

## CHAPTER 5

### IMPLEMENTING A STRATEGY FOR THE EFFECTIVE MANAGEMENT AND CONTROL OF HIV/AIDS

#### 5.1 INTRODUCTION

South Africa is facing an HIV/AIDS epidemic of tremendous magnitude and severity, which will present new and enormous challenges and threats as has already been mentioned in Chapter 2. The dynamics of the epidemic and the peculiar nature of the HIV virus present a unique set of problems, which will need extraordinary approaches to manage within the working environment. Unlike many other diseases, HIV/AIDS targets the reproductive age group and hence the economically active and those in their working age group. The workplace, therefore, becomes a major target area of the epidemic (Bennett, 2000:8).

Managing the epidemic appropriately and effectively in the workplace, is in itself a critical factor for the future viability of organisations and for the health and welfare of its employees over a wide economic spectrum. The HIV/AIDS epidemic is still evolving and expanding at a rapid rate and the ultimate size and impact is not fully comprehended or certain. With this in mind organisations, together with their employees, need to understand the complexities of the epidemic and find joint solutions in a participatory process. Consistent new approaches and especially strategies for dealing with the problem and its complexities must be formulated and implemented in time.

HIV/AIDS policy guidelines need to be evaluated reviewed and altered on a continuous basis. This will keep organisations abreast, updated with new developments within the working environment, and will also inform their constituencies accordingly. It is with this frame of mind, that effective solutions need to be found or created in order to reduce the impact of the disease. This can be achieved only through the cost-effective implementation and management of clearly

set goals and objectives based on a simple and sound strategy for the control and effective management of HIV/AIDS in the working environment (Bennett, 2000:9).

There is, however, still much ignorance and disbelief about the epidemic and many myths and misconceptions about AIDS. Employee participation is a key element for an effective strategy, as well as other creative methods for informing and educating workers in the workplace. The main aim of this chapter thus is to identify and discuss such a strategy to combat, prevent and minimise the impact of this disease as effectively as possible within the workplace in organisations.

## **5.2 THE PURPOSE AND NEED FOR A BROAD STRATEGIC PLAN**

Most corporate organisations in South Africa have not yet undertaken an AIDS impact assessment and do not have any policies or action programmes in place to deal with the problem. Many organisations still seem to hope that the HIV/AIDS epidemic will not affect them. Aside from the costs of such a stop-gap approach, many organisations also have to consider the impact of AIDS-related absence in terms of organisational down-time that will have a significant impact on productivity levels within the organisation (Robinson, 1999:15).

It is recognised that no single sector, ministry, department or organisation is by itself responsible for addressing the HIV/AIDS epidemic. It is envisaged, that all government departments, business organisations and various stakeholders will develop and implement a suitable and practical strategy that will be based on their own strategic operational plans to maximise efficiency and effective control.

In July 1999 a meeting was initiated by the Minister of Health, Dr. Monto Tshabalala-Msimang in response to President Mbeki's challenge to all sectors of society, to become actively involved in initiatives designed to address the HIV/AIDS epidemic. The meeting was attended by representatives of various faith-based organisations, people living with HIV-infection and AIDS, Human Rights Organisations, academic institutions, the civil military alliance, the media, organised labour unions, organised businesses, insurance organisations, women's organisations, health professionals,

political parties and relevant government departments. All sectors of society were present in an effort to find a practical and manageable strategy to combat the impact of HIV/AIDS more effectively (Anon, 2000:5).

The result was a well drafted and clearly understandable document that included a broad national strategic plan designed to guide the country's response as a whole to the impact of the epidemic. It is not a strategic plan for the health sector alone, but a statement of intent for the country, which include various sectors within and outside of the scope of government.

The need for such a strategic plan was echoed throughout the public and private sectors of the economy, because a well-formulated and structured strategic plan was needed from government to form the basis whereupon business organisations within the public and private sectors could formulate and implement their own strategic plans, based on their own priority areas for prevention, treatment, care, support, legal rights, research, evaluation and management of the disease (Anon, 2000:6).

In September 1999 the Minister of Health, together with the nine provincial MEC's for health, confirmed the priority areas that needed attention. This was followed in October by a two-day National AIDS meeting where provincial AIDS co-ordinators, the national DOH, HIV/AIDS and STD Directorate, and various representatives of several private organisations discussed progress within a five-year HIV/AIDS and STD strategic plan. In November 1999 this task team met again in order to further develop goals and objectives to streamline the implementation of such a strategic plan for all sectors of business and society. The final document was completed in January 2000 and included a well-structured and well-formulated strategic plan to be implemented by all sectors of business and civil society (Anon, 2000:6).

The following primary goals, objectives and actions were identified and incorporated within this strategic plan.

- Reducing the number of new HIV infections.
- Reducing the impact of HIV/AIDS on individuals, families and communities.

The following general strategies are to be stressed.

- An effective and culturally appropriate information, education and communications (IEC) strategy.
- Increased access and acceptability to Voluntary HIV Counselling and Testing.
- Improving STD management and the treatment of opportunistic infections and promoting increased condom use in order to reduce STD and HIV transmission.
- Improving the care and treatment of HIV-positive persons and persons living with AIDS so as to promote a better quality of life and limit the need for hospital care (Anon, 2000:16).

Implementing a successful HIV/AIDS and STD strategic plan is essential and vital to success and survival of all organisations that operate within the private and public sectors of society. The implementation of a well-formulated strategic plan based on government national goals and objectives will mean that those activities, actions and practices are appropriate and cost-effective for South Africa. In order for those concerned to achieve this, certain critical key areas for effective delivery within the private and public sectors must first be identified and implemented.

These key areas are explained in the following table.

Table 5.1 follows on p.120.

**Table 5.1: Critical key areas for effective delivery**

KEY FACTOR	KEY AREA FOR EFFECTIVE DELIVERY
<b>AUTHORITY (GOVERNMENT/MANAGEMENT) AND POLITICAL WILL AT ALL LEVELS</b>	
STRUCTURES	Delivery and implementation co-ordination
RESOURCES	Financial Resources Human Resources Technical Resources
CAPACITY	HIV/AIDS and STD understanding Management Monitoring and evaluation
COMMUNICATION	National ↔ Provincial Provincial ↔ National Provincial ↔ Provincial Provincial ↔ District ↔ Community Government ↔ Civil Society Government ↔ Public sector ↔ Private sector Government ↔ Private sector Private sector ↔ Community

**Source:** Anon, 2000:25

The HIV/AIDS and STD strategic plan provides a good framework for government, NGO's, Business, Labour, women and all sectors of society to develop and implement more specific action plans and policies based on their individual role that they have to play in society. These plans and policies should form the foundation of each sector's comparative advantage in implementing and maintaining these planned activities and goals. Sectors', especially the private sector are, encouraged to establish technical AIDS committees and other prevalent bodies within the working environment, which will be responsible for advocating, managing and the co-ordinating of HIV/AIDS

activities, programmes and action plans within that particular organisation. It is also important, that management oversees all bodies and committees progress and that the implementation and management of an overall strategic plan based on the broad framework of government policies, procedures and goals is maintained (Bennett, 2000:9).

The sectoral HIV/AIDS committees will also be responsible for liaison with other sectors, public and private and also to the directorate: HIV/AIDS and STD's. The recommended role of the sectors, both private and public, will be as follows.

- Identify determinants of the spread of HIV/AIDS/STD's specific to the sector.
- Identify strengths and weaknesses with respect to HIV/AIDS/STD's.
- Identify obstacles to the response within the sector.
- Integrate HIV/AIDS/STD's activities in their yearly plans.
- Formulate specific HIV/AIDS sectoral plans and budget for their implementation.
- Mobilise resources for the interventions.
- Document best practice within the sectors and share information.
- Prepare and submit quarterly reports to the SANAC (Anon, 2000:28).

### **5.3 IMPLEMENTING A NATIONAL STRATEGIC PLAN**

The effective implementation and successful management of a national strategic plan will depend largely on the availability of human, financial and institutional resources available to businesses. The sustainability of responses will depend on an efficient monitoring process in the areas of policy development, institutional strengthening and service delivery.

Certain areas are identified as priority areas that need to be addressed and managed by both the private and public sector businesses. These so-called priority areas form the basis of a broad strategic plan, initiated by government to help businesses in formulating and drawing up their own unique action programmes, policies and strategies to be implemented and managed over the next 5 years, with the aim to

bringing about meaningful changes in the spread of the HIV/AIDS epidemic in South Africa (Bennett, 2000:10).

The strategic plan is structured according to the following priority areas of responsibility and will be discussed in more detail.

- Prevention.
- Treatment and care.
- Human and legal rights.
- Monitoring research and surveillance.

### 5.3.1 Priority Area 1: Prevention

This is the first priority area in the overall broad strategy to be initiated by government and implemented by both public and private sectors. This area includes the following important goals to be achieved and also indicates what selected strategies are needed in order for it to be successful.

- Goal 1: Promote safe and healthy sexual behaviour.
- Goal 2: Improve the management and control of STD's.
- Goal 3: Reduce mother-to-child transmission (MTCT).
- Goal 4: Address issues relating to blood transfusion and HIV.
- Goal 5: Provide appropriate post-exposure services.
- Goal 6: Improve access to Voluntary HIV Counselling and Testing (VCT).

#### **GOAL 1: PROMOTE SAFE AND HEALTHY SEXUAL BEHAVIOUR**

Objective	Selected Strategies	Lead Agencies
Promote improved health-seeking behaviour and adoption of safe sex practices	<ul style="list-style-type: none"> <li>a) Produce and disseminate IEC material and messages to different stakeholders.</li> <li>b) Implement life skill education in all primary and secondary schools.</li> <li>c) Increase the number of trade unions who have implemented HIV/AIDS &amp; STD policies and programmes.</li> <li>d) Facilitate and support the trucking industry's AIDS High Transmission project.</li> </ul>	DOE, DOH, NGO's, Trade Unions, DOL, DOH Youth Sector.

Objective	Selected Strategies	Lead Agencies
<b>Broaden responsibility for the prevention of HIV to all sectors of government and civil society</b>	a) Develop sector-specific policies and plans for the prevention of HIV/AIDS/STD's, focussing specially on the following sectors: Government sectors; Health; Education; Welfare; Local Government; Transport; Justice; Police; Correctional Services; Home Affairs; Civil society sectors; Traditional leaders; Youth; Faith-Based Organisations; Business; Entertainment and media.	DOH, SANAC, All Sectors
<b>Implement HIV/AIDS prevention for migrants</b>	a) Develop a health programme with an HIV focus. b) Facilitate cross-border interventions. c) Work in partnership with other SADC countries.	DOH, SADC, UN-AIDS
<b>Develop and implement counselling and care programmes for all national government departments, public and private sectors</b>	a) Create public awareness of HIV/AIDS & STD's in all government departments. b) Identify, train and support peer educators. c) Distribute condoms in all government departments and businesses.	DOH, Government Departments, Private and Public Businesses.
<b>Improve access to and use of male and female condoms, especially amongst 15 to 25 year olds</b>	a) Expand condom distribution through non-traditional outlets. b) Improve access to condoms in high transmission areas (e.g. truck stops, borders, mines and brothels). c) Increase acceptance, attitudes, perceptions, efficacy and use of condoms as a form of contraception among the youth.	DOH, All sectors (private/public) and civil society

**Source:** Anon, 2000:17

**GOAL 2: IMPROVE THE MANAGEMENT AND CONTROL OF STD's**

Objective	Selected Strategies	Lead Agencies
<b>Ensure effective syndromic management of STD's in the private sector</b>	a) Investigate granting dispensing licences to nurses for STD treatment. b) Monitor and regulate the quality of care in the private sector. c) Training on syndromic management within the private sector. d) Review Medical Schemes regulations to ensure minimum reimbursement for treatment of STD's.	DOH <sup>2</sup> , SAMA, Board for Health Funders, Health Professions Council of SA, Technical AIDS committees.



Objective	Selected Strategies	Lead Agencies
<b>Ensure effective Syndromic Management (SM) of STD's in the private sector</b>	a) Training in Syndromic Management undergraduate/basic curricula of all nurses, doctors and pharmacists. b) Regular in-service training of HCW's.	DOH, SANC, Nurse training institutions, Medical Schools.
<b>Collaborate with traditional healers to improve health care-seeking behaviour for STD treatment.</b>	a) Development, print and distribution of training manuals in various languages. b) Conduct capacity building workshops with TH's. c) Sensitise the health sector regarding traditional medicine. d) Consider referral systems between traditional and western medicines.	DOH, Traditional Healer Organisations, CONTRALESA.
<b>Increase access to youth-friendly reproductive health services – including STD management, VCT and rapid HIV testing facilities (special focus on youth, women and migrant workers)</b>	a) Make clinics and HCW's "youth friendly". b) Make schools places where youth can access friendly and supportive counselling services.	DOH, DOE, Youth Sector.

**Source:** Anon, 2000:18

**GOAL 3: REDUCE MOTHER-TO-CHILD HIV TRANSMISSION (MTCT)**

Objective	Selected Strategies	Lead Agencies
<b>Improve access to HIV testing and counselling instate clinics</b>	a) Develop counselling guidelines. b) Train counsellors (private/public).	DOH, Women's Sector, NGO's
<b>Improve family planning services to known HIV positive women</b>	a) Train reproductive health providers on HIV/AIDS counselling. b) Improve access to comprehensive reproductive health services for HIV positive women.	DOH, Women's Sector, NGO's NPPHON.
<b>Implement clinical guidelines to reduce the transmission of HIV during childbirth and labour</b>	a) Train all relevant midwives and medical practitioners.	DOH, Nursing Training Institutions, Medical Schools.

**GOAL 4: ADDRESS ISSUES RELATING TO BLOOD TRANSFUSION AND HIV**

Objective	Selected Strategies	Lead Agencies
Maintain a safe blood transfusion service	a) Monitor implementation of current guidelines on blood transfusion. b) Develop national guidelines on HIV and blood transfusion. c) Improve the recruitment of low-risk blood donors.	DOH, DOL, Technical AIDS committees.

**GOAL 5: PROVIDE APPROPRIATE POST-EXPOSURE SERVICE**

Objective	Selected Strategies	Lead Agencies
Provide services for needle-stick injuries and occupational exposure	a) Ensure appropriate policies for needle-stick exposure in the private sector. b) Ensure the supply of anti-retroviral drugs to treat occupational exposure. c) Reduce exposure to occupational exposure through the appropriate disposal of medical waste and sharps.	DOH, DOL, Technical AIDS committees.
Investigate options to reduce HIV/STD transmission and pregnancies resulting from sexual assault	a) Review research on use of ARV to prevent HIV transmission following sexual assault. b) Assess services for women and men following sexual assault.	DOH, Research Institutions.

**GOAL 6: IMPROVE ACCESS TO VOLUNTARY HIV COUNSELLING AND TESTING**

Objective	Selected Strategies	Lead Agencies
Increase the number of Voluntary HIV Counselling and Testing sites	a) Introduce counselling service in all new testing sites. b) Expand use of rapid testing methods. c) Increase the proportion of workplaces that have on-site counselling and testing services.	DOH
Increase the number of persons seeking voluntary testing and counselling services	a) Promote access to VCT services, especially for the youth.	DOH, All Sectors

Source: Anon, 2000:19

### 5.3.2 Priority Area 2: Treatment, care and support

This area includes the following important goals and selected strategies to be implemented.

#### ***GOAL 7: PROVIDE TREATMENT, CARE AND SUPPORT SERVICES IN HEALTH FACILITIES, INCLUDING GOVERNMENTAL, PUBLIC AND PRIVATE ORGANISATIONS***

Objective	Selected Strategies	Lead Agencies
Improve treatment, care and support for people living with and affected by HIV/AIDS	<ul style="list-style-type: none"> <li>a) Develop guidelines for the treatment and care of HIV/AIDS patients in health facilities and the community.</li> <li>b) Ensure uninterrupted supply of appropriate drugs for the treatment of opportunistic infections and other related conditions.</li> <li>c) Build capacity of health professionals to provide comprehensive HIV/AIDS/STD/TB treatment, care and support.</li> <li>d) Establish strong links between health facilities and community-based support programmes.</li> <li>e) Improve prevention and treatment of TB and other opportunistic infections.</li> </ul>	DOH, Training Institutions, PWA's.
Objective	Selected Strategies	Lead Agencies
Establish poverty alleviation projects to address the root causes of HIV/AIDS/STD's and TB	<ul style="list-style-type: none"> <li>a) Incorporate HIV/AIDS/STD's and TB as indicators of poverty.</li> <li>b) Involve relevant government departments and the private sector in poverty alleviation projects.</li> </ul>	Agricultural sector, Government departments, NGO's, Business
Ensure appropriate practices in the private sector and medical insurance industry for the care and treatment of HIV-positive clients	<ul style="list-style-type: none"> <li>a) Review international and regional practices relating to HIV and medical insurance.</li> <li>b) Lobby the medical schemes industry to review benefits and coverage for HIV positive clients.</li> <li>c) Standardise a minimum package of treatment and care for people living with HIV/AIDS in the public and private sectors.</li> </ul>	DOH, BHF.

Source: Anon, 2000:20

Goal 8: Provide adequate treatment, care and support services in communities.

Goal 9: Develop and expand the provision of care to children and orphans.

**GOAL 8: PROVIDE ADEQUATE TREATMENT, CARE AND SUPPORT SERVICES IN COMMUNITIES**

Objective	Selected Strategies	Lead Agencies
Develop and implement models of community/home-based care in all provinces	<ul style="list-style-type: none"> <li>a) Develop appropriate home-based care implementation guidelines.</li> <li>b) Promote the establishment of inter-sectoral task teams at community level to develop community/home-based care.</li> <li>c) Reduce stigma of HIV/AIDS in communities and develop IEC materials targeted at communities.</li> </ul>	DOH, DOW, NGO's
Increase acceptability to community/home-based care	<ul style="list-style-type: none"> <li>a) Use media for more exposure to the issues of home-based care in communities</li> </ul>	DOH, DOW, NGO's, Media, all sectors.

**GOAL 9: DEVELOP AND EXPAND THE PROVISION OF CARE TO CHILDREN AND ORPHANS**

Objective	Selected Strategies	Lead Agencies
Develop and implement programmes to support the health and social needs of children affected by HIV/AIDS	<ul style="list-style-type: none"> <li>a) Promote advocacy of all relevant issues that affect children.</li> <li>b) Mobilise financial and material resources for orphans and child-headed households.</li> <li>c) Investigate the legal protection of child-headed households.</li> <li>d) Provide social welfare, legal and human rights support to protect educational and constitutional rights.</li> </ul>	DOH, DOW, DOJ, NGO's, Business
Implement measures to facilitate adoption of AIDS orphans	<ul style="list-style-type: none"> <li>a) Investigate the use of welfare benefits to assist children and families living with HIV/AIDS.</li> <li>b) Subsidise adoption of AIDS orphans.</li> </ul>	DOW, DOE.

Source: Anon, 2000:21

**5.3.3 Priority Area 3: Research, monitoring and surveillance**

Goals to be achieved and realised include the following.

- Goal 10: Ensure AIDS vaccine development.  
 Goal 11: Investigate treatment and care options.  
 Goal 12: Conduct policy research.  
 Goal 13: Conduct regular surveillance.

**GOAL 10: ENSURE AIDS VACCINE DEVELOPMENT**

Objective	Selected Strategies	Lead Agencies
Support efforts to develop a Clade C HIV vaccine	a) Conduct biological and behavioural research to support the development of an AIDS vaccine. b) Support the South African AIDS Vaccine Initiative. c) Develop South African ethical guidelines for vaccine research.	DOH, MRC, Research Institutions.

**GOAL 11: INVESTIGATE TREATMENT AND CARE OPTIONS**

Objective	Selected Strategies	Lead Agencies
Review and revise policy on anti-retroviral use for reducing mother-to-child HIV transmission	a) Review, monitor and evaluate current research on the use of anti-retroviral therapy to reduce mother to child HIV transmission. b) Identify and implement additional areas of research for example the private sector. c) Review and update national policies to reduce MTCT.	DOH, Academic institutions, Research Institutions, Women's Sector, Technical AIDS committees.
Conduct research on the cost-effectiveness of other forms of non-retroviral treatment and prophylaxis.	a) Review international research. b) Facilitate local research.	MRC, DOH, Research Institutions.
Conduct research on the effectiveness of traditional medicines	a) Conduct clinical trials. b) Review international research. c) Collaborate with traditional healers.	Traditional Healers, MRC, DOH

**GOAL 12: CONDUCT POLICY RESEARCH**

Objective	Selected Strategies	Lead Agencies
Conduct HIV/AIDS studies in selected departments and businesses	a) Commission research.	DOH, DOF, Government Departments, Private and Public sectors.
Conduct research to determine HIV incidence	a) Conduct HIV incidence surveys in narrow age groups to approximate incidence.	MRC, DOH

**GOAL 13: CONDUCT REGULAR SURVEILLANCE**

Objective	Selected Strategies	Lead Agencies
Develop mechanisms for long- and short-term training to improve the capacities of provincial and district staff to conduct HIV/AIDS/STD-related operations research, surveillance, and research	a) Training for provincial and district staff on research and surveillance in collaboration with research and training institutions. b) Training for private technical committees.	DOH, Academic Institution, Private sector organisations.
Conduct National Surveillance on HIV and STD risk behaviours, especially among youth	a) Conduct behavioural sentinel surveys, with a focus on youth. b) Conduct routine STD surveillance. c) Conduct surveillance of AIDS morbidity and mortality. d) Conduct national HIV-infections surveillance in selected populations and groups, including STD and TB clients, hospitalised patients, men and youth.	DOH, HSRC, GCIS, MRC, Youth Sector

Source: Anon, 2000:22

**5.3.4 Priority Area 4: Human and legal rights**

This is the last priority area of the nationally-based strategic plan for the effective management and control of HIV/AIDS in various governmental, public and private

sector organisations and includes the following important goals and strategies that need to be implemented.

Goal 14: Create an appropriate social environment.

Goal 15: Develop appropriate legal and policy environment.

**GOAL 14: CREATE AND APPROPRIATE SOCIAL ENVIRONMENT**

Objective	Selected Strategies	Lead Agencies
<b>Develop a National Inter-Sectoral Campaign on Openness and Acceptance of People Living with HIV/AIDS</b>	<ul style="list-style-type: none"> <li>a) Promote open discussion of sexual practices in various sectors of society (private and public).</li> <li>b) Promote voluntary testing and counselling services.</li> <li>c) Target awareness regarding rights and responsibilities of people living with HIV/AIDS in 4 key areas: employment rights, education, health care and social service rights.</li> </ul>	SANAC, government Departments, NGO's, all Sectors, SABS
<b>Create a legal and policy environment which protects the rights of all persons infected and affected by HIV/AIDS by 2005</b>	<ul style="list-style-type: none"> <li>a) Review existing legislation and ensure the protection of rights of people living with HIV/AIDS.</li> <li>b) Develop policy on the management of mentally challenged HIV-positive persons.</li> <li>c) Review and enact new Children's Law to take into account the needs of children infected and affected by HIV/AIDS.</li> </ul>	DOJ, DOH, SALC, Private and Public sector.
<b>Monitor human rights abuses and develop enforcement mechanisms for redress</b>	<ul style="list-style-type: none"> <li>a) Statutory commissions (HRC and CGE) to set up a discrimination database to collect information on the nature and extent of discrimination against people affected by HIV/AIDS.</li> <li>b) Improve access to justice for people infected/ affected by HIV/AIDS.</li> </ul>	DOJ, HRC, CGE

**GOAL 15: DEVELOP AN APPROPRIATE LEGAL AND POLICY ENVIRONMENT**

Objective	Selected Strategies	Lead Agencies
<b>Develop policy and legislation relating to HIV/AIDS and employment</b>	<ul style="list-style-type: none"> <li>a) Finalise the Code of Good Practice on HIV/AIDS in the Workplace, and organisation regulations, to enforce workplace HIV/AIDS policies.</li> <li>b) Support the development of workplace HIV/AIDS policies.</li> </ul>	DOL, DOH, Technical AIDS Committee

Objective	Selected Strategies	Lead Agencies
<b>Develop policy and legislation relating to HIV/AIDS, commercial sex workers and sexual assault</b>	a) Develop criminal law mechanisms, which protect the rights of victims of sexual violence. b) The provision of counselling to victims of sexual violence. c) Investigate decriminalising commercial sex work.	DOJ, DOH, SALC, Public sector.

**Source:** Anon, 2000:23

Implementing the HIV/AIDS and STD strategic plan is essential in order not only to ensure the achievements of national goals, but also to act as a basis for further strategic and goal formulation by the various public and private sector organisations, in order to combat and manage the impact of the disease effectively. South Africa as a whole, which includes government and all stakeholders, needs not only to track the course of the epidemic over the next five years, but should also take note of changes in attitude, social values, health practices, socio-economic conditions and behaviours that act as predisposing factors of the epidemic. It is, therefore, vital that a broad strategic plan is needed that include both private and public sector businesses so as to evaluate, address and manage the impact of HIV/AIDS as effectively as possible (Anon, 2000:6).

This can be achieved only through comprehensive goal formulation and implementation of specific strategies, action programmes and policies in order to reduce, manage and control the epidemic on all fronts of business and society. The implementation of a broad strategic plan must be seen as an umbrella that embraces all individual organisational strategies and action programmes in order to co-ordinate and address the impact of the disease as effectively as possible. It is the basis for strategy and goal formulation and must be seen as a mechanism for organisations to formulate their own action programmes, policies and strategies according to their own individual needs and situations within the business environment.



### **5.3.5 Principles for the effective implementation of the HIV/AIDS strategic plan**

Broad principles for the implementation of such a strategy include the requirement that activities and practices are appropriate and cost-effective for South Africa. These activities should be based on known evidence-based practices. The effective implementation of the HIV/AIDS and STD strategic plan for South Africa can be achieved if only the following issues are addressed properly.

#### ***5.3.5.1 Approval of the HIV/AIDS and STD Strategic Plan by national bodies such as SANAC and the National HIV/AIDS and STD's Directorate, followed by provincial and local structures***

The HIV/AIDS and STD Strategic Plan should be used in developing national, provincial and district operational plans. Annual operational plans should be based on realistic objectives. These should be developed, taking into consideration existing financial and human resources, the capacity thereof, the process of recruitment, as well as the political commitment in each of the provinces. The setting of national goals will allow for inter-provincial comparisons and ensure a measure of unity, regardless of the relative autonomy of the province. The provinces should then take these national goals and objectives and present them to key role players within the province in order to ensure that all buy into what would be a Provincial Strategic AIDS Plan (Anon, 2000:26).

#### ***5.3.5.2 Improve Structures for Delivery***

This involves reviewing and developing where necessary structures at all levels, from the national to the community level. The concept of appropriate national structures such as the IDC and SANAC should be considered for duplication within provinces, keeping in mind the importance of delivery within business communities. The most important structures to create to guide the implementation of a Strategic Plan, are the following.

- A National AIDS Council, with duplicate bodies in each province,
- Interdepartmental Committees on HIV/AIDS in every province. One of the functions of the Interdepartmental Committees within the provinces, would be to define each government department's unique and generic responsibility within the HIV/AIDS and STD Strategic Plan.

Equally important, is the establishment of appropriate structures at local level in order to ensure the implementation of the HIV/AIDS and STD Strategic Plan. It is thus recommended that local government and business HIV/AIDS Committees be established. These local government and business structures should include the communities that represent major role-players within the relevant community in the field of HIV/AIDS. These committees should also include local government to ensure the integration of HIV/AIDS/STD's and TB issues and the development of plans. It is vital that these plans include non-health issues as part of HIV/AIDS/STD planning, such as transport and poverty alleviation (Anon, 2000:27).

#### **5.3.5.3 *Establish Acceptable Standards for Provinces and Local Structures with Respect to Resources***

- a) **Financial Resources:** It is important to ensure that adequate funding is available at national and provincial levels within the healthcare environment in order for it to ensure delivery. One method is to establish an agreed resource standard for all provinces to directly place financial resource into HIV/AIDS. This is currently (in 1999/2000 prices) set at R10 per person per year, or a total of ± R400 million per year for the whole country.

Related activities include the following.

- Auditing financial resources for HIV/AIDS activities within Provinces over the preceding three years.
- Comparing resources between provinces on a per capita and per HIV infected population.

- Agreeing on standards or conditions by National bodies such as MinMEC, PHRC for allocating dedicated HIV/AIDS funding from National bodies.
- Costing the HIV/AIDS and STD Strategic Plan and Programmes.
- Agreeing on the continued funding by the National DOH of activities and products [such as condoms] that have a major alleviation impact (Anon, 2000:28).

**Funds for HIV/AIDS should be devolved to provinces from the national government, only on the condition that certain standards are met.**

These include the following.

- Presence of an Inter-departmental Committee on HIV/AIDS.
- Commitment to “ringfence” funds for direct HIV/AIDS activities within provinces.
- Commitment to distribute funds according to the HIV/AIDS and STD Strategic Plan.
- Commitment to spend over 80 per cent of the funds in one financial year.
- Commitment to roll funds over funds into the new financial year without risk of penalty.
- Commitment to prioritise the process of HIV/AIDS spending within the provinces.
- Commitment to ongoing national and provincial communication.
- Regular review of the implementation of HIV/AIDS Plans.
- Establishing realistic goals and objectives than can be implemented within provinces, districts and local businesses.

**b) Human Resources:** It is vital to the success of this Strategic Plan that adequate human resources are available to ensure delivery. The constraint on action is arguably capacity rather than funding. The current standard suggested is one dedicated employee per 100 000 population. To evaluate the

availability of human resources, it will be necessary to audit the existing human resources at national, provincial, regional and local levels. This audit should inform the process of establishing standards of personnel at district, regional and provincial levels of management alleviation (Anon, 2000:28).

#### **5.3.5.4 Regularly Review the Implementation of the Strategic Plan**

The HIV/AIDS Strategic Plan must be reviewed every 12 months at national and provincial and local levels, with quarterly reports to be submitted to local, provincial and national levels.

The National DOH has overall responsibility for the implementation of the Strategic Plan within provincial structures. Specific measurable targets and indicators will be developed for each objective and reported in an annual operational plan. The Strategic Plan will be monitored by these behavioural surveys. These surveys will measure changes in HIV-related risk behaviours including condom use, delay of sexual initiation among youth, HIV incidence, and the number of sexual partners.

Another important point is to establish a mechanism of constant and consistent feedback and reporting by provinces to local and national structures and vice versa. Information from the regular review should be used to serve as an information tool in communication between all parties of successes, as well as to other stakeholders to provide guidelines on activities to be involved in (Anon, 2000:28).

#### **5.3.6 Effective management and control of the HIV/AIDS and STD strategy**

The HIV/AIDS and STD strategic plan is a broad framework initiated by government but also by NGO's, business, labour and all sectors of society. Like already mentioned each sector is responsible to develop more specific plans based on their own specific role and responsibilities in managing the input of HIV/AIDS more effectively. Sectors and in particular the private sectors, are envisaged to establish technical AIDS committees, as already mentioned, but they also are responsible for the implementation, maintaining and management of a cost effective HIV/AIDS

programme and action plans within their specific working environments. To achieve this, management must first become aware of the situation within their working environments and must therefore realise the following.

- Management must realise the rapid spread of HIV/AIDS in South Africa and the potentially devastating effects. HIV/AIDS will have on the country, its employees and their families.
- Management must be committed in making every effort to reduce the spread of HIV amongst its workforce.
- Management, but also labour, must try to minimise the impact of HIV/AIDS on employees and their departments, colleagues and on business in general.
- In all matters, management must aim to balance the need and interests of the employees with HIV/AIDS, his/her colleagues and also the organisation.
- A written policy is needed which is in line with current international and South African business practices.
- Employee HIV/AIDS Education (Ellen, 2000:85).

The effective management and control of a suitable HIV/AIDS strategic plan will largely depend on the availability of various resources within and to the disposal of businesses. There is, however, much ignorance and disbelief about the epidemic and there are also many myths and misconceptions about AIDS. It is thus critical, that management needs to take the initiative and formulate, implement and manage the epidemic as successfully as possible. This can be achieved only through a well-drafted and formulated action programme. The main aim of such a programme, will include the following.

- To make employees aware of the risk of HIV/AIDS to themselves and their families.
- To make them aware of preventive measures.
- To inform them about their rights and responsibilities with regard to legal, ethical and policy issues relating to HIV/AIDS.
- To encourage supportive attitudes toward people with HIV/AIDS.

- Provision and distribution of condoms and protective equipment at the workplace and in other strategic places.
- Periodic evaluation and assessment of the knowledge, attitudes and practices (KAP) of employees as they relate to HIV/AIDS education programmes (refer Chapter 8).
- The prevention and treatment of sexually transmitted diseases (STD's).
- The provision of social services which facilitate the strengthening of family life of employees, including those employees working far away from their homes (Gottlieb, 2000:3).

Employee participation is a key element of this programme, as already mentioned. To achieve this, these employees will be selected and invited to be trained as peer-educators. These peer educators will be supported to provide education to the workforce both formally – through organised sessions – and informally (refer Chapter 4). The educators will be trained during work-time and at the business's expense. They will also be encouraged to use their knowledge and skills to educate their families and communities in their private time (Kass, 2000:1026).

People living with HIV/AIDS (both within and outside of the business, for example, guest speakers) will also be involved in this programme so as to ensure maximum impact and effectiveness of the programme.

Other creative methods of informing and educating the workplace will be explored. These include, for example, the use of print media (posters, leaflets, etc.), educational/industrial theatre, puppetry programmes, electronic media, video, periodic seminars and workshops.

Beside action programmes that need to be formulated and implemented, it also needs to be controlled for effective management by the organisation and its employees. This can be achieved only through the appointment of various programme co-ordinates, task teams and representatives within the working environment and will include the following important functions.

- The HIV/AIDS programme will be initiated, managed and monitored centrally through Head Office and fall under the responsibility of an appointed programme co-ordinator.
- A task team will be established and the programme co-ordinator will manage the team.
- The team will be made up of appropriate representatives from both the employer and employees and may vary from region to region.
- Regional task teams will be established, with voluntary representation from the employee body. These task teams will plan, implement and monitor the programme at a regional and local level (Smith, 2000:9).

Task teams will also ensure that the necessary steps are taken to disseminate the policy to all employees through the education programme.

An annual policy review will also be undertaken: this will include the following important tasks.

- Due to the dynamic nature of the HIV/AIDS epidemic, management will review this policy on an annual basis, or more frequently, if necessary.
- Every effort will be made to balance the needs of the employee and the employer.
- Policy review will take into account international and national trends at all times (Smith, 2000:10).

The effective control and therefore, the effective monitoring of such action programmes and policies, must be implemented according to the national HIV/AIDS strategic plan initiated by government as discussed and that each implementing sector, either public or private, needs to contribute to the accomplishments of various aims and broad national objectives.

This strategy must also be seen as mutually beneficial to all implementing agencies, sectors and organisations to assess their individual performance, seek collective measures and formulate appropriate policy, action programmes and ultimately

strategies. Effective monitoring and evaluation tools must therefore, be developed and customised for each individual intervention. These tools will ultimately identify strengths and weaknesses within response programmes and activities and also identify areas that need the redirection of resources. The cost effectiveness of these selected interventions, will be determined through special organisational and operational research (Smith, 1996:15).

The effective management and control of a specific strategy, which aim it is to manage and limit the impact of HIV/AIDS in the working environment, will ultimately depend on managerial ability to manage, formulate, implement and control action programmes and policies to reduce the risk that HIV/AIDS will have on organisational resources and ultimately, on its workforce. Employees are vulnerable to HIV infections for many different reasons. Some of these reasons are relatively simple, with simple ways to reduce vulnerability while others are very complex and woven into the socio-economic circumstances in which employees find themselves. Managing the epidemic appropriately and effectively by means of a strategy that can be implemented in the workplace, is in itself a critical factor for the future viability of businesses and also for the health and welfare of its employees.

#### **5.4 CONCLUSION**

The dynamics of the epidemic and the peculiar nature of HIV, the resultant disease and mortality, present a unique set of problems, which will need extraordinary approaches to managing it in the workplace. The HIV/AIDS epidemic is still evolving and expanding and the ultimate size and impact is not fully certain. New approaches and strategies for dealing with the problem, will also evolve and develop over time. HIV/AIDS policy guidelines must be dynamic and keep up with trends and developments in order to keep abreast and updated with new developments in order for those concerned to manage and control the disease more effectively, especially within the workplace (Anon, 2000:29).

There are no known cures for HIV/AIDS. Therefore, prevention is a critical factor in fighting the disease head-on. For this reason, organisations must commit themselves



to the education and informing of employees about HIV/AIDS at all levels, by way of a continuous education and awareness programme, based on a sound business strategy with the aim to reduce and control the impact of HIV/AIDS. Mr. Whiteside, a health economics researcher, propounds as follows: “The full impact will unfold over the next few years and there is no doubt that it will be devastating in all sectors, starting with health and education” (Ngubane, 2000:5).

AIDS deaths are expected to impact heavily on all South Africans. An estimated R7,2 billion has already been spent on educating those of productive age, who died in the 1999-2000 period alone. By 2003, 12 per cent of highly skilled workers and 27,2 per cent of low-skilled workers will be infected, according to a study by ING Barings. It will cost an estimated R250 000 to replace each skilled labourer lost to AIDS. Medical aid claims are expected to rise rapidly and some medical schemes could face bankruptcy. It will cost the public health system ± R16 900 a year to treat each AIDS patient. Escom estimates that it will spend R400 million a year on pensions, medical aid, lost productivity and the recruitment of new workers from 2005 onwards.

Presenting data from its own research, the Medical Research Council, in the words of Dr. Salim Abdool Karim, states that South Africa was being hit by many strains of the virus, unlike in other countries, which have to cope with only one strain. “We have multiple small epidemics which are coalescing” (Pretorius and Jacobson, 2000:2). It is behind this backdrop, that South Africa as a whole need to implement, maintain and manage the impact that HIV/AIDS will have on the economic growth and social development of the country. A broad national strategy thus is inevitable, together with suitable and sustainable policies, action programmes and related business strategies to cope with the spread and devastating impact of HIV/AIDS on all fronts and sectors of business and society.

In the next chapter the emphasis falls on the empirical perspectives of the study and will include descriptive research, reliability tests, cross-tabulations, as well as other relevant graphical explanations, and representative data.