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## The HIV & AIDS and STI Strategic Plan for South Africa (NSP 2007-2011)

The primary aims of the NSP are to:

- Reduce the number of new HIV infections by 50%.
- Reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to an appropriate package of treatment, care and support to 80% of all people diagnosed with HIV.

In particular young people in the age group 15-24 should be a focus of all the interventions, especially for behaviour change based prevention. The interventions that are needed to reach the aims of the NSP are structured according to the following four key priority areas:

- Prevention;
- Treatment, care and support;
- Monitoring, research and surveillance; and
- Human and rights and access to justice.

The executive summary section outlines the key priority areas, the goals and the identified specific objectives. The section that follows focuses in more detail on the interventions that will be pursued in the next 5 years towards the attainment of these objectives. However, it needs to be understood that these priority areas are a continuum in the response to HIV and AIDS.

### Priority Area 1: Prevention

The target is to reduce the national HIV incidence rate by 50% by 2011. Identifying and keeping HIV-negative people negative is the most effective and sustainable intervention in the AIDS response. (The unavailability of incidence-measures is a cause for uncertainty regarding the reliability of monitoring targets in this regard. Monitoring incidence will be informed by modeling work for some time in the NSP period.)

It is thought that as much as 85% of the South African HIV epidemic is caused by heterosexual spread. Vertical transmission from mother-to-child and, less frequently, transmission associated with blood products, account for the rest of the infections. The HIV epidemic is complex and diverse and although not fully understood, is known to be driven by many behavioural, social, and biological factors that both exacerbate and/or facilitate the spread of HIV. It is unlikely that the society will be able to keep up with the demand for health and social services unless there is a significant slowing down in the incidence of newly infected individuals. This situation underscores the central role and importance of HIV prevention.

### Priority Area 2: Treatment, Care and Support

The target is to provide an appropriate package of treatment, care and support services to 80% of people living with HIV and their families by 2011 in order to reduce morbidity and mortality as well as other impacts of HIV and AIDS.

Key to meeting these targets are:

- Establishing a national culture in which all people in South Africa regularly seek voluntary testing and counselling for HIV.
- Strengthening the health and other systems so as to create the conditions for universal access to a comprehensive package of treatment for HIV, including antiretroviral therapy, and the integration of HIV and TB care.
- Drawing on and disseminating the growing body of experience and innovation in care, treatment and support strategies across the country, in both public and private sectors.
- Focussing on specific issues and groups: the prevention of mother-to-child transmission, the care of children and HIV-infected pregnant women, and wellness management of people before they become eligible for ART.
- Ensuring the effective implementation of policies and strategies to mitigate the impacts of HIV, in particular orphans and vulnerable children, youth-headed households, and on the health and educational system, as well as support to older people.

### Priority Area 3: Research, Monitoring and Surveillance

The NSP 2007-2011 recognises monitoring and evaluation (M&E) as an important policy and management tool. National, provincial and district level indicators to monitor inputs, process, outputs, outcomes and impact will be used to assess collective effort. It is recommended that a sustainable budget of between 4% – 7% of the total HIV and AIDS budget is dedicated for the Monitoring and Evaluation of the NSP in line with international trends.

### Priority Area 4: Human Rights and Access to Justice

HIV and AIDS is a human rights issue. A major objective of the NSP is to create a social environment that encourages many more people to test voluntarily for HIV and, when necessary, to seek and receive medical treatment and social support. Respect for, and the promotion of, human rights must be integral to all the priority interventions of the NSP. In addition, active and ongoing campaigns that promote, protect, enforce and monitor human rights must be linked to every intervention and mounted at district, provincial and national level.

The NSP identifies a range of activities to improve access to justice, in order that people can challenge human rights violations immediately and directly. It sets out issues for law reform to create a legal framework that uniformly assists HIV prevention, treatment, research and surveillance.

#### **Youth as a specific target group**

Young people are not only the key to South Africa's future, but also the key to whether we meet the goals of the NSP. A key message of the NSP is that one of our greatest challenges is to influence and change the behaviour of young people, particularly those under 24, in order to try to reduce HIV infection in the age group that is most at risk. If this strategy is successful, behaviour change will need to be sustained and monitored as people get older. Also, access to youth-friendly services in clinics and multipurpose centres is key to getting young people involved in HIV and AIDS prevention treatment care and support programmes. The NSP outlines some critical youth specific interventions.

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<b>19.3: Address the needs of women in abusive relationships</b>	Distribute Guidelines on SAPS and their responsibilities in terms of the National Sexual Assault Policy	40% of facilities covered	50%	60%	70%	80%	<b>DOJ, DCS, Human Rights sector</b>
	Train SAPS on Guidelines	Programme developed	50% service providers covered	70%	80%	90%	
	Train VCT and adherence counsellors to identify barriers that prevent women from accessing HIV prevention, treatment and care services.	Programme developed	50% service providers covered	70%	80%	90%	
<b>19.4: Ensure laws, policies and customs do not discriminate against women and children</b>	Develop and implement guidelines on the impact of HIV on the Master's Office and running of deceased's estates, with focus on women and children.	Guidelines developed and distributed	60% target group covered	80%	90%	95%	<b>DoJ&amp;CD, traditional leaders, DHA, Parliament</b>

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<b>1.4: Create an enabling environment for HIV testing</b>	Develop high profile campaigns utilising peer influence to promote HIV testing and disclosure	Develop & implement	Monthly	Monthly	Monthly	Monthly	<b>DOH</b> , Social Development Cluster, Civil Society Structures, Private Sector
	Expand access to HIV testing beyond formal health care settings such as community and non-health care settings	At least 1 non-health care facility point per district	5/district	10/district	20/district	30/district	<b>DOH</b> , Social Development Cluster, Civil Society Structures, Private Sector
	Develop clear, consistent HIV prevention messages to be delivered by leadership from all sectors at all available opportunities	Prevention key messages for leadership developed	Update quarterly	Update quarterly	Update quarterly	Update quarterly	<b>DOH</b> , Govt, Civil Society, Private Sector
<b>1.5: Build and maintain leadership from all sectors of society to promote and support the NSP goals</b>	Ensure regular updates in sectors on priority activities and messages	Quarterly reports on sector indicators	Quarterly reports on sector indicators	Quarterly reports on sector indicators	Quarterly reports on sector indicators	Quarterly reports on sector indicators	<b>SANAC</b>
	Mobilise and engage custodians of culture and cultural practices through debates, seminars and workshops on cultural practices that fuel the spread of HIV as well as those that are desirable	Program for traditional leaders developed	Quarterly forum	Quarterly forum	Quarterly forum	Quarterly forum	<b>Traditional Leaders Sector</b> , DACST, DoH, traditional structures, civil society, & private sector
<b>1.6: Support national efforts to strengthen social cohesion in communities and to support the institution of the family</b>	Support programmes that aim to develop HIV and AIDS knowledgeable and competent communities and families	Develop & implement	Ongoing	Ongoing	Ongoing	Ongoing	<b>DOH</b> , Social Development Cluster, Civil Society Structures, Private Sector, DPLG, SALGA, local authorities
<b>1.7: Build AIDS competent communities through tailored competency processes.</b>	Design and implement ward-based community competency programmes in most vulnerable communities	Community competency programmes developed and piloted in 9 provinces	30% ward-based vulnerable communities covered	50%	60%	70%	<b>DOH</b> , DPLG, SALGA, DSD, Local authorities, Private sector CBO's

**GOAL 2: REDUCE SEXUAL TRANSMISSION OF HIV**

Objective	Intervention	5-year target					Lead Agency
		2007	2008	2009	2010	2011	
<b>2.1: Strengthen behaviour change programmes, interventions and curricula for the prevention of sexual transmission of HIV, customised for different target groups with a focus on those more vulnerable to and at higher risk of HIV infection</b>	Introduce, evaluate and customise curricula and interventions for different target groups including: Young people out of school, primary school children, secondary school children, higher education institutions, young women and pregnant women, older men and women, higher risk groups and vulnerable populations (informal settlements, rural areas) (see below)	Evaluation, improvement & introduction	Ongoing	Ongoing	Ongoing	Ongoing	<b>DOE, DOH, All government departments, all sectors of civil society</b>
<b>2.2: Implement interventions targeted at reducing HIV infection in young people, focusing on young women</b>	Identify and prioritise interventions in schools reporting high rates of teenage pregnancies per year through a gender sensitive package that addresses sexual & reproductive health and rights, HIV, alcohol and substance abuse.	Create spatial map and database and start implementation in priority schools	Implementation in 50% of priority schools	Implementation in 70% of priority schools	Implementation in 80% of priority schools	Implementation in 90% of priority schools	<b>DOE, DSD, DoH, PLHIV, Professional organisations, civil society, traditional structures</b>
	Implement legislation and policies and programs aimed at keeping young people in schools, (particularly orphans and vulnerable children)	Identify and implement	Ongoing	Ongoing	Ongoing	Ongoing	<b>DOE, Social cluster, DoH, civil society, traditional structures, private sector, DTI, Treasury</b>
	Introduce, strengthen and evaluate life skills, SRH education and HIV prevention programmes in all primary and secondary schools	70% institutions	80%	90%	95%	98%	<b>DOE, DoH, NGOs, DSD, academic institutions</b>
	Enhance training of teachers and NGOs to ensure quality delivery of life skills, SRH and HIV prevention programmes in schools	Review and start implementation	30% training completed per district	50% training completed per district	60% training completed per district	80% training completed per district	<b>DOE, Social cluster, Private sector, academic institutions, NGO sector</b>
<b>2.3: Increase open discussion of HIV and sexuality between parents and children</b>	Evaluate, adapt and implement parenting programmes that promote positive engagement and communication with children on sexuality and HIV	Implement in each province	30% of districts covered	50%	70%	90%	<b>Social Cluster, NGOs and Civil Society Structures, DAC, DPLG, Local Authorities</b>

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	Strengthen SRH and HIV prevention programmes including VCT, STI, contraceptive services and psychosocial support in higher education institutions	80% of institutions covered	90%	95%	95%	98%	HEAIDS, Higher education institutions, DoE, DoH
	Develop and implement guidelines for educational institutions (schools and Higher education institutions) to be sites of safety, protection and care for children and young people	10%	30%	50%	70%	90%	DoE, Social Cluster, NGOs
	Increase targeted HIV prevention and SRH programmes and initiatives for out of school youth in different setting focusing on informal settlements and, rural areas, and considering the needs of street children and child headed households	20% of districts	50% of districts	70% of districts	85% of districts	100% of districts	DSD, DoH, DoSD, NGOs, DoE, Religious institutions Traditional sector
	Increase and coordinate multi-media strategies aimed at youth that promote communication about HIV including HIV prevention, gender and sexuality	quarterly campaigns	quarterly campaigns	quarterly campaigns	quarterly campaigns	quarterly campaigns	DoH, Communication sector, Social development cluster, youth sector, traditional structures, civil society
	Increase access to youth friendly health services in the public sector.	20% of districts	50% of districts	70% of districts	85% of districts	100% of districts	DoH
<b>2.4: Increase roll out of workplace prevention programmes (Cross reference with ILO, NEDLAC and SADC Code) for workplace based interventions</b>	Incremental roll-out of comprehensive prevention package in workplaces, including access to IEC, VCT, provision of male and female condoms, STI management and TB screening	40% of workplaces	60%	80%	90%	100%	DPSA, NGOs, all government departments, Business NEDLAC
	Incremental roll-out of comprehensive customised HIV prevention package to higher risk occupational groups including uniformed services, mining industry, long distance transport services, agriculture industry and the hospitality industry	50% of services	60% of services	70% of services	80% of services	100% of services	DPSA, Relevant employee institutions, DoH, DoL
	Develop targeted HIV prevention programmes for domestic workers and gardeners and other employees who are hard to reach	Targeted programs developed	30% of districts covered	40%	50%	70%	DoL, NGOs DoH, DoSD, NGOs

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**GOAL 2: REDUCE SEXUAL TRANSMISSION OF HIV (continued)**

Objective	Intervention	5-year target					Lead Agency
		2007	2008	2009	2010	2011	
<b>2.5: Increase roll out of prevention programmes for higher risk populations</b>	Incremental roll-out of comprehensive customised HIV prevention package in prisons, including access to VCT and access to male condoms, lubricants, STI symptom recognition and access to PEP and STI treatment	50% of services	70% of services	80% of services	90% of services	95% of services	DoH, DCS, NGOs
	Incremental roll-out of comprehensive customised HIV prevention package for MSM, lesbians and transsexuals including promotion of VCT and access to male and female condoms, and STI symptom recognition	Program developed with relevant groups	40% of groups covered	50%	60%	70%	DoH, NGOs
	Incremental roll-out of comprehensive customised prevention package for sex workers and their clients, including promotion of VCT and access to male and female condoms, STI symptom recognition	50% of organised groups covered	70%	80%	90%	95%	DoH, DSD, DoL, NGOs, NPA
<b>2.6: Develop and integrate a package of sexual and reproductive health and HIV prevention services into all relevant health services</b>	Integrate sexual & reproductive health services and HIV prevention guidelines and programmes into family planning, ANC, STI, TB, ARV treatment services and vice versa in the public and private sector	30% of services	40% of services	60% of services	70% of services	80% of services	DoH, private sector
	Increase access to quality STI services in the public and private sector offered by adequately trained staff utilising the updated syndromic management guidelines	40% of services	50% of services	60% of services	80% of services	90% of services	DoH, NGO, organisations representing private sector practitioners, medical aids
<b>2.7: Develop a comprehensive package that promotes male sexual health</b>	Identify, evaluate and roll out effective gender sensitive male intervention programmes in the workplace, and in communities, that address HIV prevention, gender issues and responsible parenting	Male sexual health program developed	20%	40%	50%	60%	DoH, NGOs, Mens sector

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	Convene a multidisciplinary expert working group, including traditional leaders and private practitioners to review the WHO/UNAIDS male circumcision policy and make policy and programme recommendations	Policy recommendation from expert group adopted by the NHC and implemented	20% of districts	40%	60%	80%	<b>DOH</b> Traditional leaders Private Sector NGOs
<b>2.8:</b> <b>Develop and integrate interventions for reducing recreational drug use in young people with HIV prevention efforts</b>	Develop and implement policy and programmes for an integrated and comprehensive package of HIV prevention services, including access to male condoms, with responsible alcohol consumption targeted at clients in beerhalls, clubs, pubs, brothels, shebeens and traditional ceremonies, including information on how to access to HIV testing and treatment of STIs	Policy and program developed	40% of districts covered	60% of	80% of	90% of	<b>DOH, NGOs, DSD, DTI, Mens sector, the alcohol industry, traditional leaders</b>
	Integrate HIV prevention messages into existing campaigns to promote responsible alcohol consumption	HIV prevention messages mainstreamed into relevant campaigns	Quarterly campaigns	Quarterly campaigns	Quarterly campaigns	Quarterly campaigns	<b>DOH, social cluster, communication sector, civil society, private sector</b> <b>DOH, private sector</b>
	Support the introduction of policies and programmes aimed at reducing recreational drug use among young people and ensure that HIV prevention messages are integrated into these programmes	Develop & strat implementation	Ongoing	Ongoing	Ongoing	Ongoing	<b>DDOH, Social cluster, Academic institutions, civil society, private sector</b>
	Establish public sector drug rehabilitation programmes in all provinces	20 facilities	40 facilities	60 facilities	80 facilities	100 facilities	<b>DSD, DoH, NPA, DoJ, DCS, NGO, Social cluster, Private sector</b>
<b>2.9:</b> <b>Increase the accessibility and availability of comprehensive sexual assault care including PEP and psychosocial support</b>	Increase the proportion of facilities offering the comprehensive package of sexual assault care in accordance with the National Policy on Sexual Assault Care of NDOH	40%	60%	80%	90%	95%	<b>DoH, DOJ, NPA, DSD, DCS</b>