Provide supplementary funding for provincial NGOs/CBOs	NAP & NGO Consultant	x	x	x						Provincial applications funded
Provide T.A. and support to provincial NGO funding processes	NAP, PAP & NGO Consultant		x	x		No cost				Provincial NGOs funded
Support development NGOs/CBOs to integrate AIDS work - tender for training (1 workshop per province)	NAP, NGO Consultant & tenderer	x	x	x	x	270				Development NGOs doing AIDS work
SUBTOTAL	R3 330 000									

NOTE: **The above plan assumes that the function of funding and monitoring provincial NGOs will be devolved in 1998/9. The only allocation for NGOs is R3 million for national NGOs/CBOs**

The capacity building needs of NGOs/CBOs are covered under "Capacity building"

GOAL NO. 2

TO PREVENT HIV AND STD TRANSMISSION

PROGRAMMES

Life skills programmes targeted at youth
Mass and targeted communication strategies
STD management
Barrier methods
Targeted interventions

Programme: Life skills programmes targeted at youth

Objective/s: To promote, co-ordinate and support the life skills programme in secondary schools
To develop, pilot and promote the life skills programme in primary schools and tertiary institutions
To pilot interventions which provide life skills education for youth out-of-school
To advocate for and facilitate support for life skills programmes

Indicator/s: Improved life skills, sexual and reproductive health education for youth

Principles: Children have the right to information and to the means to protect themselves from HIV/AIDS
The youth are a key target group for HIV/AIDS interventions because:

- they are developing behaviours and experimenting with their sexuality and can therefore adopt safer sexual practices more easily than adults
- they are particularly vulnerable to HIV and other STDs
- they generally find it difficult to access reproductive health services

Studies across a range of cultures have shown that life skills education does not lead to increased sexual activity, but rather results in delaying the age of first sexual intercourse and avoiding risk behaviour
The potential strengths of a school setting for the implementation of life skills programmes are the presence of a curriculum, teachers and peer groups
Whilst the NAP has a role to play in initiating and supporting the life skills programme in schools, the ultimate responsibility lies with the DOE
There are many youth out-of-school who cannot be reached through the school-based life skills programme and who may be at increased risk (because of their circumstances) of acquiring HIV. Innovative, sustainable ways of providing life skills education for this target group will be developed and supported.

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Convene meetings of the National Life skills Project Committee and Sub-committees	NAP, PAP, DOE PDOE, Proj Com	x	x	x		DOE				Meetings and minutes
Monitor and provide support to trained secondary school teachers	NAP, PAP, DOE PDOE, contract worker	x	x	x		230				On-going supervision/in-service training

Disseminate the evaluation results - convene national workshop	NAP	x				30				Findings disseminated
Pilot primary school life skills programme	NAP, PAP, DOE PDOE		x	x	x	DOE				Primary school teachers trained
Develop, test and print materials for primary schools	NAP agency (1)		x	x	x	1 000				Primary school materials
Support the introduction of life skills programmes in tertiary institutions	NAP, DOE Dramaide		x	x		No cost				Life skills programmes
Expand activities to promote life skills programmes	NAP, DOE B.A. Agency		x	x		see mass comm				Promotional activities
Hand over life skills programme to DOE	NAP, DOE Proj Com					No cost				Meetings and decisions
Pilot interventions for out-of-school youth (3 projects)	NAP, DOE NGOs		x	x	x	300				Contracted NGOs
Reorientate reproductive health services to meet the needs of the youth	NAP, MCWH DOE		x	x	x	40				Guidelines Advocacy activities
SUBTOTAL	R1 600 000									

NOTE: **Tenders will be advertised and awarded for:**

- **a contract worker to support the secondary school teachers trained in 1997/8**
- **an agency (1) to develop and test life skills materials for primary schools**

Life skills promotion activities will be undertaken by the agency appointed to run the "Beyond Awareness" campaign
Regarding the second phase of the life skills programme in primary schools, the DOE have submitted a proposal for R714 000 for:

- **employment of a consultant/contract worker to train master trainers**
- **the training of master trainers**
- **2 meetings of the National Project Committee**

Programme: Mass and targeted communication strategies

Objective/s: To support the media to report regularly, accurately and appropriately
To sustain the multi-media 'beyond awareness' campaign in order to popularise key prevention and care concepts and positive social norms and values and to promote health seeking behaviour and link persons to appropriate resources
To support programme activities
To generate on-going awareness by conducting targeted campaigns and improving access to materials

Indicator/s: Programme activities strengthened through mass and targeted communication strategies

Principles: The media are an important force for influencing public opinion and stimulating debate
Behaviour change is a complex process. Whilst awareness and information are important pre-requisites for behaviour change, there are other elements such as perception of vulnerability, risk assessment, self-efficacy and access to resources which are essential for successful, sustained behaviour change. This is ideally achieved in an intensive one-on-one interaction. Mass communication campaigns can successfully raise awareness and disseminate information to complement other interventions.
For certain identifiable groups at increased risk of acquiring HIV infection, targeted communication strategies are more effective than mass communication strategies.
Resources committed to targeted communication strategies are more (cost) effective than resources committed to mass communication strategies.

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Maintain contact with key journalists	NAP, HP&C, L,B&M & the Consortium	x	x	x	x	No cost				Regular reports on HIV/AIDS
Convene meetings of the National Communications Forum (4) & Executive Committee (2)	NAP NCF	x	x	x	x	55				Proceedings of meetings
Consolidate/expand the "Beyond Awareness" campaign - conduct regular targeted campaigns eg WAD - develop (or reprint) and distribute small media materials	NAP, B.A. Agency & Life Line		x	x	x	12 000				Mass and targeted media activities small media materials

Develop guidelines for communication activities	NAP NCF	x				10				Guidelines
Maintain a resource centre and information dissemination service	NAP & the Consortium	x	x	x	x				x	Resource Centre
SUBTOTAL	R12 065 000									

NOTE: **The mass mobilisation 'key messages' are reflected in "Mass mobilisation and partnerships"**
The life skills promotional activities are reflected in "Life skills programmes targeted at youth"
The STD awareness campaign is reflected in "STD management"
The condom promotional activities are reflected in "Barrier methods"
The counselling promotional activities are reflected in "Care, counselling and support"
The HIV/TB educational messages are reflected in "Integration of HIV and TB"
The human rights promotional activities are reflected under "Legal and human rights"

The agency appointed to run the "Beyond Awareness" campaign would co-ordinate all the above activities. These are all budgeted in the funding allocated to the "Beyond Awareness" campaign

Programme: STD management

Objective/s: To provide accessible, acceptable and effective STD care (based on the syndromic approach) and integrated into all PHC service, in the public, private and informal health care sectors,
To promote STD prevention activities as well as early STD health seeking behaviours
To target accessible, acceptable and effective STD services to populations at increased risk of STD and HIV infection
To encourage partner notification associated with adequate education and counselling

Indicator/s:
1. Improved management of clients presenting at health care facilities
2. STD programme strengthened by appropriate research and surveillance
3. Reproductive health services for selected groups at increased risk of STDs and HIV infection developed
4. Reduced incidence of STDs and their sequelae

Principles: The prevention and treatment of STDs improves the health status of the population and prevents HIV transmission
Integration of STD management into general health care services should be emphasised
The prevention of STDs cannot be achieved solely by the management of clients presenting to health care facilities. It is important also to identify and provide treatment to individuals at risk who do not spontaneously seek health care
Women are particularly vulnerable to STDs biologically and because of their disadvantaged position in society
Partner notification should be encouraged whenever an STD is diagnosed, irrespective of where care is provided. Partner notification should always be voluntary, non-coercive and gender sensitive

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Convene meetings of the STD Core Group and the National STD Co-ordinating Committee	NAP & Consultant	x	x	x	x	12				Minutes and proceedings
Sustain / expand STD awareness campaign	NAP & B.A. Agency	x	x	x		see mass comm				STD awareness messages on radio
Appoint a trainer to: - train trainers - support trainees	NAP	x	x	x	x	200				Trainer appointed

Train trainers (11 workshops)	NAP & Consultant	x	x	x		770			x	Training workshops
Provide on-going support to trainees (10 meetings)	NAP & Consultant	x	x	x	x	30				Support and on-going training
Review and re-print training materials and protocols	NAP & Consultant				x	50				Materials and protocols available
Improve STD treatment in the private sector	NAP & Consultant	x	x	x		30				CME sessions
Place articles and inserts in journals	NAP & Consultant	x	x	x	x	30				Articles and inserts
Liaise with DCS, SANDF, SAPS to improve STD services	NAP & Consultant	x	x	x	x	No cost				Meetings and in-service training
Expand involvement of traditional healers	NAP, Consultant & TH Consultants	x	x	x		500				Workshops for THs
Integrate STD education into relevant curricula	NAP & Consultant	x	x	x		30				STD modules
Support pilot project in the Free State - periodic presumptive treatment of women at high risk	NAP, Free State DOH, USAID & Consultant	x	x	x		400				3 clinic sites research results
Set up an STD Research Station	NAP, CDC & Consultant	x	x					CDC		Training workshops Research projects
SUBTOTAL	R2 052 000									

NOTE: **An STD Consultant commenced duties (for a period of 11 months) in January 1998, funded by Dfid and to assume the functions of the Senior Specialist who is on a Fogarty Scholarship in the USA until September 1998.**
The contract with the NRC will expire during 1998 and the establishment of an STD Research Station is envisaged (with funding and support from CDC) to take the place of the NRC.

Programme: Barrier methods

Objective/s: To improve access to barrier methods
To increase correct and consistent use of barrier methods

Indicator/s: Male and female barrier methods available at traditional and non-traditional outlets

Principles: Male and female condoms are an effective means of reducing HIV and STD transmission
To limit HIV and STD transmission through sexual intercourse, condoms should be made available, accessible and affordable to sexually active persons

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Convene meetings of the Barrier Methods Task Team	NAP	x	x	x	x	12				Minutes and proceedings
Print and implement guidelines for distribution, quality, storage, packaging, marketing, disposal	NAP & PAP SFH	x	x	x	x	10				Reports
Integrate condom logistics into medical supply system and develop a briefing document	NAP, PAP & SFH	x	x			No cost				Integrated system Briefing document
Negotiate that condoms become a VAT-free commodity	NAP & SFH	x	x			No cost				Vat removed
Develop and print provincial training curriculum	NAP & SFH	x				10				Curriculum
Conduct training for PAP barrier methods contact persons (9 x 2/7 meetings)	NAP & SFH	x				50				Training workshops
Integrate condom promotion/BCC into counselling and STD training	NAP & SFH	x				No cost				Training module

Review tender specs and quality control mechanisms	NAP & SFH	x				No cost				Reworked tender specs
Develop and implement system to forecast condom needs	NAP & SFH	x	x	x	x	No cost				System in place
Procure male condoms	NAP & Pharm Servs	x	x	x	x	20 000	x 8 895			Free condoms in traditional & non-traditional outlets
Procure female condoms	NAP & Pharm Servs	x	x	x	x	5 000				Female condoms in selected clinics
Monitor female condom introductory strategy	NAP & SFH	x	x			No cost				Review of introductory strategy
Establish and maintain a condom complaint system	NAP & SFH	x	x	x	x	No cost				Condom complaint system
Develop and print standard leaflet on condom use in all languages	NAP & SFH	x	x			110				Leaflets in all languages
Promote condom use by means of targeted campaigns	NAP, SFH & B.A. Agency	x	x	x	x	see mass comm				Media activities
Develop strategy to promote dual protection	NAP, MCWH & SFH	x	x	x	x	No cost				Strategy and activities
SUBTOTAL	R25 192 000									

NOTE: **Access to condoms by Government Departments is covered under "Expanded response"**

VAT for condoms purchased with EU funds = R1 245 356 - this is budgeted under "Personnel and Administration"

BCC = Behaviour change communication

Programme: Targeted interventions

Objective/s: To reach groups at risk with targeted interventions, namely
- sex workers and their long distance truck driver clients
- young girls within the context of 'initiation'
- prisoners

Indicator/s:
1. Services for groups at increased risk of HIV transmission
2. Reduced HIV transmission in these groups

Principles: Health education and care for sex workers and their clients must be made widely accessible
Staff in existing health care facilities should not stigmatise women with STDs or sex workers, but should provide supportive and sensitive services equally to all clients
Clients of sex workers should be targeted with safer sex education and encouraged to take responsibility for their own and their partners' sexual health
Prisoners have basic human rights that must be respected including the right to information and treatment

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Convene meetings of the National HTA Steering Committee	NAP & Gender Consult	x	x	x	x	20				Meetings and minutes
Support the HTA project	NAP, PAP & Gender Consult	x	x	x	x	No cost				HTA sites in all provinces
Develop and print materials for the HTA project	NAP, NCF & Gender Consult		x	x		40				Materials
Pilot a project for young initiates	NAP & Gender Consult	x	x	x	x	100				Pilot project
Develop projects and print materials for groups at high risk eg prisoners	NAP & DCS	x	x	x	x	25				Targeted materials
SUBTOTAL	R185 000									

NOTE: **Out-of-school youth are identified as at risk. Pilot projects for out-of-school youth are covered in "Life skills programmes targeted at youth".**

Lobbying activities to decriminalise sex work are covered in "Legal and human rights"

HTA = High transmission area

GOAL NO. 3

TO REDUCE THE PERSONAL AND SOCIAL IMPACT OF HIV INFECTION

PROGRAMMES

Care, counselling and support
Integration of HIV and TB
Reduction of maternal to child transmission
Gender and HIV/AIDS
HIV/AIDS and development
Legal and human rights

Programme: Care, counselling and support

Objective/s: To strengthen appropriate care, counselling and support
To establish a continuum of care, counselling and support

Indicator/s: Infected and affected persons, families and communities have access to improved care, counselling and support

Principles: The right of the individual, family and community to participate in decision-making in the provision of care and support should be recognised
External assistance should recognise and utilise the resources and capabilities available in the household, family and community
The health care system should not discriminate against anyone on the basis of their HIV status
All health care workers should be provided with appropriate training in HIV/AIDS education, counselling and management
All care givers should be given appropriate support. Burn-out needs to be recognised and responded to as a serious and fundamental problem that can occur along the entire continuum of care
Referral systems should adequately cater for HIV-infected patients
Co-operation between orthodox and traditional medical practitioners should be encouraged
Community/home-based care should not target patients with HIV/AIDS, but should be accessible to all chronically or terminally ill patients
Counselling services should be accessible to all infected and affected by HIV/AIDS
VCT should be accessible and affordable to any person concerned about their HIV status
The provision of counselling services requires an adequate infrastructure and adequately trained personnel
The training of counsellors requires a standardised curriculum with a minimum period of supervised practical training
Effective support for families and households in need will become more important as the HIV/AIDS epidemic unfolds
The needs of children affected by HIV/AIDS should be ensured, particularly their socialisation and educational needs
At all times the issue of sustainability of projects and services should be addressed

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Care Convene meetings of expert working group and consensus meetings	NAP & Policy Consult	x	x			50				Meetings and minutes

Develop and print guidelines on testing, occupational exposure, breastfeeding, and palliative/terminal care	NAP & Policy Consult	x				40				Guidelines
Survey hospitals and clinics to establish availability of drugs for PEP	NAP & Policy Consult	x				No cost				Survey results
Based on survey results introduce protocol for PEP	NAP & Policy Consult	x				No cost				'Starter packs' for PEP in all clinics and hospitals
Develop and print protocols for men, women and children (including ARVs & recommendations for the EDL)	NAP & Policy Consult	x				20				Protocols
Develop and print a code of conduct for HCWs	NAP & Policy Consult	x				10				Code of conduct
Assist the provinces with policy development	NAP & Policy Consult	x	x			No cost				Provincial policies
Develop, print and distribute a curriculum for community carers	NAP & tenderer	x	x			20 tender 97/8				Curriculum
Develop, print and distribute guidelines (and minimum standards) on a continuum of care	NAP & tenderer	x	x			20 tender 97/8				Guidelines
Develop and test models of home / community based care Convene national workshop to present results	NAP & tenderer	x	x			tender 97/8 80				Report Workshop
Develop and print guidelines on drug / vaccine trials	NAP, Legal & HR & Policy Consults	x				10				Guidelines

Conduct training on care	NAP & agency		x	x	x			x		Workshops
Counselling and testing Convene national workshop to develop strategies to: - promote counselling - ensure access to free VCT	NAP & Couns Consult	x				80				Workshop and strategies
Promote counselling	NAP, B.A. agency & Couns Consult	x	x	x	x	see mass comm				Leaflet Community radio
Establish a Counselling Task Team and convene meetings (4+3) to develop policy, guidelines, curricula and best practice	NAP & Couns Consult	x	x			60				Meetings, policy, guidelines and curricula
Print and distribute above documents	NAP & Couns Consult	x	x			40				Document
Establish accreditation and quality control structures	NAP & Couns Consult	x	x			No cost				Accreditation Board Association of lay counsellors
Conduct master trainer workshops	NAP & Couns Consult	x		x		128				Workshops
Support the lay counsellor and mentor programmes	NAP & Couns Consult	x	x			No cost				Lay counsellors in all provinces
Co-ordinate the establishment of support structures for lay counsellors and train mentor co-ordinators	NAP & Couns Consult	x	x	x	x	60				Mentorship programme in all provinces
Improve access to VCT and establish additional testing sites	NAP & Couns Consult	x	x	x	x	No cost				Guidelines

Strengthen the Life Line Help Line - workshop for trainers	NAP & Life Line	x	x	x	x	40				In-service training
Support Develop programme with DOW	NAP & DOW	x				No cost				Joint strategy
Develop strategies to deal with children infected and affected and fund pilot projects	NAP & DOW	x	x	x	x	300				Joint strategy Pilot projects
Convene national meeting on children infected and affected	NAP & DOW				x	80				Workshop
SUBTOTAL	R1 038 000									

NOTE: **The "Beyond Awareness" campaign promotes the Life Line Help Line**

Intervention-linked research to inform implementation is reflected in "Surveillance and Research"

ARVs = anti-retrovirals
PEP = post exposure prophylaxis
EDL = Essential Drug List
HCW = health care worker
VCT = voluntary counselling and testing

Programme: Integration of HIV and TB

Objective/s: To develop collaboration between the HIV/AIDS and TB Programmes and implement integrated components

Indicator/s: Improved utilisation of financial, human and material resources in both programmes

Principles: The interaction between the TB epidemic and the HIV epidemic is lethal. TB adds to the burden of illness of HIV-infected persons and shortens their life expectancy, while the HIV epidemic spurs the spread of TB
The growing wave of TB is not only a menace to those infected with HIV but can also be spread to HIV-negative persons (the only HIV/AIDS-related opportunistic infection to pose this kind of risk)
Studies have found that TB carriers who are also infected with HIV are 30 - 50 times more likely to develop active TB than those without HIV. TB is the leading killer of HIV-infected persons in Africa
Curative treatment with antituberculosis drugs is just as effective in HIV-infected persons as those who are not infected with HIV
There is evidence that with a preventive regimen of isoniazid the risk of HIV-infected persons developing active TB can be reduced.
There is great potential for TB control as part of AIDS home-based care
Whilst there is no need for compulsory HIV testing for TB clients, it makes sense to offer VCT to TB clients in order that they may benefit in planning their futures.
People with TB or HIV face similar problems of stigma, fear and discrimination, and have shared needs for counselling, care and support.

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Establish an HIV/TB working group and convene meetings	NAP & Consultant	x				60				HIV/TB working group and meetings
Conduct public awareness activities - advocacy activities to mobilise resources - develop and disseminate education messages on HIV/TB interaction	NAP & Consultant	x	x	x	x	100				Advocacy activities Pamphlets Radio messages

Develop and print policies on: - the protection of human rights - referral mechanisms - protection of health workers - care protocols for TB/HIV infected persons	NAP & Consultant	x	x	x	x	40				Policy documents
Develop and print training materials and conduct training of master trainers	NAP & Consultant	x	x	x	x	170 128=2 work-shops 42=mat-erials				Training materials Workshops
Facilitate and support appropriate counselling and strengthen counselling curricula to include information on TB	NAP & Consultant		x	x	x	10				Counselling module
Develop and print resource lists for TB and HIV care and assist with implementing guidelines for referral mechanisms	NAP & Consultant	x	x	x	x	10				Resource list Referral guidelines
Explore options for TB/HIV infected people requiring nursing care, including patients with multidrug resistant TB and patients who require palliative care	NAP, Policy & HIV/TB Consults		x	x		No cost see Care				MDR TB care and palliative care guidelines
Facilitate the development of TB/HIV community care and home-based care projects and promote collaboration between HIV/AIDS/STD and TB NGOs/CBOs	NAP & Consultant		x	x	x	No cost see Care				Integrated projects

Provide technical support to implement DOTS widely and to make DOTS accessible to TB/HIV infected persons	NAP & Consultant	x	x	x	x	No cost				T.A. requests
Encourage the development and implementation of HIV/TB workplace programmes	NAP & Consultant		x	x	x	No cost				Integrated workplace programmes
Provide technical support to Provincial HIV/AIDS/STD Coordinators and Provincial TB Coordinators and encourage collaboration at provincial, regional, district and community levels	NAP & Consultant	x	x	x	x	No cost				T.A. requests Site visits
SUBTOTAL	R390 000									

NOTE: **The HIV/TB care protocols will be complementary to the care protocols covered in "Care, counselling and support".**

Programme: Reduction of maternal to child transmission

Objective/s: To build consensus on issues related to MTCT
To pilot a MTCT intervention

Indicator/s: Reduction in MTCT

Principles: HIV can be transmitted through breastfeeding. Breastfeeding should however be continued unless there is a *safer* alternative.
HIV-infected women who choose not to breastfeed should be supported in carrying out their decision
HIV infection and AIDS should be legal grounds for TOP

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Confirm cost analysis of MTCT intervention	NAP & AAC	x				No cost				Study results confirmed
Develop and print best practice documents on MTCT	NAP, MCWH & Nutrition	x	x			10				Documents
Pilot intervention to reduce MTCT	NAP, PAP, MCWH & Nutrition			x	x	No cost				Results of pilot
Implement resolutions from MTCT Consultation	NAP, MCWH & Nutrition	x	x	x	x	60				Documents Meetings
Integrate HIV information into TOP services	NAP & MCWH	x	x	x	x	x				Module
SUBTOTAL	R70 000									

Programme: Gender and HIV/AIDS

Objective/s: To mainstream gender issues in all programme activities
To build understanding and consensus about the inter-relationship between gender issues and HIV/AIDS
To promote debate on the sexual rights of women

Indicator/s: Gender issues highlighted in all programme activities

Principles: HIV/AIDS is disproportionately impacting women in many ways: as those who are both infected and affected
The need for responses that are gender conscious cannot be over-emphasised

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Liaise with: - women's organisations - relevant sections in Government Departments - the Provincial HIV/AIDS and STD Co-ordinators and the Provinces	NAP & Gender Consult	x	x	x	x	12				Meetings
Develop and print modules for gender and HIV/AIDS training	NAP & Gender Consult	x	x	x	x	20				Training modules
Co-ordinate training: - gender training for staff in AIDS Service Organisations - HIV/AIDS training for women's organisations - training on gender for all 4 sectors (government, business, NGOs and communities)	NAP & Gender Consult	x	x	x	x	128				Training workshops
Develop, print and distribute materials on gender and HIV/AIDS	NAP & Gender Consult	x	x	x	x	40				Materials

Co-ordinate a campaign around Women's Day	NAP & Gender Consult		x			see mass comm				Campaign activities
SUBTOTAL	R200 000									

NOTE: **Women's Day campaign will complement other mass and targeted activities**

The Gender Consultant will:

- **assist the PWA Contract Worker in supporting the Networks of Women living with HIV (see "PWA involvement")**
- **support the targeted interventions which have a gender focus (see "Targeted interventions")**

The gender training will be integrated into the capacity building programme

Programme: HIV/AIDS and development

Objective/s: To create an understanding of and consensus regarding the inter-relationship between HIV/AIDS and development
To encourage prioritised sectors to plan for the impact of HIV/AIDS
To integrate strategies on HIV/AIDS and development into development planning and programming
To build partnerships and support structures working in development to become involved in HIV/AIDS

Indicator/s: 1. HIV/AIDS activities integrated into development planning and projects
2. Development issues integrated into HIV/AIDS planning and projects

Principles: The epidemic has complex socio-economic and societal roots with the potential to threaten the goals of the Reconstruction and Development Programme and future Government strategies in every sphere. There is a need to increase the quality, intensity, and scope of our response in a multisectoral manner at the same time addressing the interrelated factors which are the underlying causes and consequences of the epidemic.

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Convene national meeting to promote understanding of HIV/AIDS and development	NAP & UNAIDS	x				30				Meeting report
Conduct one-day HIV/AIDS and development workshops for political and community leaders, opinion and decision makers	NAP & UNAIDS		x			30				Workshops
Ensure follow-up and technical assistance	NAP & UNAIDS	x	x	x	x	No cost				T.A.
Train trainers on HIV/AIDS and development	NAP & UNAIDS	x				60				Workshop
Support training on impact of HIV on development	NAP & ERU(KZN)	x							x	Workshop
SUBTOTAL	R120 000									

Programme: Legal and human rights

Objective/s: To create a legal framework which protects and promotes human rights with regard to HIV/AIDS
To popularise HIV/AIDS to reduce discrimination and stigmatisation in all sectors of society
To develop effective monitoring and enforcement mechanisms
To mainstream legal and human rights into all programme activities

Indicator/s: 1. Law reform leads to decrease in human rights abuses
2. Increased use of legal resources

Principles: HIV/AIDS is widely stigmatised and affected persons risk discrimination in many spheres of life. Existing legislation that deals with discrimination should include HIV/AIDS

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Participate in national legal fora	Legal & HR Consults	x	x	x	x	No cost				Meetings and minutes
Implement notification	NAP, HIER & Legal & HR Consults	x				No cost				Notification of AIDS defining disease & deaths
Draft law reform	NAP & Legal & HR Consults	x	x			No cost				Draft legislation and regulations
Develop Codes of Good Practice	NAP & Legal & HR Consults	x	x			20				Codes of Good Practice
Lobby for the decriminalisation of sex work	NAP & Legal & HR Consults	x	x			No cost				Lobbying activitie
Promote the recognition of HIV as a disability	NAP & Legal & HR Consults	x	x			No cost				HIV classified as a disability
Provide T.A. to PSA in reviewing discriminatory application criteria	NAP & Legal & HR Consults	x	x			No cost				New application criteria

Conduct para-legal training	NAP & Legal & HR Consults	x	x			60				Training workshops
Promote understanding of HIV/AIDS and human rights: - in communities - amongst service providers	NAP & Legal & HR Consults	x	x	x	x	see mass comm				Promotional activities
Lobby leaders to advocate non-discrimination	NAP & Legal & HR Consults	x	x	x	x	No cost				Statements by leaders
Incorporate HIV/AIDS and human rights issues into law reform programmes (women, children, youth)	NAP & Legal & HR Consults	x	x	x	x	No cost				T.A. Advocacy , activities
Develop policy and guidelines for insurance testing and counselling	NAP, LOA & Legal & HR Consults	x				No cost				Guidelines
Develop media on AIDS and human rights	NAP & Legal & HR Consults	x	x			20				Media on AIDS and human rights
Support: - the SALC - the HRC - the African Network on Ethics, Law and HIV	NAP & Legal & HR Consults	x	x	x	x	No cost				Meetings and minutes
SUBTOTAL	R100 000									

NOTE: **Codes of Good Practice which will be developed include:**

- **confidentiality**
- **managing (from the Welfare perspective) children with HIV**
- **disability grants**

SALC = South African Law Commission
HRC = Human Rights Commission

PROGRAMME SUPPORT

PROGRAMMES

Capacity building

Surveillance and research

Co-ordination of the National AIDS Programme

Personnel and Administration

Programme: Capacity building

Objective/s: To address critical capacity building needs

Indicator/s: Programmes expanded and enhanced as a result of capacity building

Principles: Capacity building for NGOs should, where possible, be conducted by NGOs with appropriate expertise

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Conduct needs assessment of funded NGOs	NAP & NGO Consult	x						x		Assessment results
Develop and implement capacity building programme based on needs assessment of: - funded NGOs - NGOs to facilitate partnerships	NAP, USAID & NGO Consult	x	x	x	x			x		Training and follow-up
With NAPWA, develop and implement capacity building programme based on needs assessment of PWAs, 'FACES' and PWA organisations	NAP, USAID & NAPWA	x	x	x	x			x		Training and follow-up
Conduct in-service training for staff	NAP	x	x	x	x	40			x	Training and follow-up
Conduct training on M&E and developing programme indicators	NAP & USAID		x	x	x			x		Training and follow-up
Conduct training on strategic planning	NAP & USAID	x	x					x HHS		Training and follow-up
Arrange study tour to Uganda	NAP	x	x						x	Study tour
SUBTOTAL	R40 000									

Programme: Surveillance and research

Objective/s: To conduct surveillance and research to inform the National AIDS Programme

Indicator/s: Cost-effective programmes based on research

Principles: HIV/AIDS policy formulation, decision-making and interventions should be based on scientifically sound research and information
A multidisciplinary, collaborative and participatory research approach should be an important consideration for research funding
Research findings should be presented on a regular basis in appropriate ways to different groups

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Support Montagnier Research Centre	NAP, MRC	x	x	x	x	No cost				Plans adopted
Implement the national surveillance programme	NAP, HIER & PAP	x	x	x	x	No cost				Surveillance results
Conduct the 9th ANC survey	NAP, HIER & PAP			x	x	145				AN survey results
Monitor and evaluate components of the NAP	NAP	x	x	x	x	414				Reports
Monitor progress towards implementing the Review recommendations	NAP & PAP	x	x	x	x	100				Reports
Disseminate research findings (from MRC contract)	NAP, HIER	x	x			No cost				Research findings disseminated
Commission intervention linked research to inform implementation	NAP, HIER & DOW	x	x	x	x	No funds avail-able				Tenders awarded
Commission research into the inter-relationship between HIV/AIDS and development	NAP & HIER	x	x	x	x	300				Research reports

Commission STD research	NAP & HIER	x	x	x	x	200				Research reports
Commission barrier methods research	NAP & HIER	x	x	x	x	300				Research reports
SUBTOTAL	R1 459 000									

NOTE: **Components of the NAP to be evaluated include:**

- **the lay counsellor and mentorship programme**
- **the "Beyond Awareness" campaign**
- **the mass communication activities (? UNAIDS to fund)**

STD research which is required to inform implementation is:

- **study of secondary and tertiary care**
- **evaluation of syndromic management services**

Barrier methods research which is required includes:

- **attitudes and barriers to condom promotion by clinic staff**
- **school-based promotion**
- **segmenting the market**

Intervention linked research in the area of care and support which is required includes:

- **models of numbers of orphans**
- **guidelines for nutritional management**
- **options to reduce MTCT**
- **access to HIV testing**
- **evaluation of the lay counsellor project**

HIV/TB operational research which is required includes:

- **ensuring continuity of care**
- **providing ongoing support to patients and their families**
- **helping staff deal with increased case loads and burnout**

Programme: Co-ordination of the National AIDS Programme

Objective/s: To enable communication and to facilitate joint planning between role players in order to enhance the National AIDS Programme and to ensure accountability

Indicator/s: Common vision and shared ownership and accountability

Principles:

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Maintain Standing Committees	NAP	x	x	x	x	50				Meetings and minutes
Convene national meetings and consultations	NAP	x	x			100				Meetings and minutes
Conduct on-site visits	NAP	x	x							Reports
SUBTOTAL	R150 000									

Programme: Personnel and Administration

Objective/s:

Indicator/s:

Principles:

ACTIVITY	RESPONSIBILITY	TIME FRAME				BUDGET (R000's)				OUTPUTS
		APR-JUN	JUL-SEPT	OCT-DEC	JAN-MAR	DEPT	EU	USAID	Dfid	
Fund personnel costs of: - permanent staff - consultants	NAP	x	x	x	x	1 707			x	
Fund administrative costs of the NAP	NAP	x	x	x	x	1 600				
Fund other costs associated with the NAP	NAP	x	x	x	x	30				
Provide for VAT for donor funded projects	NAP	x	x	x	x	1 245				
Access ad hoc expertise	NAP	x	x	x	x	50				
Participate in regional (SADC) meetings	NAP	x		x		No cost				
Send delegate to International Conference (Geneva)	NAP & EU	x				No cost				
Facilitate donor co-ordination on HIV/AIDS	NAP & UNAIDS	x	x	x	x	No cost				
SUBTOTAL	R4 632 000									

NOTE: EU sponsorship will be sought for a delegate to attend the International Conference in Geneva

INDEPENDENT online
The Star

200 000 in the Lowveld have HIV

Nelspruit Almost 200 000 people in the Lowveld area of Mpumalanga are infected with HIV, the virus that causes Aids according to the Aids Training Information and Counselling Centre in Nelspruit.

Candy Letswele of the Aticc said yesterday that nearly 5 000 of those with the virus were babies.

She said 16% of the pregnant women who presented themselves to her organisation in Nelspruit last year for counselling tested positive for HIV. This is a drop of 1% from the 954 tested positive in 1996.

The figures form part of an annual antenatal HIV survey which focuses on women aged between 15 and 49.

A Nelspruit health worker, who did not want to be named, said one of the biggest causes of the spread of the virus was most men's reluctance to use condoms.

She said hospitals in the area were unable to cope with the number of patients with full-blown Aids and were sending people home with supplies such as gloves and swabs and instructing their families to take care of them. Sapa

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NEWS

Mandela outlines heavy cost of AIDS for SA

Kathryn Strachan

IF CURRENT trends continued AIDS would cost SA 1% of its gross domestic product by 2005, and up to three quarters of its health budget would be consumed by direct health costs relating to HIV/AIDS, President Nelson Mandela told the World Economic Forum in Davos, Switzerland, yesterday.

At a session on AIDS, Mandela said that although details might vary from country to country, "this experience is one we share with the world".

"No country can avoid this disease. The challenge is to seek ways to minimise its effects, to prepare for its impact and to co-operate for long-term solutions. How will we address child mortality rates, which are set to increase threefold in Africa? With 6 000 new infections occurring every day throughout the world; with 22-million men, women and children infected; with 6- million people estimated to have died; and with 9-million children under the age of 15 having lost their mothers to AIDS, there can be no doubt that humanity faces a major challenge.

"The AIDS pandemic is getting worse at a rate that makes a collective global effort imperative. When the history of our time is written, it will record the collective efforts of societies responding to a threat that has put in the balance the future of whole nations. Future generations will judge us on the adequacy of our response."

In general the responses by individual countries had fallen short of what was needed, he said. In some cases political commitment had been lacking, in others, resources had been limited. Frequently even essential services were nonexistent.

The severity of the economic effect of the disease was directly related to the fact that most infected persons were in the peak productive and reproductive age groups.

Mandela was given a two-minute long standing ovation after his speech.

Gold Fields CE Alan Wright told the forum that HIV in southern Africa might be far more extensive than international statistics indicated. Research by the group showed a prevalent increase in mine workers

from 1,3% in 1990 to 20,1% in 1995.

This affected company health-care costs, insurance and compensation payouts, and projected effects on productivity and training. During the past five years the overall health care cost per employee a year had almost doubled and about one in four patients receiving treatment in company hospitals and clinics were HIV-positive.

While provident and pension funds were mainly unaffected, the group life assurance scheme had shown an increase in payouts as the crude medical mortality rate increased from 2,6 to four per 1 000 employees from 1993 to 1995. More alarming for the mining industry in SA, where tuberculosis was a compensatable disease, was the evidence of a strong association with HIV/AIDS, more so than anywhere else, he said.

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NEWS

ANC calls for sex education at schools

Jacob Dlamini

THE African National Congress Youth League would call for the introduction of sex education at schools to boost awareness of AIDS, secretary-general Febe Potgieter said yesterday.

The league also planned to start an AIDs awareness programme and would co-operate with other organisations in the fight against the disease.

The plans were part of a programme adopted by the league's national working committee on Friday, dealing with education, AIDS awareness, peace and involvement in the Masakhane campaign.

Potgieter said the league was appalled by health ministry projections that up to 8-million people could be HIVpositive by 2005.

He said the league planned to speed up the establishment of branches at tertiary institutions and would press for a more active involvement in the transformation of higher education.

League president Malusi Gigaba conceded that the drive to form youth league branches on various campuses had resulted in conflict with the South African Students' Congress.

The league also adopted a human resources strategy and intended to set up a trust to co-ordinate scholarships, exchange programmes and bursaries.

Potgieter said the league would encourage members to become involved in community policing forums and planned to encourage black matriculants to join the navy and air force. The league wanted to see young black graduates in these areas.

However, the league was opposed to defence force proposals to extend the cadet system to black schools as there was a high level of militarisation in society already.

NEWS

Motlana criticises SA's lack of clear AIDS plan

Samantha Sharpe

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NEWS & VIEWS

CAPE TOWN - Metropolitan Life (Metlife) chairman Nthato Motlana lashed out at SA's AIDS strategy yesterday which he said failed to offer a clearly articulated plan to deal with the disease.

Speaking at Metlife's AGM, Motlana said he was "appalled by the paucity of the country's efforts in countering AIDS. And here I am referring not only to government, but also to our nongovernmental organisations and the private sector. Neither sufficient money nor attention is being given to the problem."

SA urgently needed a clear plan of action to counter the spread of AIDS and so as not to undermine the value of human life. "It will send a message to potential foreign investors that we are seriously grappling with the AIDS problem."

On the possible prohibition of pre-employment AIDS testing, Motlana said legislation in this regard would only entrench the stigmatisation of AIDS. "HIV-infected persons are already sufficiently protected by the new Labour Relations Act which specifies that employers may not unfairly discriminate against job applicants with disabilities. It will be clear in most instances that AIDS sufferers are not able to take up full-time employment. It is equally clear that most HIV-infected persons can remain healthy for a significant period of time and cannot, therefore, be prohibited from working where they seek employment," Motlana said.

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NEWS

6% have AIDS virus, survey finds

Jacob Dlamini and Kathryn Strachan

HIV infection in SA had soared to the level where 14,07% of women attending antenatal clinics were infected - an increase of 3,63% over the previous year, Health Minister Nkosazana Zuma said yesterday.

Presenting the results of the 7th annual HIV survey, she said about 2,4-million South Africans (6%) were HIV positive, compared with 1,8-million (4,6%) in 1995. This meant 11% of adults carried the virus. It was estimated that 90 000 of the 2,4-million would develop full-blown AIDS during 1997 - 20 000 of them children.

The most dramatic finding was that HIV infection rates had trebled in the North West. Zuma said 25,13% of women attending antenatal clinics in 1996 were HIV-positive against 8,3% in 1995. Historical data in the province had not been collected before 1995 and figures presented then may have been inaccurate, she said.

Levels of infection had increased in seven of the provinces, with the Western Cape and Mpumalanga showing slight decreases. KwaZulu-Natal, which had the highest rate of infections, showed a slight increase of 19,90% from 18,23%.

In Gauteng the rate of infection rose to 15,49% last year from 12,03% in 1995; in the Northern Cape it rose to 6,47% from 5,34%; while in the Northern province it rose to 7,96% (4,89%). The Free State showed an increase of 17,49% (11,03%) and the Eastern Cape 8,10% (6%).

Zuma said it was alarming that the 20-29-year age group had the highest rates of infection. Women aged 20-24 had the highest increase with a rate of 17,5% (13% in 1995), followed by women of 25-29 years with 15,2% (11%).

"This pattern, where HIV infection is highest among young, skilled, economically active South Africans ... has serious long-term implications for the SA economy," Zuma said. The health department would improve its counselling services and would revise its AIDS prevention programme in July.

Metropolitan Life senior GM: corporate business Peter Doyle said the "rate of growth in ... KwaZulu-Natal, Mpumalanga and Gauteng continues to slow down, but at relatively high levels of HIV infection. This indicates a maturing epidemic and not necessarily changes in sexual

behaviour." The result for the North West was so extraordinary that the health department should urgently investigate it.

The National AIDS Convention of SA said there was a lack of high level political commitment to end the epidemic. Only Deputy President Thabo Mbeki should chair an inter-ministerial committee on HIV and AIDS.

"We believe that such a committee would ensure a holistic approach and response by the government."

University of Natal economist Prof Alan Whiteside said that while the African epidemic was set to damage many of the continent's economies, the more sophisticated and industrially based economies of SA and Zimbabwe could be more vulnerable to the impact of the epidemic.

AIDS was expected to slow Africa's GDP growth, reverse hard won development gains and leave its nations worse off for decades to come, he said.

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NEWS

HIV cases rising by 1 200 a day in SA, says review body

PRETORIA - The number of people contracting the HIV virus, which causes AIDS, was rising by 1 200 a day in SA, a statement for the National STD/HIV/AIDS Review said yesterday. The review is to be launched on July 4.

Concern by Health Minister Nkosazana Zuma about the increasing incidence of HIV infections, along with increases in the number of AIDS cases and cases of other sexually transmitted diseases had led her to give a mandate to the new review, it said.

The review, which is to function under the auspices of the Medical Research Council, is to be co-ordinated by Janet Frolich, an experienced AIDS worker.

Its findings would form the basis of Zuma's presentation on AIDS in SA at an African forum on the disease. Data would be obtained from a number of sources, including clinics, hospitals and nongovernmental organisations.

Official figures available to the review, based on extrapolations of tests on pregnant women, showed the number of people in SA with HIV was 2,4-million at the end of last year.

Insurance company Metropolitan Life said its figures indicated that 14% of women had the virus and 10% of men, while the spread among the population as a whole was 6%. - Sapa.

NEWS

AIDS group walks out of health conference

Bonile Ngqiyaza

ORGANISATIONS campaigning for the rights of HIV/AIDS-infected people walked out of a consultative conference in Johannesburg at the weekend, in protest against behaviour they said undermined their efforts in the compilation of a response to the pandemic.

The walkout was staged at the end of the government-organised conference, in the middle of the keynote speech by Health Minister Nkosazana Zuma.

Zuma tried unsuccessfully to trace the reasons for the walkout from a National Association of People with AIDS representative. She apologised if a remark calling for street demonstrations in support of reduced medical costs had been misconstrued.

At the conference, HIV-positive people said they hoped the public, employers and government institutions would help reduce the added suffering of carriers caused by stigmatisation and the consequent rejection.

A number of people at the conference said confidentiality should be guarded to counter the negative attitudes of society. They called for urgent steps to be taken to reduce the prohibitive costs of medicine.

"It's absolutely critical in this country that we do not discriminate against people who are HIV positive. But a matter of equal importance is whether it is proper that our partners are not informed that we have acquired the HIV virus," Zuma said.

In her address, Zuma stressed that a commitment - both politically and with regard to public awareness work - to the AIDS problem had to come from government, the private sector and the public, and not only from the health department.

Zuma emphasised that HIV/AIDS and its treatment should not be separated from other diseases.

She advocated that AIDS - or at least AIDS-related deaths - should be notifiable, so government could gauge the extent of the disease and plan its responses to it.

She stressed that these proposals excluded HIV-positive people.

A government official said told media representatives that contrary to initial belief that no link existed between breastfeeding and HIV infection, there was conclusive evidence that one in three children born to HIV-positive mothers would be infected. If a child was breastfed the risk increased by 14%, she said.

Health officials said at the weekend that money donated by the European Union (EU) to the health department to combat the spread of AIDS would be used mainly to support programmes to train health workers.

HIV/AIDS director Rose Smart said training was needed as many health workers had been using inappropriate methods to treat sexually transmitted diseases (STDs).

The training programme would include a project in life skills for 10 000 secondary school teachers and would include traditional healers, who were important members of the communities in which AIDS was found.

The EU's Erwan Fouere said the union would shortly announce additional support for the health sector, with emphasis on the partnerships between government agencies and the nongovernmental community.

The EU said last week it had raised concerns with the SA government over the slow disbursement of funds donated for the national AIDS prevention programme.

Smart said that as part of the Reconstruction and Development Programme, R8m had been allocated to government departments to initiate AIDS awareness programmes in the workplace.

She said an inaugural interdepartmental meeting, at which it was hoped to attain the commitment of government departments not already involved in AIDS programmes, would be held on August 29.

NEWS

Link between TB, HIV spelled out

Jacob Dlamini

CAPE TOWN - SA had a high rate of tuberculosis (TB) which was compounded by the HIV epidemic, the Medical Research Council said in its annual report tabled in Parliament yesterday.

The council said about 42 000 of the 160 000 TB cases reported last year could be directly attributed to HIV infection. The rising trend was expected to continue for at least seven years, even if optimal TB and HIV control was put in place.

The council said the rate of TB infection could rise fourfold over the next 10 years if the control of both epidemics was kept at a minimum. This would have a devastating effect on the economy and the health care system.

The report said AIDS and TB control programmes would have to work closely together and commit themselves to the introduction of cost-effective control procedures.

There was an urgent need for a female antimicrobial agent to prevent the heterosexual transmission of HIV and other sexually transmitted disease, the council said.

The council said researchers from the Centre for Epidemiological Research in Southern Africa had studied the efficacy of a product designed to prevent the spread of HIV and sexually transmitted disease among prostitutes. Results from the study of 20 prostitutes in Durban had found that 60% of the women were HIV-positive and had high rates of sexually transmitted infection.

The council said last year the National Tuberculosis Research programme implemented a TB control policy endorsed by the World Health Organisation. The main elements of the policy included the maintenance of a clinic/hospital-based control register; an inexpensive laboratory-based diagnostic policy; cost-effective treatment guidelines; and training modules.

Meanwhile, Health Minister Nkosazana Zuma had banned foreigners from undergoing organ transplant operations in SA, a senior health department official said yesterday.

Tim Wilson, chief director of hospitals and academic health service

complexes, told parliament's health committee that the ban had been put in place as a result of a shortage in organs for transplants.

He said the ban was first mentioned in a policy document issued last year which described organs as natural assets which needed to be protected.

In terms of policy, foreigners wishing to undergo organ transplants would have to apply to the health minister for permission. Wilson said six applications had been turned down since the introduction of the policy.

However, Zuma had approved an application from a Namibian citizen for a heart transplant.Wilson said Zuma's decision had been influenced by the fact that Namibians had traditionally contributed to SA's pool of donor organs. The Namibian had been put on a waiting list at Cape Town's Groote Schuur hospital, but he could not say if the operation had been performed.

The policy meant that only South Africans and permanent residents could be considered for transplants.

Relatives could donate organs to each other, but were not allowed to sell them, Wilson said.

Wilson said a number of foreigners seeking organ transplants had come from countries where it was impossible to get organs for religious reasons.

The department had also wanted to prevent rich foreigners from coming to SA to buy organs in order to prevent the possible exploitation of poor citizens, Wilson said.

SA's AIDS-related deaths expected to reach 90 000

THE number of AIDS cases in SA is expected to increase dramatically over the next 10 years and more than 90 000 AIDS-related deaths are predicted within the next year.

Addressing an HIV/AIDS conference in Johannesburg yesterday, Deane Moore, employee benefits actuary at Metropolitan Life, said the epidemic would have a significant effect on business in SA.

Moore said the direct cost of AIDS would be felt through rising employee benefit and medical scheme costs and predicted the cost of an average set of benefits would double for many schemes over the next five to 10 years.

He said the indirect cost of AIDS had been largely ignored by companies and these costs would start emerging over the next five years.

These included increased costs of recruiting and training staff given the extra deaths and disabilities which were expected; additional sick and compassionate leave and the negative effect on staff morale.

Adequate occupational health and safety standards, dealing with prejudice among staff towards employees who were HIV positive and ensuring staff members' HIV status remained confidential also had to be considered, Moore said. He warned a failure to develop a proactive, holistic response to AIDS could result in costly lawsuits and employer-employee conflict.

"The decision to implement a corporate policy on AIDS could run into unexpected resistance from employee groups who might feel that the intention of the employer is to discriminate against people with the epidemic.

"AIDS is a complex issue requiring the expertise of a wide range of specialists for its management."

He said winning companies had taken a proactive approach to managing HIV/AIDS and many companies had made great strides in developing practical, holistic HIV/AIDS management strategies.

However, companies that waited until the effect of AIDS became noticeable in their financial statements would probably be too late to develop effective AIDS intervention programmes. - Sapa.

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NEWS

HIV posing the severest threat to SA

DURBAN - AIDS-related deaths could orphan up to 200 000 children in KwaZulu-Natal by 2000, provincial health MEC Zweli Mkhize said yesterday.

At the launch of the KwaZulu-Natal executive committee's Aids initiative at Clairwood racecourse premier Ben Ngubane said the threat of HIV and AIDS was probably the most severe facing SA.

Professor Alan Whiteside of the University of Natal's economic research unit said in his presentation: "The province of KwaZulu-Natal is in the middle of an HIV epidemic which will turn soon into an AIDS epidemic. - Sapa.

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NEWS

US 'no role model for AIDS crisis'

Josey Ballenger

US HEALTH experts warned their African peers yesterday to be cautious in looking to the US for help in handling the AIDS crisis.

"I am somewhat saddened you look at the US as a model to replicate, because the US does not spend money on its own poor," Dr Janet Mitchell of Brooklyn's Interfaith Medical Centre told delegates from across Africa and the US at an International Medical Exchange conference. "You should look to us for how not to do things, because we have not done it well."

Mitchell said recent statistics showed that black and Hispanic citizens, who made up 12% and 11% respectively of the US population, were disproportionately affected by AIDS and accounted for 40% and 18% of reported cases. Whites, who were 73% of the population, made up only 40% of cases.

She said the US had tuberculosis epidemics similar to Africa's in areas heavily populated by black Americans.

Black American men had the highest death rate among AIDS cases, followed by black women and then white men and women.

Dr David Allen of the US Centres for Disease Control and Prevention, who is also a consultant to the SA health ministry, concurred with Mitchell's analysis.

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NEWS

Sub-Saharan Africa 'has highest HIV infection rate'

Josey Ballenger

THE United Nations (UN) has delivered a damning report on the global state of the human immunodeficiency virus, saying the HIV epidemic is far worse than was previously thought - particularly in southern Africa.

"The more we know about the AIDS epidemic, the worse it appears to be," Dr Peter Piot, executive director of the Joint UN Programme on HIV/AIDS (UNAIDS), said yesterday in Paris on the release of a joint UNAIDS/World Health Organisation report.

"We are now realising that rates of HIV transmission have been grossly underestimated, particularly in sub-Saharan Africa, where the bulk of infections have been concentrated to date."

Southern Africa continued to be the worst affected area and was seeing "unprecedented" infection rates.

About one in 10 SA adults was living with HIV - a 33% increase over 1996 - and 25% to 30% of the adult Botswana population was infected. One in five Zimbabwean adults was believed to be HIV-positive, and there had been a 25% jump in infant mortality in Zambia and Zimbabwe due to the virus.

The UN programme said that updated surveillance techniques revealed an estimated 5,8-million people - or 16 000 a day - had been infected so far this year, and that 30,6-million people were living with HIV or full-blown AIDS. About 2,3-million people had died of AIDS in 1997, a 50% increase over last year.

Both the World Bank and UNAIDS say that at least 90% of people with HIV live in the developing world. Due to inadequate testing and counselling facilities, social stigma and discrimination, the UN estimates only one in 10 is aware of his or her status.

The UN report follows one by the World Bank earlier this month, in which it said that more intensive governmental efforts to prevent the spread of the disease, especially among people who have many sex partners or inject drugs, could save millions of lives and reduce economic and social costs.

The bank advised governments to introduce needle "exchange" programmes for injecting drug users to get sterile equipment, as programmes in Glasgow, Scotland, and Sydney, Australia, had managed to hold infection rates among such users to below 5%.

It encouraged governments and their partners to target sex workers, their clients, military men, police officers, prisoners, long-distance truck drivers, migrant workers and homosexual and bisexual men.

UNAIDS estimates the sub-Saharan region accounts for 68% or 21,8-million of the 30,6-million total.

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AIDS & BUSINESS

Deadly virus has begun to infect the workplace

Many companies remain oblivious to the threat, though Aids is already apparent in mounting costs of employee benefits

Business is ignoring the gradual impact of Aids on the workplace. It does so at its peril, for those who wait until it harms company performance will probably be too late to take evasive action.

The epidemic is already hurting employee benefit schemes: in Malawi it is blamed for a five-fold increase in group life cover costs since 1987; in the Gold Fields Group it has almost doubled employee health-care costs in the past five years.

Businesses need to plan ahead now to protect their bottom lines, says private Aids consultant Dr Malcolm Steinberg, MD of HIV Management Services.

By 2005, roughly one-quarter of SA's working-age population will be HIV-positive and 5% will be sick with Aids. This will raise State and company health-care costs and employee benefit payouts, and depress productivity as firms lose skilled labour and staff turnover accelerates.

"Aids is one of the most important strategic issues facing business in the Nineties," says Metropolitan Life employee benefits actuary Deane Moore. "But its cost has largely been ignored by companies."

Southern Life Aids consultant Wayne Myslik predicts that Aids could cut productivity by 2% in many companies while Aids-related costs could slice 15% off annual profits.

Experience elsewhere in Africa, he says, shows that high staff turnover, even among unskilled workers, can hammer productivity. Yet surveys of SA businesses reveal that most have no Aids policy. Government, the largest employer in the economy, is particularly apathetic.

Most at risk are companies vulnerable to intermittent absenteeism,

such as car manufacturers who rely on integrated production processes, and those who provide employee health care, such as the mines.

Moore says Aids-induced demographic changes will have major implications, especially for producers of niche goods such as fashionable clothing and sports equipment aimed at the 20-40 year age group, which will be hardest hit.

Companies will have to reconsider their reliance on skilled labour. Increased mechanisation is one solution. Another is "multiskilling" - where understudies are trained in several areas of the business.

Aids also threatens employee benefit schemes, where its impact is usually sudden and substantial, says Moore. He predicts the cost of benefits will double for many schemes over the next five to 10 years (see graph).

"Companies will have to consider increasing the employee contribution to such schemes, or reducing the level of benefit," says Myslik.

"Fewer companies will be able to offer such benefits and fewer people will be able to afford the contributions."

The upward shift in contribution rates may price medical aid beyond the reach of older members and pensioners who are, in effect, overcharged to cross-subsidise members in younger age brackets where HIV or Aids will be rampant.

The same scenario will prevail in other defined contribution benefit schemes where, for instance, large death benefits paid to young, single members who have low financial commitments on death are funded by a reduction in the benefits payable to older members.

But Moore warns that the trustees of funds who fail to protect older members could face group legal action.

Attempts to insulate medical aids against the epidemic by excluding or severely limiting medical benefits to those infected have not worked, because of the difficulty in diagnosing Aids-related illness, says Steinberg.

"Companies are beginning to realise that they are absorbing the cost of Aids though they do not explicitly cater for it through employee benefits."

Business cannot expect to avoid these costs by discriminating against those with the disease.

The Labour Ministry's draft Prohibition of Pre-employment Testing Bill prevents an employer from rejecting job applicants on the grounds of their HIV status unless the Labour Court agrees that this is fair and justifiable.

Discrimination in the payment of employee benefits is considered unfair employer conduct under the new Labour Relations Act.

Aids also raises a host of managerial issues. Myslik says managers will have to ensure employees' HIV status remains confidential, cope with those who refuse to work with an infected colleague, decide whether to recruit, train or promote someone whom they know or suspect is HIV-positive and manage their performance and adapt the working environment as their health declines.

Failure to develop a timely and integrated response to Aids could not only damage company performance but result in workplace conflict and even costly lawsuits.

By: Claire Bisseker

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