

HIV/AIDS - THE SLOW ONSET DISASTER: DISASTER MANAGEMENT PERSPECTIVES AND CHALLENGES INTO THE NEW MILLENNIUM

*D. Burger
Programme Group Public Management and Development
Technikon SA*

*Petrus A. Brynard
School of Public Management and Administration
University of Pretoria*

ABSTRACT

One of the most extensive challenges that ordinary South Africans, and more specifically, the South African government is faced with, is to find a way to manage the looming HIV/AIDS disaster that is unfolding in our midst. The successful management of HIV/AIDS requires a holistic and integrated multisectoral approach that in essence is underpinned by disaster management principles.

Notwithstanding the multiple and costly efforts from government, the evident rise in the statistics in HIV/AIDS seem to challenge those advocates that want South Africans and the world to believe that the HIV/AIDS epidemic is well under control. However, it deserves to be mentioned that government is indeed involved in various initiatives in an attempt to manage the HIV/AIDS epidemic successfully.

In this article it would be argued that the management of HIV/AIDS according to disaster management principles is a possible solution to successfully manage the HIV/AIDS epidemic. The management of HIV/AIDS according to disaster management principles would lead to the suggestion that AIDS is a typical slow-onset disaster. In order for government to effectively manage HIV/AIDS, it would be necessary to adopt an integrated, and multisectoral disaster management approach.

In the absence of a medical cure, the management of the HIV/AIDS epidemic according to disaster management principles, is possibly an alternative way to understand and manage the HIV/AIDS epidemic successfully in South Africa.

INTRODUCTION

Although government has adopted an extensive programme to manage the HIV/AIDS epidemic, the HIV infections in South Africa is still the fastest growing in the world. Moreover, South Africa lags behind other countries in successfully managing the effects of this deadly disease.

In this article, the aim is to explain what disaster and disaster management is and to argue that HIV, as a threatening hazard, is causing serious disruptions on all aspects of the South African society's life and progress. It causes widespread losses in communities and as a result of the underlying causes, such as poverty and unemployment, it exceeds the ability of those who are affected to sustain themselves. The result is that government and the private sector should take responsibility for managing the HIV hazard to ensure that a disaster caused by the occurrence of AIDS is prevented or at least curbed. The central point of the argument would be that HIV/AIDS ought to be viewed by government as a slow-onset disaster. In addition to this, the importance of an enabling legislative framework for the management of HIV/AIDS will be advocated.

DISASTER AND DISASTER MANAGEMENT IN PERSPECTIVE

Disaster contextualised and defined

Disaster can take on various forms in a society. Disaster could impact in many different ways and affect families, communities, a society as a whole and it can even threaten a whole country, its government, public services and moreover the ability to respond effectively to other societal needs. Disaster can be associated with major loss of life and the destruction of human facilities, requiring the intervention of governmental initiatives to assist the affected individuals or communities.

The question arises as to how a disaster could best be described. The most comprehensive definition of a disaster was developed by the UN Disaster Management Training Programme (1992:4) describing a disaster as a serious disruption of the functioning of a community causing widespread human, material or environmental losses which exceed the ability of the affected community to deal with the disaster by means of its own resources.

One of the most significant aspects of the definition of a disaster, is the fact that the affected community lacks the capacity to deal effectively with the disaster. The question then arises as to who is responsible for effectively managing disasters. According to Carter (1992:xviii), the management of a disaster is an ongoing national priority. It implies that the management of a disaster is, in the first instance, a government responsibility.

Role of government

The South African government's concern regarding its responsibility towards managing disasters is particularly evident throughout various sections of the *Constitution of the Republic of South Africa Act, 1996* (Act 108 of 1996). According to the Annual General Meeting of the Disaster Management Association of Southern Africa (1998), the *Constitution of the Republic of South Africa Act 108 of 1996* lays the foundation for an effective national policy on disaster management. The first steps towards a national policy for disaster management were taken on 11 February 1998, when the *Green Paper on Disaster Management* was launched. The *White Paper on Disaster Management* was tabled in Cabinet during 1998. Subsequently a *Disaster Management Bill, 2000* was passed according to which the disaster management function is to be undertaken by the public service.

The management of a disaster is not only a national responsibility, but the effects of disasters can be reduced if the government, together with departments at all spheres, can manage disasters in a proactive manner. A reactive approach in managing a disaster can actually multiply the effects of such disaster nationally.

Defining a hazard

A disaster occurs when government declares an event a disaster. Another aspect, which is related to disaster, is a hazard. A hazard is a rare or extreme event in the environment that impacts unfavorably on human life, property or activity to the extent that it can cause a disaster. Hazards can be classified as follows (UN Disaster Management Training Programme, 1992:4):

- geological hazards, e.g. earthquakes
- climatological hazards, e.g. tropical cyclones
- environmental hazards, e.g. environmental pollution
- epidemics, e.g. HIV/AIDS
- industrial accidents.

Disaster management actually refers to the effective management of hazards so that the risk of a disaster occurring can be prevented. In this way, a proactive approach to managing a disaster is embraced.

According to Blaikie, Cannon, Davis and Wisner (1994:22), the underlying causes of disaster can be explained in terms of the progression in vulnerability of society. The

progression in vulnerability can be described in terms of three factors in a society, namely:

- unsafe conditions, e.g. fragile physical environment, unstable economy of a country and low income per household
- dynamic pressures, which entail a conversion of negative aspects in a society into unsafe conditions, e.g. a lack of basic services
- hazards (also known as causal factors), e.g. HIV/AIDS.

The underlying factors of unsafe conditions, dynamic pressures and hazards are deep-rooted phenomena, which together cause and increase vulnerability. The following underlying factors such as poverty, uncontrolled population growth, rapid urbanisation, transition in cultural practices, environmental degradation, lack of awareness and information, war and civil strife and the misuse of modern technology, together with the above three factors in a society, can cause a disaster (UNDP/UNDRO Disaster Management Training Programme, 1992:5-9).

It could thus be argued that the increase in vulnerability (unsafe conditions, dynamic pressures and hazards) + causal factors of disaster = disaster. Therefore, one or a variety of occurrences or circumstances could cause a disaster.

Categories of disasters

There are different categories of disasters. The different types of disasters are explained in terms of the speed at which a disaster occurs, namely rapid-onset disasters and slow-onset disasters. There are also different phases concerning disaster. Phases could be distinguished but not separated from one another. These phases can be explained in terms of the categories of disaster. Rapid-onset disasters occur over a relatively short space of time. The following phases for this category of disaster could be identified for the purposes of disaster management:

- mitigation phase
- rehabilitation phase
- reconstruction phase
- relief phase
- preparedness phase.

Slow-onset disasters occur over a relatively long period. The following phases could be identified for this category of disaster for management purposes:

- early warning phase
- emergency phase
- rehabilitation phase.

An explanation was provided in terms of the key aspects and principles concerning disasters. It was argued that it is, in the first place, the responsibility of government and executive departments at all spheres of government, to manage disasters successfully.

Managerial requirements

The management of a disaster is a dynamic, comprehensive and ongoing activity, which entails the classical management functions (Carter, 1992:xxiii) viz.

- planning
- leading
- controlling.

These functions are not exhaustive, but identify some of the main management functions a manager has to execute to ensure that direction is provided, actions are undertaken and that the effects of the actions are evaluated. According to the UN Disaster Management Training Programme (1992:11), disaster management consists of a body of decisions and operational activities that involve all the different phases of disaster. Therefore, disasters are managed within an administrative framework, which utilises management functions. The management of any disaster involves all the phases of disaster, relevant to the particular category of disaster. The management of a disaster requires the integration of the various phases to ensure that a disaster is managed effectively.

Administrative requirements

The administrative framework within which disasters are managed, entail the application of the generic administrative enabling functions, such as:

- disaster management policy-making
- disaster management financing
- human resource provision and utilization

- organisational arrangements for disaster management
- arrangements for effective procedures and methods
- control measures.

The generic administrative enabling functions are executed to ensure that the objectives of disaster management are met successfully. Therefore, it could be stated that it is within this administrative framework that the effects of disasters are managed.

The underlying causes of disasters have been explained in terms of the progression in vulnerability of a society. It has already been indicated that epidemics are regarded as hazards. It was also argued that a proactive approach to disaster management is to manage hazards effectively in society.

The fact that an epidemic is regarded as an important role-player in causing disaster and the underlying philosophy of managing a disaster begs the question whether the government in all its efforts until now realise that the solution to the HIV/AIDS epidemic might be found in managing it according to disaster management principles. Sunter (1996:35) has already indicated that HIV/AIDS has been since the death of Apartheid, the single most significant hazard to threaten South African society. With this view in mind, attention could now be devoted to the application of a disaster management approach to curb the HIV/AIDS epidemic.

HIV/AIDS AS A SLOW-ONSET DISASTER

The Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) has been a “silent” epidemic as people seemed to close their eyes hoping that the truth would not be a devastating reality. Moreover, government has now acknowledged that for years it has allowed the epidemic to spread at a rate that is presently the highest in the world. Despite the fact that HIV/AIDS has been identified as a national priority since September 1998 and that the Partnership against AIDS campaign was launched in 1998, HIV/AIDS is still unfolding as a disaster with peculiar characteristics. However it seems as though government has decided to accept that HIV/AIDS ought to be a national priority. (Thom, 1998:8; Badenhorst, 1998:19).

The HIV/AIDS disaster contains all the ingredients of a disaster, and therefore it could be argued that HIV/AIDS should be managed according to disaster management principles and objectives and especially according to a slow-onset disaster category. The positive aspect that brings optimism amongst the proponents of a disaster management philosophy is that a number of initiatives from government and the Department of Health are in the direction of a disaster management approach. However, neither the

government nor the Department of Health officially acknowledges that HIV/AIDS is a disaster.

AIDS defined

AIDS is an illness that has been discovered in the early eighties through research conducted by Dr. M. Gottlieb, (an American). AIDS refers to damage to the immune system of a healthy individual who is infected by the HI virus. AIDS is a complex illness and is associated with different infections and different types of cancer. The HI virus eventually damages the immune system and develops into full-blown AIDS ultimately resulting in death. No effective cure has been found for this deadly disease. AIDS is a transferable disease and therefore is viewed as an epidemic (Fan, Conner & Villarreal, 1998: 8), it is also transferred through blood, sex and or birth.

Extent of HIV/AIDS

AIDS is regarded as a creeping disease as the period between HIV infection and full-blown AIDS covers an average period of ten years or more. Whilst there is, to date, no successful antidote against AIDS, the epidemic is spreading rapidly in Africa and especially South Africa. The extent of the epidemic sheds light on the devastating effects of this disease on, amongst other, the development initiatives and economy of a country. The following statistics are of particular significance for South Africa:

- more than three million South Africans are HIV positive, yet the latest statistics indicate that the number has risen to as much as 4,4 million people that are currently HIV positive.
- 1 700 people are infected daily
- during the year 2000, 20% of South Africa's workforce will be HIV-positive.
- 10% of the world's 16 000 new infections occur in South Africa.
- the majority of infected people are between the ages 20 and 29, which is a major part of the economically active individuals of our society
- more than 200 000 children are orphaned by the disease
- more than 150 000 of South Africa's one million public servants are currently HIV positive (Swanepoel, 1998).

People living with HIV/AIDS, like other individuals, are protected by the *Constitution of the Republic of South Africa*, 1996, and the Bill of Rights. The rights of people living

with HIV/AIDS are also protected in terms of the *White Paper for the Transformation of the Health System in South Africa* (1997:chapter 9). Therefore HIV-infected people are not forced by law to report that they are infected by the HI virus. One of the most significant problems resulting from this situation is that statistics cannot be viewed as accurate. This situation makes the existence of this epidemic an even greater threat to South African society, as it appears to be impossible to establish the exact extent of the epidemic, its rate of increase and its spread throughout the society.

Even extensive statistics, which would be an underrepresentation of reality, will not serve any purpose. The devastating effects of HIV/AIDS will touch the lives of many individuals who are not affected by the disease and its effects could detrimentally affect core businesses and services of all public and private institutions.

Impact of HIV/AIDS

South Africa is in the midst of a serious AIDS epidemic. The epidemic will have the following effects, which will be discussed in more detail in the following paragraphs:

- economic impact
- impact on population growth and community life
- impact on medical aid schemes and the insurance industry
- impact on health and social welfare services.

The economic impact of HIV/AIDS is not evident in South African society, as its effects are not clearly identifiable. HIV/AIDS will make South Africans poorer. In future, the epidemic will decrease the size of most markets for a variety of goods and simultaneously the spending patterns of consumers could change.

According to Bisseker (1997:40), the disposable income of infected individuals will decrease because available funds have to be used for the payment of health services. Even healthy people's disposable income will decrease by approximately 20% as a result of higher medical aid contributions and higher income tax rates. A vicious circle emanates from these arguments, as the infected person's, medical costs increase disposable income decreases; the person eventually becomes poorer and cannot afford medical treatment, placing a burden on society and the state for support.

The population growth and community life of the South African society will be affected severely by the epidemic. According to Whiteside and Green-Thompson (1997:40), AIDS will only have a negative impact on population growth, if the national adult HIV,

prevalence increases between 30 - 50%. Therefore the prevalence should be managed to remain below under the 30% level with regard to adult HIV-prevalence rates.

HIV/AIDS has an impact on family life as breadwinners die prematurely and the income of such families has to be channeled to cover medical and funeral costs. The social welfare will be tested to its limits as a complete breakdown in family life could be expected. This could result in an increasing number of AIDS orphans and consequently street children (Sunter, 1996:50).

It is the responsibility of government to render health services to the society. Sunter (1997:47-48) emphasises that if South Africa wants to be a world-class country, government would have to ensure excellent health services within which all members of society can feel safe. It should be mentioned that the Department of Health functions within the framework of legislation regulating health services. The Department of Health is one of the institutions that must provide health services to the different communities based on health needs.

The health needs of society will probably exceed the available resources of the Department of Health. Although resources are scarce, the needs of people suffering from HIV/AIDS have increased. It is therefore impossible for the Department of Health alone, within the new transformed primary health-care system, to manage the HIV/AIDS epidemic effectively. According to Badenhorst (1998:19), the AIDS epidemic is indeed not a matter to be dealt with by the Department of Health alone, but a matter of national concern, concerning sectors of society. According to Booyens (1996:4), the challenge is to render affordable health services to all. However, the treatment costs for HIV/AIDS patients are high. It deserves to be mentioned that HIV/AIDS is an acquired illness and those people with sexually transmitted diseases have a high risk of HIV infection.

One of the most significant deficiencies in government's policy on the HIV/AIDS epidemic, apart from not managing it according to slow-onset disaster management principles, is the complete absence of legislation that would enable institutions to manage HIV/AIDS within the health-care system in a formalised framework. HIV/AIDS services are delivered to affected individuals in communities in terms of the aims and objectives of the *National AIDS Plan for South Africa*, which was developed by the *National AIDS Convention of South Africa* (NACOSA) during 1994. This plan is a presidential lead project under the *Reconstruction and Development Programme* and is a direct result of an initiative taken by the Minister of Health. The only policy document that supports this plan and authorises action, is the *White Paper for the Transformation of the Health System in South Africa* (1997:chapter 9).

The implementation of the *National AIDS Plan* for South Africa has no legislative framework to enforce the implementation thereof. A positive aspect of the National AIDS

Plan for South Africa and the *White Paper for the Transformation of the Health System in South Africa* is that the two documents contain a number of preventative measures to decrease the occurrence and spread of the HI-virus.

The *HIV/AIDS/STD Strategic Plan for South Africa, 2000 - 2005* underpins the South African government's response to HIV/AIDS in that the following areas are central to such a response:

- prevention
- treatment, care and support
- human rights and legal issues
- research, surveillance, monitoring and evaluation
- information, education and social mobilisation.

Despite this response, the statistics still reveal an increasing pattern as there are still underlying factors that play a leading role in causing HIV/AIDS in the South African society

Underlying factors that cause HIV/AIDS in South Africa

Two underlying causes of HIV/AIDS should be mentioned specifically. These are notably unemployment and poverty. Poverty and unemployment also create a vicious circle, as these two aspects are intimately related to each other.

The relationship between poverty and unemployment and its causal effects on HIV/AIDS can be illustrated by means of a case study. A breadwinner must, as a result of unemployment and poverty in the rural area where he/she lives, find work in an urban area. This person is therefore separated from his/her family. This person buys sex from another person in the city, who in turn also needs money to make a living. In this way, the HI virus is acquired and as the breadwinner returns home, his/her husband/wife is also infected. The relationship between poverty and HIV/AIDS can be further summarised as follows:

- Poor people tend to be infected with HIV more often and die quickly as a result of a lack of efficient and effective health services and the absence of a healthy environment.
- Social welfare services are normally not available to poor AIDS patients and their families, and they in turn are not in a position to care for the orphans, should the parents die.

- Where economically productive adults are infected, food production could decrease, and malnutrition and the spread of other communicable diseases amongst children could increase.
- The spread of AIDS increases the spread of other communicable diseases in poor communities.
- The local economy is disrupted as a result of the death of the most economically active age group suffering from AIDS related diseases, which in turn necessitates migration from rural to urban areas where the disease could be acquired (Kimani, 1996:31).

It can be argued that a combination of unemployment and poverty, social disruption, together with HIV infection, could result in an AIDS disaster in South Africa. HIV/AIDS increases the risk of a household and an individual being poor. It also decreases the level of health in communities as the disease has a close relationship with other communicable diseases such as tuberculosis, and increases the burden on the state to care for the sick, unemployed, poor individuals and families.

CHALLENGES IN MANAGING HIV/AIDS AS A SLOW-ONSET DISASTER

The government and the Department of Health have taken a bold step by acknowledging that HIV/AIDS should be combated in South Africa. The HIV/AIDS threat is now a reality. Government propagates a multi- and inter-sectoral approach. In this way a united response is ensured, but it also illustrates that government no longer expects one department, to manage this epidemic.

One of the most significant challenges facing government, is to establish a legislative framework to assist the public and private sectors to manage HIV/AIDS. Without such a framework, no effective actions can be undertaken to develop and implement a co-ordinated plan.

The HIV/AIDS epidemic ought to be identified as a disaster, that is quietly and slowly unfolding. The HI virus ought to be viewed as a threat and should be managed according to slow-onset disaster management principles and approaches. This embraces a proactive set of integrated activities, involving all sectors of the society, which must be closely linked to reconstruction and development programmes. This could result in reaching the objective of curbing the spread and effects of the AIDS disaster in our country. It is also necessary for government and disaster managers to ensure that the *Disaster Management Bill, 2000* recognises hazards such as HIV and propose a framework within which the HIV/AIDS epidemic can be managed as a slow-onset disaster.

CONCLUSION

HIV/AIDS is not a disease concerning only the millions of infected individuals, or that requires the government's involvement. The fight against HIV/AIDS starts with each South African individually. The steps taken by the government so far ought to be supported as it at least indicate commitment to accept that HIV/AIDS is a national threat.

Government needs to take further steps. South Africa needs a legislative framework for managing AIDS as a slow-onset disaster; an acknowledgement that AIDS is in fact a disaster; and that AIDS ought to be managed according to disaster management principles. An integrated and multi-sectoral approach and practice are required in applying the principles of disaster management for AIDS to be managed effectively

BIBLIOGRAPHY

Books:

- Blaikie, P., Cannon, T., Davis, I. & Wisner, B. 1994. *At Risk: Natural Hazards, People's Vulnerability, and Disasters*. London: Routledge.
- Booyens, S. W. 1996. *Introduction to Health Services Management*. Cape Town: Juta.
- Carter, W. N. 1992. *Disaster Management: A Disaster Manager's Handbook*. Manila: Asian Development Bank.
- Fan, H., Conner, R. S. & Villarreal, L.P. 1998. *AIDS Science and Society*. London: Jones & Bartlett.
- Sunter, C. 1996. *The High Road: Where are we now?* Cape Town: Tafelberg.
- Sunter, C. 1997. *What It Really Takes to be World Class*. Cape Town: Human & Rousseau: Tafelberg.
- UNDP/UNDRO Disaster Management Training Programme. 1992. *An Overview of Disaster Management*. Wisconsin: University of Wisconsin Disaster Management Centre.

Journals:

- Bisseker, C. 1997. The virus that kills people attacks our pockets too. *Financial Mail*, 5 December
- Kimani, L. 1996. AIDS - A Potential Disaster. *Local Government Digest*, April.
- Whiteside, A. & Green-Thompson, R. 1997. Population growth in the balance: Smaller Numbers, Shorter Life. *Finance Week*, 4 December.

Newspapers:

Rapport. 1998. 13 September: 13.

Saturday Argus. 1998. 12/13 September: 1.

Sunday Times. 1998. 13 September: 16.

The Star. 1998. 9 October: 6 & 13.

Conference:

Annual General Meeting of the Disaster Management Association of Southern Africa (14th: 10-11 September 1998: Osner Hotel). 1998. "Keynote Address" by -the Honorable Minister of Provincial Affairs and Constitutional Development - M.V. Moosa. East London.

Government Publications:

The Constitution of the Republic of South Africa, 1996 (Act 108 of 1996). Pretoria: Government Printer.

South Africa. 1998. *Green Paper on Disaster Management*. Pretoria: Government Printer.

South Africa. 1997. *White Paper for the Transformation of the Health System in South Africa*. Pretoria: Government Printer.