

## **Introduction**

HIV seroprevalence has grown from 2% in 1992 to 22.4% in 1999. 3.4 million are estimated to be currently infected in South Africa (UNAIDS Human development report 1998). The rapid growth in HIV prevalence in the last 8 years has happened in spite of what has been put in place to fight the epidemic.

There has been emphasis on increasing knowledge, awareness and changing behaviour but it seems that there has been no effect on preventing the actual spread of the disease.

## **Government response in South Africa**

The government sees HIV/AIDS as a major imperative and as the most important challenge facing South Africa since the birth of its new democracy. The establishment of a National AIDS Council chaired by the Deputy President is a major step taken by government in the fight the war against HIV/AIDS. An Inter-ministerial committee consisting of all social service departments and an Inter-departmental committee consisting of key social service departments - health, welfare/social development and education were established to oversee the development and implementation of the HIV/AIDS programme. There are replicates of these structures at provincial and subnational level.

The development of a National HIV/Aids and STD Strategic Plan for South Africa for 2000 to 2005 was initiated by the Ministry of Health in consultation with key role players including relevant governments, non governmental organisations, people living with AIDS, organised labour and other relevant role players.

## **National HIV/Aids and STD Strategic Plan for South Africa for 2000 to 2005**

This broad strategic plan to guide the country's response to the pandemic and focuses on four areas:

### **PRIORITY AREA 1:** Prevention - has the following goals:

- Promotion of safe sex and healthy sexual behaviour
- Improve management and control of STDs
- Reduce mother-to-child transmission
- Address issues related to transfusion and HIV
- Provide appropriate post exposure-services
- Improve access to Voluntary HIV Testing and Counseling

### **PRIORITY AREA 2:** Treatment, care and support

- Provide treatment, care and support
- Provide health services and facilities communities
- Develop and expand provision of care and support to children orphans

### **PRIORITY AREA 3:** Research, Monitoring and Surveillance

- Ensure and support AIDS vaccine development
- Investigate treatment and care options and best practices in developing countries
- Conduct policy research
- Conduct regular surveillance

### **PRIORITY AREA 4:** Human and legal rights

- Create an supportive social, legal and policy environment
- Develop an appropriate legal and policy environment

### **Guiding principles that will drive this plan:**

- Integrated approach is advocated using children and youth as an integrating principle and the emancipation of women in society - as care givers as well as their low position in relationships with men.
- Focus on the areas of *highest prevalence* (KwaZulu-Natal, Mpumalanga and North West Provinces)
- Ratio and proportion in terms of number of schools and learners per province is to be taken into account
- Learners who are most vulnerable to be identified - focus on grades 4 to 9 but not excluding Further Education and Training and Higher Education and training phases
- Integration with Urban Renewal Strategy and Rural Development Strategy
- Take account of the District Development Plans (of the Department of Education)
- *Poverty* alleviation programme
- Integrated *nutrition* programme
- Social upliftment programme
- Involvement of *business*
- Provincial implementation plans to be developed within the principles and guidelines stipulated in the national plan

Cabinet made a decision to set aside 8450 million (equivalent number of FF) over three years from 2000 to 2002 for the HIV/AIDS programme. It has been agreed that the focus will be on children and youth and that the chief thrust will be on a preventative strategy manifested in a life skills programme for primary and high schools. A voluntary counseling and testing programme and a programme of care and support constitute the remaining elements of the overall plan. More than 50% of the budget will be allocated to the life skills programme in any given year.

### **Current efforts to address the HIV/AIDS epidemic**

- To reduce HIV/Aids infection rates and the impact of the pandemic on individuals, families and communities
- Focus on children and youth with life skills programmes as the main thrust for the: preventative strategy. High schools and primary schools are the main centres of delivery. More than 50% of the budget will be allocated to the Life Skills programme.
- Voluntary counseling and testing programme and a care and support programmes constitute the remaining elements of the overall strategic plan

An imperative for an information system that is designed to provide more than just statistics. There is a need to enable the strategic analysis of data so that it supports planning, resourcing and decision making.

Consensus has already been reached on the following:

- Introduction of life skills programmes in schools would be the core of the initiative absorbing the bulk of money in initial years
- A smaller component would be developing strategies and models of care in the community, focusing on piloting and policy development
- Strengthening current efforts to make available voluntary testing and counseling facilities
- The development of a public campaign on which research is critical, to link with the other components
- Specific research which will absorb very little money
- Limited support from the government in partnership and support of the business sector

## **Education Focus**

Within the education sector, HIV/AIDS is the priority of all priorities. It is the first priority in the Tirisano "Working Together" programme, the Minister's main strategic priorities for 2000 to 2004. The programme recognises the need to "deal urgently and purposefully with the HIV/AIDS emergency in and through the education system and training system". The three programmes in the HIV/AIDS Tirisano implementation plan are:

- Awareness, information and advocacy
- HIV/AIDS within the curriculum
- HIV/AIDS and the education system- the impact of HIV/AIDS and the response

### **Programme 1: Awareness, information and advocacy**

Studies conducted in some countries within the region have indicated that even though there has been campaigns to educate people about HIV/AIDS there is still a lack of correct information and confusion about HIV/AIDS. Behaviour change does not seem to be occurring amid these awareness campaigns. The main strategic objectives for this project are to raise awareness and the level of knowledge of HIV/AIDS among educators, learners and students at all levels and institutions. The second objective is to promote values, which inculcate respect for girls and women and recognise the rights of girls and women to free sexual relations.

### **Programme 2: HIV/AIDS within the curriculum**

Education is a significant transformative force in social and economic terms. It is linked to positive economic development, emancipation and health dividends. There is a relationship between participation in education and reduced level in HIV/AIDS infection. The dysfunction of the education system, social instability and poverty aggravate the effects of the epidemic. The impact of the pandemic will be wider than those of demand, supply and quality.

The main strategic objective is to ensure life skills and HIV/AIDS education are integrated into the curriculum at all levels of the education and training system. There is evidence that life skills programmes are not implemented in schools due to a number of reasons. Some of these reasons include lack of trained guidance teachers and exclusion of life skills programmes from school time tables.

### **Programme 3: HIV/AIDS and the education system**

The strategic objective is to develop planning models for analysing and understanding the impact of HIV/AIDS on the education and training system.

### **Current research activities**

- Assessment of the impact of HIV/AIDS on the education system
- Life Skills programme evaluation. The first phase is on implementation success and not the content of the actual programmes.

### **Issues to be considered for planners and managers**

- There is a demonstrable relationship between high rates of participation in the education system and reduced levels of HIV/AIDS infection.
- The dysfunction of the education system together with related social instability may prove to be directly associated with the HIV/AIDS pandemic.
- The importance of education goes far beyond the obvious HIV/AIDS impact on supply, demand and quality of education.
- How does the capacity of the system to deliver quality education impact on the effectiveness of its HIV/AIDS programmes?

An information system to provide more than just statistics. The system must be designed in a way that facilitates strategic analysis of data to support planning, resourcing and decision making Integrated approach and possibly funding should be followed. Children and youth should be the integrating principle and the focus of the integrated response. The position of women in society as care givers to children, and the relationships between men and women would be also an important component.

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