‘Know your epidemic, know your response’

In June 2009, the Human Sciences Research Council (HSRC) released its third national HIV prevalence survey. The survey presents a contrasting picture of the epidemic in South Africa: it seems that new infections are going down, but **one in five South Africans between 15 and 49 years old is HIV-positive**. The prevalence differs across South Africa’s provinces, with the highest prevalence in KwaZulu-Natal (15.8%) and Mpumalanga (15.4%).

This survey will help all South Africans involved in the HIV response to identify ‘the behaviours and social conditions that are most associated with HIV transmission’, and the ‘barriers in accessing and using HIV information and services’, as requested by the Joint United Nations Programme on HIV / AIDS (UNAIDS). Since 2008, UNAIDS has called on HIV and AIDS stakeholders to ‘know your epidemic, know your response’, highlighting the necessity to base prevention efforts on evidence and not on perceptions. While the HSRC survey helps to know the epidemic better, ‘knowing the response’ is about documenting the services provided by the various HIV / AIDS-related organisations and ‘critically assessing the extent to which the existing response is meeting the needs of those most vulnerable to HIV infection’. Understanding this enables the government not only ‘to review, plan, match and prioritise … national responses to meet these needs’, but also to better coordinate the response and target the root causes of the transmission. The ‘know your epidemic, know your response’ motto is also applicable at local level, and municipalities have a core role to play.

THE ABC OF HIV AWARENESS IN LOCAL GOVERNMENT

Why should we know our epidemic and our response?

> ‘The epidemic keeps evolving. It is important for countries to take stock of where, among whom and why new HIV infections are occurring’ (UNAIDS).

Municipalities are expected to be developmental. In addition to its impact on the health of the population, HIV has been shown to undermine a number of developmental gains. Indicators such as the Millennium Development Goals show that HIV leads to higher infant mortality rates, increased numbers of orphans and higher levels of unemployment, and breaks down social cohesion.

In South Africa, HIV prevalence is not concentrated in small, vulnerable groups of people such as sex workers, injecting drug users or men who have sex with men (and their sexual partners). A concentrated population would make targeted interventions relatively easy. Rather, **in South Africa, the transmission occurs in the general population and impacts on the whole of society, with certain groups being more vulnerable than others**. This differs among provinces, between urban and rural areas, and within urban areas.

Municipalities therefore need to put in place developmental strategies that can help those most affected by the epidemic to cope and to develop adequate prevention strategies and projects. To do that, local municipalities need to better understand the HIV epidemic in their area, as a guide for effective planning, monitoring and evaluation.

What do we need to know?

Ideally, planning should be based on actual HIV data and not estimates. However, as HIV is highly stigmatised and many HIV-positive people do not know they are positive, our planning depends on estimates of HIV prevalence.

For municipal planning purposes, it is important to know the age and gender of those infected, whether they are parents, whether they are employed and which areas they live in. **This data helps municipalities correctly target strategies to prevent further HIV infection and limit the negative effect of HIV infection on the families, communities and workplaces of HIV-positive people by ensuring that they are able to stay healthy and productive for as long as possible.** Unfortunately such data is not readily available. There are, however, some excellent studies that can help inform municipal planning.

What data is available at national level?

Antenatal data

Since 1992, the Department of Health has measured the rate of HIV infection in women attending antenatal clinics each year. This is called antenatal prevalence data. Until a few years ago, this data was only available by province, but is now **available at district level.** The data shows the great variation in HIV prevalence in women expecting babies between districts and from province to province. Some provinces have been shown year after year to have much higher antenatal prevalence rates than others – for example, KwaZulu-Natal, Mpumalanga and Gauteng as compared to the Western Cape.

The antenatal prevalence data also shows whether the prevalence of HIV infection in women giving birth in each province is increasing, stabilising or going down. Unfortunately the data is not available for local municipalities, nor does it show the HIV prevalence in the general population.

Other national data sets of HIV prevalence: HSRC national surveys

Three national HIV prevalence studies have been undertaken by the HSRC. The survey data is available for 2002, 2005 and 2008 and shows the HIV prevalence in the population as a whole, not only in pregnant women. The advantages of this data are that it not only shows HIV prevalence in women, men and children, but also highlights the factors that are driving the levels of HIV infection. The 2002 and 2005 surveys showed that

HIV prevalence differs between urban and rural communities as well as between informal and formal urban settlements.

The latest HSRC study points to key demographics that reflect the HIV epidemic in South Africa.

- HIV prevalence remains very varied between provinces.
- Certain age and sex groups have much higher HIV prevalence than others. High prevalence groups include:
  - **women, with HIV prevalence peaking in the age group 25–29 (one in three: a prevalence of 32.7%);**
  - men from 30 to 34 years old, with prevalence peaking at 25.8%;
  - **young people with partners five or more years older than themselves, among whom the prevalence was 9.6% in 2005 and is now 14.5%;**
  - **women with partners five years or more older than themselves, among whom the prevalence was 18.5% in 2005 and is now 27.6%;**
  - **in the 15–49 age group, people with two or more partners, whose HIV prevalence was 9.4% in 2002 and is 10.6% now.**
- In the latest 2008 HSRC study, the 'most at risk populations' are identified as:
  - women aged 20–34 and men aged 25–49;
  - people who drink excessively;
  - recreational drug users;
  - men who have sex with men; and
  - people with disabilities.

The report concludes with the following recommendations:

- **Pay more attention to the 'most at risk populations'.**
- **Find ways to discourage intergenerational partnerships.**
- **Address high partner turnover by changing community norms.**
- Set up programmes to help people become pregnant without risking HIV.
- Introduce provider-initiated routine HIV testing at all health care facilities.
- Increase the reach of HIV communication initiatives.

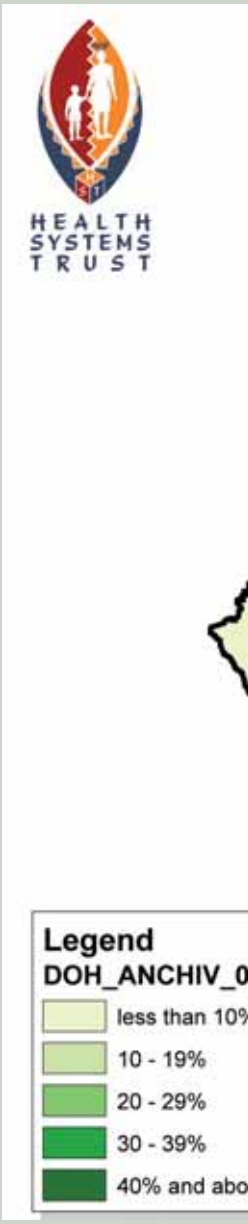
Local studies

Universities or local research institutions might have conducted HIV prevalence studies in your district or local municipality. These studies may help you understand the trends and impacts of HIV in your area. Try to find out about these from local HIV or health researchers.

Other pieces of research are also very informative for municipalities. IDASA (the Institute for Democracy in South Africa) recently published an exploratory study to examine the impact of HIV and AIDS on local government in South Africa. It looks at 12 municipalities and analyses 'the impact of HIV / AIDS on ward councillors, and the epidemic's potential to affect accountability, effective government and legitimacy'.

What do we know about the current municipal HIV response in South Africa?

No national data is available. However, in late 2008, the Department of Provincial and Local Government (now called the Department of Cooperative Governance and Traditional Affairs) initiated the roll-out of the Framework for an Integrated Local Government Response to HIV and AIDS (see *LGB* 11(2), April / May 2009, p 18; www.dplg.gov.za; www.salga.net). As part of this process a baseline assessment was conducted in the 36 municipalities where the framework and its accompanying handbook were piloted (in the Free State, the Eastern Cape and Mpumalanga). A questionnaire was completed by the HIV coordinators of these municipalities, the findings of which give a contrasting picture of the current municipal responses to HIV and AIDS.



- It seems that the local HIV situation is largely unknown, as only eight respondents out of 18 knew the prevalence in their district, and ten stated that they knew which areas were underserviced.
- It seems that the local HIV response is not well documented, as only a third of the municipalities have a directory of services.
- Most of the municipalities (16 out of 18) have a local AIDS council (LAC), but it is not clear if it is functioning well and enabling a coordinated response.
- Most of the municipalities (16 out of 18) have an HIV and AIDS coordinator, quite a few of whom report to the senior management (seven to the municipal manager and six to the mayor). But half of the HIV coordinators did not answer the questionnaire, eight of the 18 have other responsibilities in addition to HIV and AIDS work, and they benefit only nominally from a weak district and provincial support system.

In the face of such challenges, what are municipalities to do?

What can municipalities do?

- ***Know your epidemic***: Each HIV and AIDS coordinator should read, disseminate and discuss the latest district antenatal prevalence data and the trends highlighted by the HSRC survey to help municipal HIV stakeholders better understand the social and behavioural determinants of the disease. There is an urgent need to identify underserviced areas. The LAC or HIV community forum could put in place a system asking members to systematically report on emerging challenges.
- ***Know your response***: An HIV and AIDS service directory, recording all HIV and AIDS service providers in the area, is essential to coordinate the response and organise referrals. A fact sheet can be developed and regularly updated. Regular meetings of the LAC, HIV ward committees and HIV and AIDS community forums are essential to better identify the local situation. This directory needs to be kept up to date and to reflect the spatial areas served in order for it to be useful for referrals.
- ***Use existing municipal mechanisms to plan, coordinate and evaluate, as described in the framework and handbook.***
  - ***The integrated development plan (IDP)***: HIV and AIDS must be mainstreamed through the IDP process and integrated in all IDP planning, monitoring and evaluation stages. The information gathered on the local epidemic and response must be included in the IDP situation analysis;
  - ***The Local AIDS Council (LAC)***: It is also recommended that the LAC be linked to the IDP steering committee in

order to ensure that HIV is integrated in the IDP. (The same applies to district AIDS councils.) The LAC is also the most powerful instrument to coordinate the municipal response.

- ***An HIV and AIDS community forum*** bringing together people living with HIV and AIDS and other HIV and AIDS service providers and ***an HIV and AIDS ward committee*** can be set up to identify the services and gaps and ensure coordination.
- The ***HIV coordinator and IDP manager*** should be given the time and power to drive the HIV and AIDS response in the municipality, as described in the framework.

- ***Respond to the recommendations of the HSRC survey.***
  - It is possible to find local ways to give special attention to populations that are most at risk. Buffalo City Municipality, for example, has forged a partnership with civil society organisations that cater for people with disabilities to ensure that municipal services, including clinics, are accessible to them.
  - **Municipal senior managers and councillors are also very well placed to contribute to the changing of norms** through leading by example and having local HIV prevention campaigns and events communicating the risks associated with multiple concurrent partnerships and intergenerational relationships.

In recent months, the development of an integrated municipal HIV and AIDS response has been facilitated by the launch of the handbook, which clarifies roles and responsibilities and provides concrete guidance to municipalities, and by the HSRC survey, which gives a more accurate picture of epidemic.

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Against the international background defined by the UNAIDS call to 'know your epidemic and know your response', it is hoped that municipalities will all define a localised integrated response and thus contribute to halving new infections by 2011, through playing their developmental role, mainstreaming HIV and coordinating an evidence-based response. This is also a fundamental requirement of the HIV and AIDS National Strategic Plan.

The HSRC survey (*South African National HIV Prevalence, Incidence, Behaviour and Communication Survey, 2008: A Turning Tide Among Teenagers?)* can be downloaded from www.hsrc.ac.za/Media_Release-379.phtml.
The IDASA study (*AIDS and Local Government in South Africa: Examining the Impact of an Apidemic on Ward Councillors*) can be downloaded from www.idasa.org.za/gbOutputFiles.asp?WriteContent=Y&RID=2439.

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.