

A united response

FOR LOCAL ACTION ON AIDS

“Scaling Up for Success” was the theme of the Fourth South African AIDS Conference, held in Durban from 29 March to 3 April 2009. It aimed to “take stock of best practices in treatment and prevention and to scale these up sufficiently to begin to roll back the onslaught in numbers and impact that the epidemic is currently waging in Southern Africa”. Four thousand people from 52 countries attended the conference. The latest research and innovative projects were discussed among social and medical scientists, HIV and AIDS practitioners (including some municipal HIV and AIDS coordinators) and community members involved in HIV programmes.

Deputy President Baleka Mbete opened the conference and Minister of Health Barbara Hogan closed it. This was a positive sign of a strong governmental commitment to overcoming the HIV and AIDS challenges. Significantly, a large space was given to community responses: alongside the tracks dedicated to clinical science, epidemiology and social science, 'community exchange encounters' were also organised. In a constructive climate, the participants from various disciplines reflected on the best ways to scale up the response.

Importantly, one plenary session of the conference was dedicated to the role of local government in combating HIV and AIDS and the *Handbook for Facilitating Development and Governance Responses to HIV and AIDS* was launched. Moreover, the findings of many of the presentations made during the conference presented local government with both direct and indirect opportunities to strengthen its role in the fight against HIV and AIDS.

This article seeks to inform municipal role players on the main outcomes of the conference, the successes and challenges of the response, and how local government can contribute to addressing the challenges.

The South African epidemic

It is estimated that South Africa has 5.2 million people living with HIV, that 900 to 1 000 people are infected every day, and that 250 000 people die and 500 000 become infected every year. To respond to the epidemic, the National Strategic Plan 2007–2011 (NSP) has two main goals: to halve new infections by 2011 and to give access to antiretroviral treatment (ART) to 80% of the people who need it.

Evaluating the successes of the national response

- **Unity.** After many years of tension and conflicts between the government, researchers and AIDS activists, this was the first conference where civil society, government and researchers were united around the NSP; Desmond Tutu, who gave the Nkosi Johnson Memorial Lecture, commended the fact that South Africa now has "orthodox views" on how to deal with the HIV and AIDS epidemic.
- **Rapid roll-out of antiretroviral treatment.** The South African ART programme is the biggest in the world. There were ten times more patients on ART in 2008 than in 2004. In the past two years, more people were put on treatment than planned, with a total of about 700 000 currently on treatment. While a positive step, this has put strain on the health budget. Scaling up is therefore a challenge. The Treatment Action Campaign

and other activists organised a protest to demand an increase of the health budget in order to meet the NSP targets without compromising the quality of health care.

The new solutions presented at the conference

- **Antiretroviral treatment as a preventative measure:** As ART decreases the viral load in the human body, if it is given to patients at an early stage of infection, the risk of transmitting the disease decreases dramatically. Hence it could be used as a preventative measure. While the costs associated with this would be high, some health economists believe it might not be as high as the costs associated with the death of people at the most productive stage of their lives.
- **'Elite control of HIV' and the hope for a vaccine.** With a view to developing a vaccine, researchers are investigating the mechanisms by which certain people in regular contact with the virus do not get infected by HIV.
- **Circumcision as a preventative method:** It has been proved that circumcision decreases the risk of infection by 60%. It is envisaged that circumcision will be included in the prevention strategies, while condom use continues to be promoted.

Challenges of the national response and the contribution local government can make to addressing them

- **Prevention and gender: One of the main priorities in South Africa is to improve prevention.** Only around 20% of people get tested. The percentage of sexually active people using condoms is very low, as is the percentage of infants and pregnant women on treatment.

The **prevention of mother-to-child transmission** programme needs to be expanded. Moreover, prevention needs to become more effective. The tools for prevention are usually quite effective, but their promotion is not, as it often does not "address the social conditions in which sex and sexual risk are enacted and it does not enable social transformation". To date, too much focus has been placed on individual behaviour, while cultural, social and political contexts have been overlooked. We need effective promotion that addresses not only individuals, but also groups and distant drivers of the epidemic, such as poverty, overcrowded houses and the lack of access to services.

Finally on prevention, **multiple concurrent partnerships** have been identified as one of the main drivers of the epidemic. The social and cultural norms encouraging people to have more

than one sexual partner at the same time must be challenged, because 'culture' is not static, but an evolving and dynamic concept.

The gender dimension of the epidemic: As reported in the last issue of the *Bulletin* (LGB11(1), February/March 2009), women are disproportionately affected by the epidemic. The sexual and reproductive rights of women have been largely overlooked in the NSP, while practices of sterilisation of HIV-positive women have been reported in South Africa. In addition, sexual health has been removed from the school curriculum. To fill this gap, HIV/AIDS treatment guidelines for women of reproductive age are being developed.

Municipalities are very well placed to address these challenges as they are the sphere of government closest to the people. They can use all available opportunities – such as World Aids Day, the municipal workplace programme, ward meetings and AIDS council meetings – to campaign, champion and debate these sensitive issues. They can encourage people to get tested, including pregnant women, promote the use of condoms, challenge harmful cultural and social norms, lead by example and involve all community members, including traditional authorities. They can make sure that gender is mainstreamed in integrated development programmes (IDPs). Above all, by delivering basic services to all, local government is in a position to remove most of the vulnerability factors that drive the epidemic.

- **Orphans and vulnerable children:** Only 10% of children living with HIV access ART, and “children orphaned by AIDS are sadly only the tip of the iceberg of HIV-affected children”. Calls were made for a clearer definition of ‘orphans’ in order to ensure that these vulnerable children are properly identified and that a relevant response is developed to meet their needs.

Municipalities can help in identifying orphans and vulnerable children, referring them to the appropriate services, exempting them from school fees or allowing child-headed households to be included in the indigent register.

- **Tackling the ‘drivers of HIV’, the ‘structural deficiencies’** In the conference keynote address, John Hargrove of the South African Centre for Epidemiological Modelling and Analysis listed the role of various factors in the origin and future trajectory of the epidemic in Southern Africa. He emphasised isolated migration (linked with work in the mining industry mainly), the destruction of the family unit and the lack of family support. He also highlighted certain “structural deficiencies” that need to be eliminated, notably ones related to

housing, employment, rural development, education and health care.

“The combination of poverty and HIV in informal settlements is an obstacle in accessing basic services and health care.” This is the conclusion of a research paper recommending an integrated approach that includes food distribution and access to the HIV disability grant for HIV-positive people. Another research initiative showed that the grant helps the receiver to eat properly and contributes to the maintenance of households, which are decisive factors for ART to be successful.

Among the five priorities detailed by Professor Wafaa El Sadr of Columbia University in scaling up the HIV response, one approach is to focus on “quality and develop interventions that would not only benefit HIV-positive people, but also the whole household”, such as distributing water, vitamins, etc.

The role of local government is central in tackling the social determinants of the disease. It is part of its mandate to create jobs and improve the quality of life in urban and rural settlements; to ensure that services, notably water and sanitation, are accessible to vulnerable people; and to facilitate access to disability grants through, among other mechanisms, the community development workers programme.

- **Improving coordination, communication and planning:** The lack of coordination of the HIV response was mentioned several times during the conference, including the lack of communication between national, provincial and local levels, the lack of a coordinated approach at provincial and district levels, and the lack of communication between the South African National AIDS Council (SANAC) and districts.

In addition, the lessons learnt from the region on strategic and operational AIDS planning confirm the importance of collecting and analysing evidence, defining priorities and translating these into plans. Moreover, community participation must be encouraged in the planning process.

Some of the local government roles that can make a real difference in the effectiveness of the HIV response at local level, where it really matters, are coordinating the response (notably through local AIDS councils), making sure that all the HIV and AIDS responses are aligned to the NSP, and planning and monitoring the response through the IDP processes.

The role of local government

Nombulelo Msikinya from the Department of Provincial and Local Government presented the Framework for an Integrated Local Government Response to HIV and AIDS, which guides

municipalities on their mandate and roles. The handbook is a tool to help put the framework into practice. It gives HIV coordinators and IDP managers practical tools to facilitate the response in their municipality by mobilising their colleagues and community members to organise a coordinated municipal response, specifically by mainstreaming HIV in the IDPs. The roll-out of the framework using the handbook will start in selected municipalities in Mpumalanga, the Eastern Cape and the Free State.

The handbook, as an essential tool, was well received in all quarters, including the South African Business Coalition on HIV and AIDS (SABCOHA). Brad Mears, chair of SABCOHA, explained that many private companies are willing to partner with municipalities, but often “do not know what to do”. An example of an interesting initiative is that taken in the Northern Cape, where businesses have decided to coordinate their programmes and align their HIV strategy to that of local government. They have produced a Draft Northern Cape Private Sector Strategy on HIV and AIDS, which is accessible for comment on www.sabcoha.org/press-releases/invitation-to-comment-on-proposed-northern-cape-strategy-doc.html.

Book launch

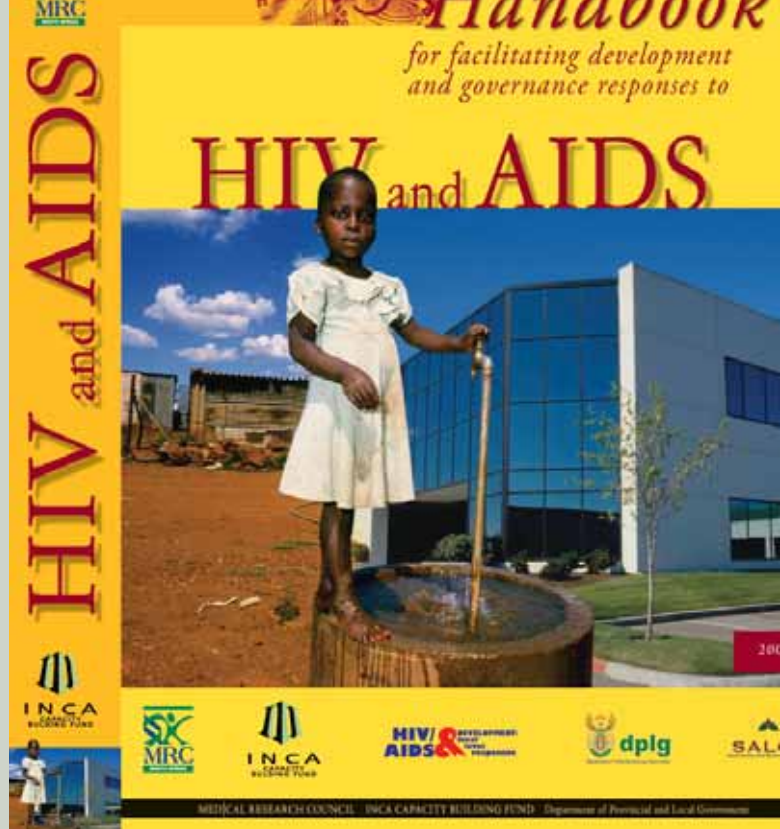
Handbook for Facilitating Development and Governance Responses to HIV and AIDS

People do not die at national level: they get infected, they get sick and they need services at local level. The municipalities are the touchstone of success or failure to save lives. (Mark Heywood, SANAC Deputy Chair)

The launch of the handbook on Thursday 2 April was an occasion to bring together important stakeholders from various sectors who gave different perspectives on the importance of the role of local government in the response to HIV and AIDS. The presence of Minister of Provincial and Local Government Sicele Shiceka, SALGA Councillor Elgina Ndlovu, Director of the Infrastructure Finance Corporation (INCA) Capacity Building Fund Noel Jelliman, and Medical Research Council (MRC) Vice-President Dr Ali Dhansay raised the profile of this event, which was opened by the eThekweni Executive Mayor Obed Mlaba, who commended the fact that “we have moved from the mistakes of the past” and are all unified around the NSP.

Other speakers listed important aspects of the local government response that are examined in detail in the handbook.

- **The weight of the local government response:** “South Africa has 283 municipalities, with a total of 40 000 employees and 9 000 councillors: talking to DPLG is talking to the whole nation, and it is an efficient way to carry a message to the whole of South



Africa.” While this is true, the Minister cautioned that because of HIV and AIDS, the developmental agenda is under threat of seeing a reversal of the gains made since 1994. The financial crisis depressing the South African budget means that “the amount available to improve the quality of life is less, thus we must find creative ways to deal with HIV”.

- **Forging partnerships:** The importance of partnerships was highlighted by Dr Simphiwe Mngadi of DPLG: she commended the collaborative work between DPLG, SALGA, the Centre for Municipal Research and Advice (CMRA), German Technical Cooperation (GTZ), INCA and the MRC to develop and roll out the framework and the handbook.
- **Local analysis:** Mark Heywood highlighted the need not only for accurate national statistics, but also for a better understanding of local issues and identifying the social factors that determine who is and who is not infected. KwaZulu-Natal MEC for Local Government and Traditional Affairs Mike Mabuyakhulu reiterated that each municipality must identify what factors lead to poverty and then mitigate those conditions at the local level.
- **Local champions:** The role of local government leaders as champions of the response to HIV was further highlighted by the MEC. “Every generation has its own mission to fulfil and each one of us has an ability to make a difference. Each one of us must deal with stigma, as we, as leaders, are at the cutting edge of leading the fight against HIV and to remove the conditions of fear.”

Conclusion

AIDS means "Am I Doing Something?" (Harry Nyathela, living positively with HIV)

The direct and indirect references to the importance of local government's contribution to the national response to HIV, the support of SANAC, and the commitment and determination of local government's highest officials are positive signs. It can be hoped that the next conference in two years will open a track specifically dedicated to local government. It will provide the opportunity to report on the implementation of the framework, on the use of the handbook and, above all, on the major initiatives that will have been taken by local government to liberate South Africa from this epidemic.

The HIV epidemic is a "a state of emergency, which requires taking extraordinary measures", said Sicelo Shiceka, Minister of Provincial and Local Government, while Barbara Hogan, the Minister of Health, concluded by thanking the delegates for their "tireless work" and asked them to "continue to do pioneering work on all fronts".



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Most of the presentations and conclusions of the conference can be downloaded from the conference website: www.saaid.com.

The Handbook for Facilitating Development and Governance Responses to HIV and AIDS can be downloaded from www.dplg.gov.za, www.salga.net or www.mrc.ac.za/healthdevelop/local_government_HIV_AIDS_Handbook.pdf.

News Flash

AIDS and Local Government in South Africa: Examining the Impact of an Epidemic on Ward Councillors

This exploratory study by Kondwani Chirambo and Justin Steyn, published by IDASA (the Institute for Democracy in South Africa), sampled 12 local municipalities "with the aim of comprehending the impact of HIV/AIDS on ward councillors and the epidemic's potential to affect accountability, effective government and legitimacy". It suggests that the death of young councillors is the main cause of by-elections, and that the loss of skills

might hamper the development of "an experienced corps of politicians at local level" and might lead to "ineffective government". It also reveals that stigma is still prevalent, with HIV-positive councillors being reluctant to disclose their status, as they fear it might affect their political careers. The study notably recommends identifying champions among the councillors, capacity building on mainstreaming for technical staff, who would then train councillors, and constant communication on HIV by the leadership.

The study can be downloaded from www.idasa.org.za, in the AIDS and Local Governance section.

The regular HIV, AIDS and LG contributions are offered by CMRA in partnership with SALGA. As a partner in the "Decentralised Response to HIV&AIDS in South Africa" project, SALGA actively promotes the sharing of lessons learned among municipalities and other relevant Local Government and HIV and AIDS developments through various media, including the *Local Government Bulletin*. While the articles on HIV and AIDS do not necessarily represent the views of SALGA, any feedback on the articles written so far as well as ideas and suggestions for future contributions are warmly welcomed.

