



Applause for HIV/AIDS plan

Health care professionals and the public can thoroughly applaud the latest initiatives of the political leadership to address the HIV/AIDS crisis as revealed in the recently unveiled strategic plan. After years of opposing reluctance on the part of the National Department of Health to treat our people with antiretrovirals, political and scientific denialism, strange views about nutritional remedies and having to engage in other fruitless expenditure of energy, solid sense at last prevails and we can all put our energies into fruitful co-operation!

It has often been noted that deaths of a population on the scale that South Africa is experiencing require total mobilisation akin to warfare. The National Strategic Plan 2007 - 2011 (NSP) is designed to guide South Africa's response to the control of HIV, AIDS and sexually transmitted infections (STIs) in the next 5 years. It starts where it should, in the President's office, under the leadership of the Deputy President, Mrs Phumzile Mlambo-Ngcuka. An inter-Ministerial Committee on AIDS has been appointed by the Cabinet to serve at the interface between Cabinet and the South African AIDS Council (SANAC) and to support and monitor work done by SANAC. It is chaired by the Deputy President and is composed of the ministers of Health, Social Development, Education, Agriculture and Land Affairs, Mining, Public Service and Administration. The other levels of responsibility and of co-ordination are also clearly defined. The main implementing agencies have been identified as the provinces, local authorities, the private sector and a range of community-based organisations.

The scale and extent of the pandemic is acknowledged and is clearly documented. 'HIV and AIDS is one of the main challenges facing South Africa today. It is estimated that of the 39.5 million people living with HIV worldwide in 2006, more than 63% are from sub-Saharan Africa. About 5.54 million people are estimated to be living with HIV in South Africa in 2005, with 18.8% of the adult population (15 - 49 years) affected. Women are disproportionately affected; accounting for approximately 55% of HIV positive people. Women in the age group 25 - 29 years are the worst affected with prevalence rates of up to 40%. For men, the peak is reached at older ages, with an estimated 10% prevalence among men older than 50 years.'

A welcome understanding is the recognition that no single sector, ministry, department or organisation can on its own be held responsible for the control of HIV and AIDS. The NSP therefore represents the country's multisectoral response to the challenge of HIV infection and the wide-ranging impacts of AIDS. Equally refreshing is that it is informed by the nature, dynamics and character of the epidemic, as well as developments in medical and scientific knowledge. The NSP is to be characterised by supportive leadership, effective communication, effective partnerships, promoting

social change and cohesion, and sustainable programmes and funding.

Ambitious goals have been set for the NSP. The primary aims are to reduce the number of new HIV infections by 50% and to reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all people diagnosed with HIV. In particular young people in the age group 15 - 24 should be a focus of all the interventions, especially for behaviour change-based prevention. Among the many other goals are to increase coverage of voluntary counselling and testing and promote regular HIV testing.

Interventions that are needed to reach the NSP's goals are structured under four key priority areas, namely prevention, treatment, care and support, human and legal rights, and monitoring, research and surveillance, all of which are fully described.

While the document is comprehensive in describing the problem, the structures for dealing with it, what is hoped to be achieved and the timeframes for doing so, it correctly does not address operational details.

Appearing about the same time as the NSP document is the 2006 revised 'South African Medical Association: Ethical and Human Rights Guidelines on HIV AIDS'. This document does an excellent job in detailing the current legal and ethical status of medical personnel dealing with AIDS patients and their responsibilities to the patients, and the community. However, one wonders how the medical profession allowed itself to respond to the HIV/AIDS epidemic so differently to any other contagious condition. Such responses have contributed to the conspiracy of silence, denial, and stigmatisation of the disease. For instance, in an article to appear in next month's SAMJ David McQuoid-Mason argues persuasively on legal and ethical grounds that it should be possible to do HIV testing much more openly and routinely.

The NSP document may have flaws but it is a powerful tool in enabling the government, health professionals and the public to unite in combating the catastrophe of HIV/AIDS in South Africa. Its further great strength lies in the fact that it is acknowledged that changes may be required in the light of further experience. Progress indeed and at last!

J P de V van Niekerk
Managing Editor

