As this pandemic continues to ravage the society, lives of skilled, semi-skilled employees are lost; this also includes the loss of institutional memory. This deprives young people an opportunity to tap onto these skills. As a result HIV&AIDS related costs increase and cause strain to households and government budget, thus exacerbating poverty and employment. Hence HIV&AIDS is counter-productive to the developmental agenda of the society.

This document therefore seeks to reflect and advance Sedibeng Regional HIV&AIDS, STIs & TB 2012-2016 Strategy, which is hoped that will form part of ongoing regional dialogue for the current political term of office. This strategy is aligned to the National Strategic Plan 2012-2016 and focuses on how local government plays a critical role in mobilising all stakeholders towards tangible output-oriented programmes. The strategy also calls for a shift in paradigm regarding HIV&AIDS, STIs & TB and local government.

## **2. BACKGROUND**

HIV&AIDS pandemic constitutes one of the most formidable challenges to social, economic and development successes and progress, while in other parts, this scourge has undermined economies and is threatening to destabilise and profoundly affect social fabric.

According to The Joint United Nations programme on HIV&AIDS (UNAIDS), Sub Saharan Africa still bears the inordinate share of the global HIV burden and South Africa is the only country globally with the largest number of adult living with HIV. Encouraging is that there is evidence that HIV has reached plateau/maturity and the HIV-prevalence is beginning to stabilise and that more and more people are receiving antiretroviral therapy.

Since HIV&AIDS emergence in the eighties, there have been new opportunities aimed at stopping HIV-incidences and mitigating the HIV-prevalence rates. The opportunities include developing new programmes to improve, amongst others, access to and the utilisation of HIV Counselling and Testing (HCT), Prevention of Mother to Child Transmission (PMTCT) services; and the provision of ART, while addressing stigma and discrimination.

In the past decade, local municipalities' policy makers have shown the will to mitigate the spread of HIV and manage the socio-economic impacts of AIDS. The impacts of HIV&AIDS at municipality level are illustrated from two perspectives viz. a) how do HIV&AIDS impact on a municipalities as organisation i.e. currently and in the future, where staff and politicians may be infected or affected; with the resultant absenteeism, low staff morale, staff turnover, job hopping, poor quality of service, increasing costs of recruitment, retraining of new staff and loss of human capital; b) how do HIV&AIDS impact on the residents who may be infected and/or affected and the resultant burden for demand and supply of goods and services that municipalities provide, amongst others, services for health (more demand for palliative care); poverty alleviation (more grants budget); indigent assistance (more budget) and land use (graves/cemeteries).

Higher rates of unemployment and poverty may increase the chances of less revenue collection by municipalities for services provided. There is also a likelihood of low economic growth due to businesses losing expertise and valuable skills. Hence there is a critical need for municipalities to know the status of this pandemic within and outside the workplace so that they can respond appropriately and effectively.

There is global recognition that effective HIV&AIDS, STIs and Tuberculosis (TB) interventions are best employed at local government level, since it is at this level where individuals, households, families, organisations and business most feel the wrath of these pandemics. Therefore mainstreaming and programming of HIV/&AIDS, STIs and TB are best suited for this level of government. As mandated by the vision of developmental government, local municipalities are expected to actively take a lead in all endeavours to prevent the spread of and manage the social and economic impacts of HIV&AIDS, sexually transmitted infections (STIs) and TB to their communities.

If not for legislative obligation; municipalities have very good reasons to participate in the fight against this pandemic; first as human beings, there is a moral duty to help fellow men and women and secondly municipalities should strive towards a stable and vibrant society as the impacts of HIV&AIDS increase the cost of doing business both in the world of work and government.

Therefore, municipalities should increasingly seek innovative ways and approaches to manage HIV&AIDS, at the same time utilising their core areas of expertise and embed the management of this scourge into an everyday business practices. This is premised from the fact that municipalities are doers, enablers and coordinators.

### **3. POLICY AND LEGISLATION AND HIV&AIDS, STIs & TB IN LOCAL GOVERNMENT:**

#### **3.1. The Constitution:**

The constitution of the Republic of South Africa provides, in its preamble that “we therefore, through our freely elected representatives, adopt this Constitution as the supreme law of the Republic so as to...and establish a society based on the democratic values, social justice and fundamental human rights” and that “we believe that South Africa belongs to all who live in it, united in our diversity”, (Constitution of the Republic of South Africa, 1996).

The South African constitution endorses every citizen’s right to participate in the governance of the country and that its citizens’ needs, including HIV&AIDS, should be responded to; and that all citizens should be encouraged to participate in the policy-making process, at the level of local government (Chapter 10 section [195] [e], Chapter 7 section [152] [a] of the Constitution of South Africa, 1996). Moreover, the constitution gives pre-eminence to the addressing of “the [felt] basic needs of the community, and to promote the social and economic development of the community”

(Chapter 7 section [153] [a] of the Constitution of South Africa, 1996, The White Paper on local government, 1998). Thus, in order to fulfil its duties and accurately identify and assuage the needs of its citizens, municipal structures should be in place to manage its administration, budgeting and planning processes to give priority to the basic needs of the community (DPLG, 2007).

### **3.2. The White Paper on Local Government:**

The White paper invariably postulates that the "Local government's core function needs to be understood as part of the functioning of the state and its three sphere government system as a whole. It further asserts that the constitutional definition of local government's powers and functions in relation to provincial and national government, is, however, ambiguous in some respects, and requires further clarification. This situation is further complicated by the fact that most powers and functions have several components, not all of which are best performed by the same sphere of government. Hence the assumption that the governance and socio-economic aspects of HIV&AIDS, and not biomedical, are assumed to be core functions of Local Government and that of other spheres of government (White Paper on Local Government, 1998). "...it is inherent of local municipalities to support individual and community initiative and to direct community energies into projects and programmes which benefit the area as a whole".

The general themes and/or goals in the White Paper on Local Government are of change, democratic community governance, restorative justice, and ultimately the striving for a local government that "stimulates sustainable social and economic development" (White Paper on Local Government, 1998). The document puts forth four key elements to addressing these injustices, namely, maximising social development and economic growth, integrating and coordinating – with the aid of an IDP, democratising development, and leading and learning.

In the White Paper on Local Government it is posited that local government structures should endeavour to adopt inclusive approaches, including that of HIV&AIDS, so as to remove obstacles associated with impeding citizens' participation in the activities of local government. It speaks of local government developing strategies to address communal needs ranging from subsidies for households to addressing the diverse needs of those groups designated as vulnerable, including for HIV&AIDS. Furthermore, the White Paper challenges local government to raise awareness on human rights and environmental issues.

### **3.3. The Municipal Systems Act, 2000:**

In its broadest sense the Municipal Systems Act outlines service delivery standards that should be observed by municipalities so as to realise the rise of a developmental local government (MacKay, 2004). The Municipal Systems Act (2000) espouses the development of a culture that encourages communities to participate in the affairs of a given municipality. It thus speaks to the delivery of basic municipal services and the addressing of basic communal needs, where for reference purposes; basic human needs include access to adequate housing, healthcare, food, and social security (Constitution of the Republic of South Africa, 1996).

The legislation makes explicit that communities should be consulted about their perceptions of the standards of municipal services provided by a local municipality; this would include HIV&AIDS external mainstreaming. Through meetings between ward councillors and members of the public, including organized community-based organisations, such grievances should be procured and explored, and strategies to addressing the identified needs put forth by the local municipality. However, active participation by communities in creating an integrated development plan, which is one of the vehicle used to drive HIV&AIDS mainstreaming and programming, is more than a mere consultative process, it talks about capacitating the marginalized social groups who are often excluded in favour of those who possess power/wealth

### **3.4. DPLG Framework for an Integrated Local Government Response to HIV&AIDS:**

In 2000, several municipalities accepted their mandate to be active role players in the local response to HIV&AIDS and have since adopted an array of strategies to tackle the issue (DPLG, 2007). Subsequent to study, a follow-up in 2004 revealed that municipalities had started to identify and acknowledged the epidemic as a subject that needed an appropriate response. Some of the key findings of the studies were that municipalities were not institutionally ready to embark on developmental roles; planning lacked an overview of root causes of the epidemic and instead focused on the symptoms of the disease; a lack of consultation resulted in infected and affected citizens' needs not being met; HIV&AIDS was still a sensitive issue associated with stigma and discrimination; and a lack of expertise to plan and facilitate interventions related to HIV&AIDS existed (DPLG, 2007).

Indeed, HIV&AIDS epidemic in South Africa has been depicted as one of the worst in the world, as illustrated by UNAIDS AIDS Epidemic report 2010 asserting that while the Southern Africa is the epicentre of HIV&AIDS, South Africa still lead the pack with the most number of adults infected with HIV in the whole world (UNAIDS 2010). HIV&AIDS have obvious development and social implications.

### **3.5. Integrated Development Plan:**

Integrated development planning refers to “an approach to planning that involves the entire municipality and its citizens in finding the best solutions to achieve good long-term development” (‘Integrated development planning for local government’, [www.etu.org.za](http://www.etu.org.za)). This ‘super plan’ provides a given municipality with a means of devising future plans and foster sustainable, particularly communal development. Moreover, the main impetus to the development of the Integrated Development Plan (IDP) was to redress past inequalities and disparities engendered by the then apartheid government. The previous apartheid dispensation espoused policies that entrenched, for example, racially divided business and residential areas and huge disparities in the levels of services between the rich and poor areas.

Another concept integral to this evaluation is developmental local government. The shift to developmental local governance came about with the inception of the first local government election on December 5, 2000 (‘Developmental local government’, [www.etu.org.za](http://www.etu.org.za)). Active democratic citizen participation of particularly the most vulnerable for instance, the aged, marginalized for instance, the women, and formerly disenfranchised groups for instance, Black, Coloured, Indian race groups in the planning and devising of sustainable ways to address their socio-economic and material needs; in theory, was conceived to be a defining feature of a developmental local government (The White Paper for Social Welfare, 1997).

Local government in the form of local municipalities is the political decision making structure closest to communities. It is regarded as being the best positioned and attuned to communal needs and having the political power needed to advocate on behalf of the communities it serves. Other defining features of a developmental local government include maximizing social development and economic growth, integrating and co-coordinating, democratic development and reading and learning. To ensure accountability and the shift towards a system of governance that is developmentally inclined, the following legal and policy framework has a strong bearing on the quality and relevance of HIV/AIDS programmes; and on their development and delivery.



### **3.6. Department of Public Service and Administration (DPSA) regulation on HIV&AIDS:**

This department had developed and introduced guidelines on integrated human resources planning. Subsequently the department amended the Public Service Regulation to include the management standards in managing HIV&AIDS and other diseases in the workplace. The Regulations now require head of departments to take reasonable steps to minimise exposure to HIV and other diseases infection.

### **3.7 The King II Report:**

The report encourages corporate governance that reflects a commitment to preventing occupational diseases. The report is specific in recommending that local government becoming familiar with the implications of HIV&AIDS and actively participating in responding to this scourge.

## **4. FACTORS CONTRIBUTING TO THE SPREAD OF HIV&AIDS/STIS & TB:**

Over the years of scientific research, evidence have shown that factors contributing to the spread of HIV&AIDS, STIs and TB in a particular area, Sedibeng included, are categorised into three layers at the least. These layers, a) attitudinal drivers (male attitudes and behaviours, intergenerational sex, gender and sexual violence, untreated sexually transmitted infections and inconsistent carrying and usage of condoms); b) socio-structural drivers (migration, population density and mobility, inequality, and cultural factors and c) primary/key drivers (multiple and concurrent partnerships by both sexes, unprotected sex and low levels of circumcision), portray life's experiences at local community level, compounded by the socio-economic fabric of the members of the community. Below is the figure that depicts these layers;

**Figure: Layers of drivers of HIV**



## **5. SEDIBENG HIV&AIDS, STIs & TB 2012-2016 STRATEGY**

### **5.1. Vision**

- Zero new HIV and TB infections
- Zero new infections due to vertical transmission
- Zero deaths associated with HIV and TB
- Zero discrimination associated with HIV and TB

### **5.2. Goals**

- Reduce new HIV and STIs infections by at least 50%
- Reduce new TB infections by 50%
- Reduce stigma and discrimination associated with HIV and TB

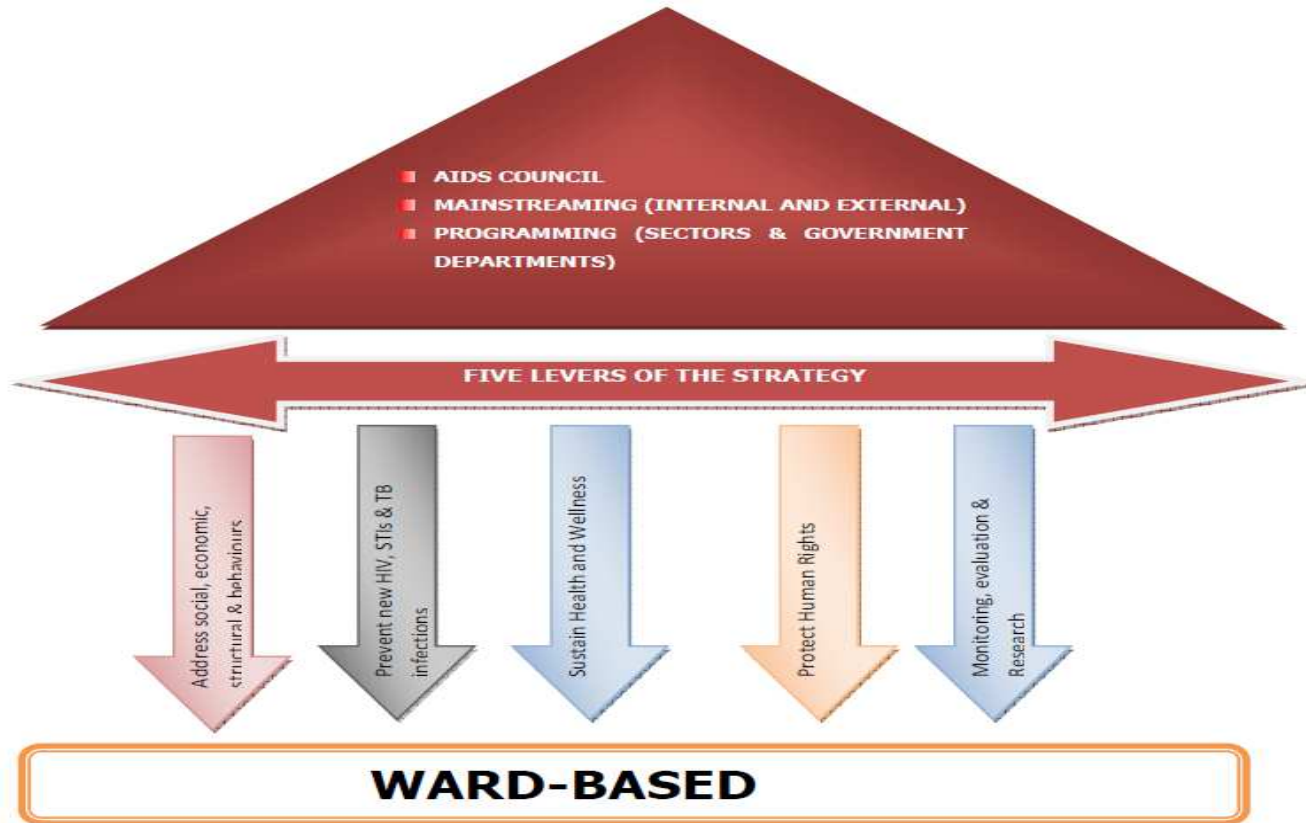
### **5.3. Strategic Objectives**

- To address social, economic, structural and behavioural barriers to HIV, STIs & TB prevention, treatment, care and support
- To prevent new HIV, STIs and TB infections
- To sustain health and wellness
- To protect human rights
- To monitor, evaluate and conduct research

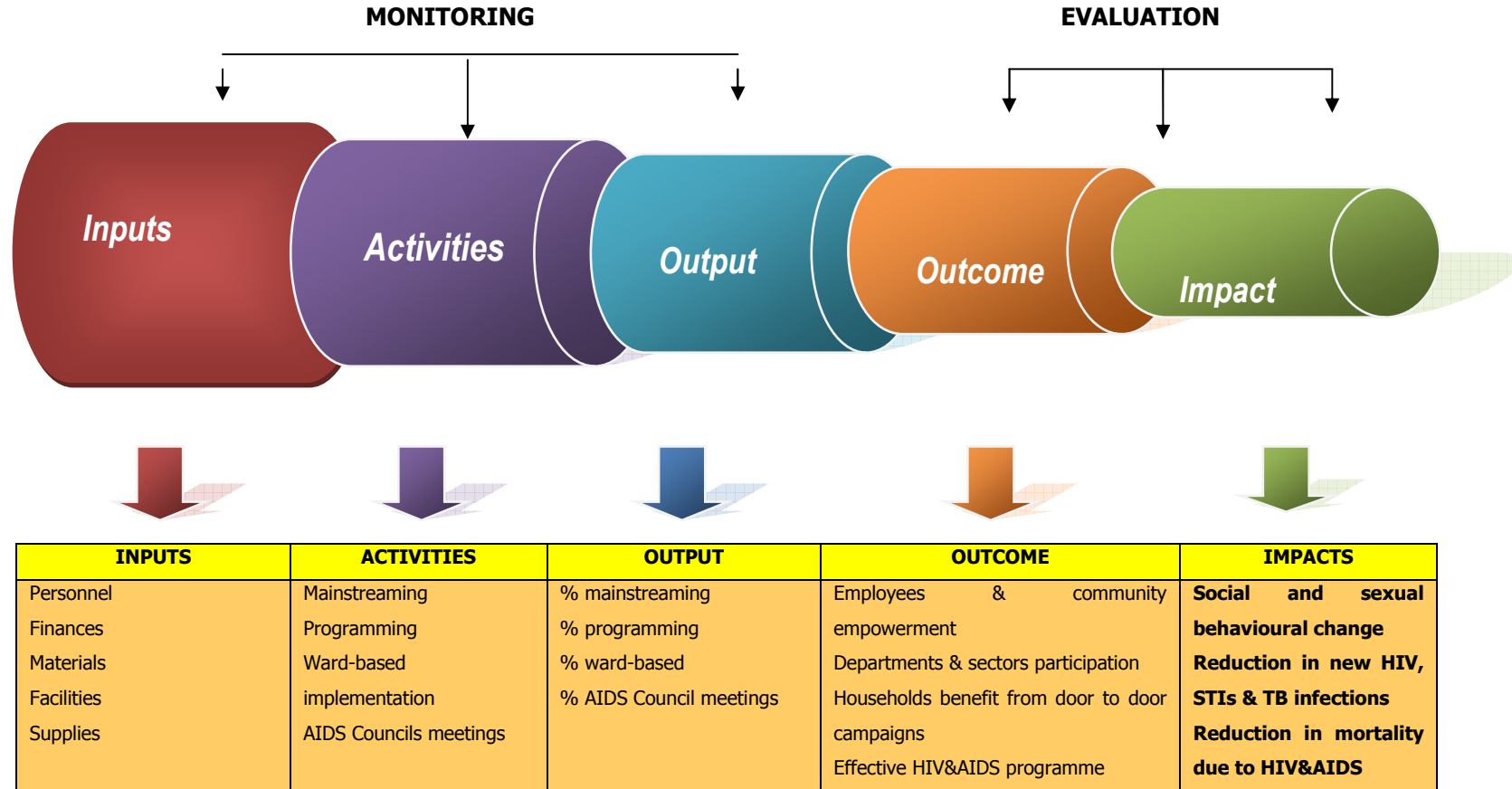
## **6. GUIDING PRINCIPLES FOR THE IMPLEMENTATION OF THE STRATEGY**

- Access to services
- Equity
- Capacity Building
- Participation
- Partnership

7. The Approaches/Vehicles to achieving the goals and objectives



## 8 MONITORING AND EVALUATION



All References: Acknowledged