

## **Policy Brief 36**



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**HIV/AIDS and local interventions in South Africa:**  
exploring governance issues and lessons for Ekurhuleni Municipality

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## LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CINDI	City Council Children in Distress Network
HIV	Human Immunodeficiency Virus
IDP	Integrated Development Plan
JAC	Johannesburg AIDS Council
NGO	Non-Governmental Organisation
PMTCT	Prevention of Mother to Child Transmission Programme
SAINT	South African Nevirapine Study
TB	Tuberculosis

## INTRODUCTION

It is generally accepted that HIV/AIDS poses the biggest challenge not only for the South African national government, but also for local government. However, as an issue that goes to the heart of good governance, HIV/AIDS presents even more of a challenge that has not yet been fully grasped by individual municipalities. In fact, it is not even clear whether or not the political and administrative leadership at local government view the way they grapple with HIV/AIDS as an issue with a bearing on good governance practices. It is argued here that local government in South Africa has been slow, if not indifferent, in integrating their HIV/AIDS interventions and strategies into their good governance practices. This may ultimately impact on the success or failure of local intervention strategies and responses adopted at local level.

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HIV/AIDS increasingly poses potentially serious political threats to local governments as more and more local communities and poor families bear the brunt of the pandemic. This requires local government, as the government tier closest to local communities, to be actively involved not only in the fight against the spread of HIV/AIDS, but also in finding ways of involving local communities and citizens in such processes. As part of good governance practices, municipalities are expected to promote public participation and encourage consultative and consensus-seeking policymaking and planning process. This is important to enhance greater accountability not only in policymaking, but also in the use and allocation of public resources to policy priorities identified at local government level. The local government level is the most relevant sphere where effective and multi-sectoral responses and strategies for dealing with the HIV/AIDS pandemic would be best driven and coordinated.

Given the scale and enormity of the HIV/AIDS pandemic in South Africa, and the resources, institutional and technical capacity needed to tackle this scourge, an effective and responsive cadre of political and administrative leaders will be crucial at local government level. Municipalities in South Africa need strong local political and administrative leaders in the form of accountable local councillors and municipal officials with a clear understanding and ability to articulate the needs and problems of local communities and residents affected by HIV/AIDS. They also need to respond by putting in place proper policy intervention strategies and programmes to alleviate the plight of such communities. This will be critical for mobilising all the relevant stakeholders and the affected communities behind some of the difficult decisions to be made when allocating limited resources to conflicting policy priorities. Therefore, administratively and politically, effective strategies and systems need to be put in place to encourage and manage partnerships between municipalities and the relevant stakeholders to tackle the challenges posed by HIV/AIDS.<sup>1</sup>

## PRIORITISING HIV/AIDS AT LOCAL LEVEL

All municipalities in South Africa are expected to formulate local Integrated Development Plans (IDPs), through consultative and participatory approaches in order to identify urgent policy priorities for their local communities to be pursued through local planning processes. When embarking on such IDP processes, municipalities are required to pay particular attention to HIV/AIDS-related problems and include these in their developmental priorities. The Chief Directorate for HIV/AIDS and TB in the national department of health has found, in a 2003 report, that:

- Many municipalities are failing to prioritise HIV/AIDS related issues through their IDP processes.
- Many municipalities are still unable to engage their local communities in participatory and consultative processes to set their development policy goals and priorities.

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The Directorate commissioned a study to review all the major local government initiatives in dealing with HIV/AIDS since 1999.<sup>2</sup> The study found that:

- HIV/AIDS was not covered in the training of officials responsible for drawing up municipal IDPs.
- The HIV/AIDS components of IDPs were not well fleshed out, and were not based on consultation with community forums.
- HIV/AIDS components are usually not based on a situation analysis, and do not take into account available resources, best practices and policies.

Even though the national AIDS policy requires municipalities to prioritise HIV/AIDS-related issues in their IDPs, the study<sup>3</sup> indicated that the gaps between policy intentions and practice are still considerable. Councillors, as the elected political leadership, are expected to provide visible as well as moral and political leadership to the campaigns against HIV/AIDS, and also to serve as the public face for these campaigns. For instance, they are expected to lead by:

- Wearing red ribbons.
- Using all opportunities to show support for the campaign against AIDS.
- Acting as role models on how to treat and interact with people living with AIDS.
- Encouraging testing and openness among local communities.
- Setting up Ward Forums to deal with HIV/AIDS.
- Visiting clinics and organisations that assist people affected by AIDS.
- Mobilising and recruiting volunteers to care for the sick and affected families.<sup>4</sup>

## HIV/AIDS AND DELIVERY OF LOCAL GOVERNMENT SERVICES

Local government in South Africa is the sphere of government closest to people, not only as victims of the scourge of HIV/AIDS, but also as consumers of the social services that municipalities are mandated constitutionally and legally to deliver. However, municipalities are increasingly called upon to treat citizens not as passive recipients and targets of policy interventions, but as active subjects and consumers of services with full constitutional rights to these services and full democratic rights to participate in the formulation of such intervention. Therefore, one of the key challenges that municipalities are increasingly facing is the task of involving affected citizens and communities, through appropriate participatory and consultative decision-making processes, in local service delivery processes, as well as designing local HIV/AIDS intervention strategies to ensure sustainability and public support. It is not yet clear how much institutional capacity exists at municipal level, or whether the necessary political willingness exists among the relevant local policy actors to engage citizens effectively in processes to combat the effects of HIV/AIDS.

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The South African local governments are mandated in terms of Parts B of Schedules 4 and 5 of the Constitution,<sup>5</sup> to administer the local government matters. This entails dealing with a wide range of matters including, among others, controlling air pollution, building regulations, child care facilities, electricity and gas reticulation, fire-fighting services, refuse removal, municipal planning and water and sanitation services, as well as municipal health services. However, municipalities are not necessarily immune from the impact of the HIV/AIDS pandemic. The administrative and technical capacity of municipalities to deliver these services effectively and efficiently is increasingly being affected negatively by the pandemic. This ultimately poses a serious threat to their ability to meet their constitutional obligations to respond to people's need for basic services. It will be discussed below how the effects of the HIV/AIDS pandemic are increasingly impacting negatively not only on the ability of municipalities to deliver services, but also on the quality of services being delivered.

While national AIDS policy guidelines specify, to a great extent, how the municipalities are envisaged to play a role in dealing with the HIV/AIDS pandemic, the challenge of turning these policy guidelines and prescriptions into concrete programmes and strategies remains a serious challenge. Many municipalities in the country are still battling to put systems and processes in place to implement appropriate local strategies for dealing with the HIV/AIDS pandemic. Some of those that have begun to grapple with the challenge of dealing with the HIV/AIDS pandemic are increasingly pointing out the constraints they are facing. Many of them have cited lack of funding, inadequate staff

capacity, programme sustainability, conservative attitudes among municipal officials implementing local municipal intervention programmes and bureaucratic red-tape.<sup>6</sup>

## THE CHALLENGES FACING MUNICIPALITIES

As already briefly pointed out above, the HIV/AIDS pandemic is increasingly impacting on the services that municipalities are delivering to local communities and it is expected that in the medium to long term, the situation will deteriorate unless drastic steps are taken. One of the worst-case scenarios is that as the impact of HIV/AIDS increasingly debilitates municipalities in terms of the loss of skilled and experienced staff, there will inevitably be a decline in administrative capacity at local level to manage local resources, as well as deliver social services effectively to local communities. Much of the literature on the impact of HIV/AIDS in South Africa identifies the following problems as likely to affect local government in the near future:

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- Municipal employees could be affected on a large scale and this could affect their ability to deliver key services.
- It will cost more to recruit, train and provide benefits for employees because of loss of skilled staff.
- Economic growth will shrink as less disposable income restricts spending.
- Productivity in the economy will be affected by increased absenteeism.
- Poor households will be unable to pay for local services, rents and rates.
- The number of people in need of care will increase.
- The number of orphans will grow.
- There will be an increase in the need for poverty alleviation.
- There will be an increase in the need for health care service.
- Expenditure meant for development may have to be diverted to health and social welfare expenditure.<sup>7</sup>

Some municipalities in South Africa are already experiencing the impact of these problems. For instance, the City of Johannesburg has indicated that HIV/AIDS is a major obstacle to reducing poverty and may reverse many gains made during the present transformation period.<sup>8</sup> The City of Johannesburg estimates that one out of every five teenagers and young people under the age of 30 in its area of jurisdiction is probably already infected by HIV and will become ill and die in the next ten years. It also estimates that one out of every ten adults is probably already affected and will become ill and die within ten years. The number of deaths in the city is also increasing considerably due to the pandemic and will continue to go up every year. The iGoli 2010 report estimated that by 2010, the cumulative number of AIDS orphans will be 138 731, up from 76 058 in 2000.<sup>9</sup> There is reason to believe that many municipalities throughout the country face similar challenges.

One of the problems faced by municipalities throughout the country is the looming shortage of burial land as the number of AIDS-related deaths increase dramatically. Although the shortage of burial land is not yet a problem for the City of Johannesburg, it is projected to become a problem beyond 2006.<sup>10</sup> The shortage of land for burial sites is becoming a serious problem for other municipalities though. For instance, Durban and Port Elizabeth are the hardest hit by the HIV/AIDS related deaths and, as a result, the two cities are running out of land for burial sites.<sup>11</sup>

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Another key problem area for municipalities is the increasing number of municipal staff affected by HIV/AIDS, and particularly those dying from HIV/AIDS-related conditions. One of the major concerns related to this is that the quantity and quality of municipal services delivered to local communities will be severely affected in the future. This will manifest itself increasingly through absenteeism from work, the time municipal workers regularly spend attending the funeral services of their colleagues who died of AIDS. In particular, the increasing AIDS-related deaths of skilled and experienced municipal workers are projected to have debilitating effects in the quality and quantity of municipal service delivery. The resulting need for many municipalities to advertise, recruit and train new municipal workers will further drain the limited municipal resources that are needed for improving the quality and quantity of services delivered to local communities.

## LOCAL RESPONSES TO HIV/AIDS

As indicated previously, the national government has already formulated national policy guidelines for dealing with the HIV/AIDS pandemic and these guidelines help to define the role of municipalities in the fight against HIV/AIDS. For instance, a five year national strategic plan for dealing with HIV/AIDS<sup>12</sup> was introduced in February 2000. The strategy is to be followed by both the local and provincial governments in terms of designing their own plans and strategies for dealing with HIV/AIDS. The main goals of the strategic plan are to reduce the number of new HIV infections and reduce the impact of HIV/AIDS on individuals, families and communities. The strategy focuses attention on prevention, treatment, care and support, legal and human rights, research and evaluation.<sup>13</sup>

The national AIDS policy document also gives guidance on how the local governments should develop their own local strategies. Among others, the guidelines state that the municipalities need to “understand the terrain”, “analyse the incidence, impact, available resources and key interventions”, as well as “decide on priorities and activities”. Critically, there is also an emphasis on municipalities and councillors taking a lead role in the fight against AIDS. The guidelines identify the following critical roles for municipalities:

- Coordination: bringing together stakeholders to develop strategies and coordinate the implementation of projects.
- Facilitation: assisting civil society organisations in gaining access to resources, including government services and funding processes.
- Making council facilities available and using municipal communication facilities like newsletters and notice boards.
- Leadership: mayors and ward councillors should be role models for their communities and provide moral leadership on dealing with HIV/AIDS and people affected by the pandemic.
- Planning: ensuring that the impact and consequences of AIDS are taken into account in longterm planning around the Integrated Development Plans (IDPs).
- Using clinics and public toilets for condom distribution.
- Developing clear poverty alleviation and indigent policies that target child-headed households and families that have lost breadwinners.

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*The HIV/AIDS pandemic therefore provides an invaluable opportunity for municipalities to integrate their responses and interventions into general good governance practices and planning processes.*

The crucial element of these guidelines is that municipalities need to draw relevant stakeholders into these local processes and to set up coordination mechanisms.<sup>14</sup> The HIV/AIDS pandemic therefore provides an invaluable opportunity for municipalities to integrate their responses and interventions into general good governance practices and planning processes. They need to encourage the general public, especially the affected communities and individuals, to get involved in designing responsive intervention strategies suited to their needs. This is what good governance practice at local government level entails - integrating the policy preferences of intended beneficiaries of service delivery programmes in the design and implementation of such programmes. This not only promotes public participation, but also enhances municipal government accountability, openness and responsiveness to the needs of their communities.

There are some municipalities in South Africa that have introduced their own strategies and projects to fight HIV/AIDS. The Msunduzi Municipality in KwaZulu-Natal is one of these. Msunduzi's AIDS strategy involves coordination and cooperation between the municipality and a number of civil society organisations. These include the City Council Children in Distress Network (CINDI), Lifeline and a group of more than sixty civil society organisations working in the Msunduzi area.<sup>15</sup> One of the key elements for success in the Msunduzi municipality is its 'open door' policy that allows local civil society organisations to raise issues of concern with relevant policy makers and officials at the highest levels of the local council.<sup>16</sup>

It appears, therefore, that general public participation and stakeholder involvement in locally-based and community-driven approaches to combating the effects of HIV/AIDS are important elements for sustainability and success in

dealing with the HIV/AIDS pandemic at municipal level. Clearly, the Msunduzi municipality has taken this lesson to heart. When introducing its strategy, the municipality convened a workshop to identify the priorities and discuss the best options for intervention. It is estimated that about 100 000 people are infected with HIV in the municipality, with 250 deaths per month. It is also reported that 60% of hospital in-patients in the municipality are suffering from HIV/AIDS-related conditions.<sup>17</sup> The municipality, through a consultative and participatory workshop therefore identified a number of priorities. These included community empowerment, education awareness, a referral system, supporting rollout of treatment with Nevirapine for infected pregnant women, improving access to social grants, improving the welfare of orphans and improving treatment and care through clinics and community volunteers.

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The case of the Msunduzi Municipality also highlights one of the key elements of success in local strategies to deal with HIV/AIDS: strong and effective political leadership at local government level. It is reported that the office of deputy mayor of Msunduzi took the leading role in dealing with the problem of access to birth certificates, which tends to affect orphans. The deputy mayor was especially crucial in initiating discussions with the national Department of Home Affairs to nominate an official to help civil society organisations working with orphans and vulnerable children in terms of obtaining birth certificates. These birth certificates are critical for registering orphans and vulnerable children for receiving state grants and other social support services.<sup>18</sup>

The City of Johannesburg is also currently implementing its own local policies to deal with AIDS. The municipality identifies HIV/AIDS is one of its top priorities and is cooperating closely with the provincial government and Non-Governmental Organisations (NGOs) working in the area of HIV/AIDS across the city. For instance, the City of Johannesburg provides working space for some of the NGOs within council buildings, especially clinics. This facility has been extended to groups supporting people living with HIV/AIDS. Also, there are joint municipal/provincial AIDS programs such as Prevention of Mother to Child Transmission Programme (PMTCT), which is provided by the South African Nevirapine Study (SAINT project) at the Peri-Natal Research Unit, based at Baragwanath Hospital and the Provincial Health Department. This programme is available in all hospitals and Maternal and Obstetric Units across the City.<sup>19</sup> The close cooperation between the Johannesburg metro and civic organisations working in the area of HIV/AIDS has also led to the establishment of the Johannesburg AIDS Council (JAC). JAC involves politicians, council officials, NGOs and faith-based organisations.<sup>20</sup> The City of Johannesburg also collaborates and shares HIV/AIDS related information and experiences with other local councils in the province. Sedibeng, Ekurhuleni and Mogale City in the West Rand are some of the municipalities that have received support and

assistance from the Johannesburg metro in establishing their own AIDS Councils.<sup>21</sup>

## LESSONS FOR EKURHULENI

This paper pointed out that a strategic approach to dealing with HIV/AIDS effectively should be informed by principles of good governance. Two critical points in this regard are identified to serve as broad lessons for the Ekurhuleni Metro. Firstly, any strategic interventions or policy programmes to address the effects of the HIV/AIDS pandemic should bring the various locally-based stakeholders and communities affected by the pandemic into the processes of designing and implementing these local interventions. Such policy interventions often involve difficult political decisions about priorities and the allocation of limited resources. It is therefore crucial that communities that are targeted through such interventions and other local stakeholders are actively involved not only for ensuring programme sustainability, but also for ensuring that such intervention strategies are based on clear inputs and preferences of the intended beneficiaries and that councillors and council officials are regularly held accountable for their decisions. Secondly, there is a clear lesson to be learned about the importance of strong and effective leadership at local government level. Political leadership is critical when elected local councillors understand the needs and plight of their communities and are able to articulate and convey these needs to public policy makers to ensure that policies are clearly informed by such communal needs. Political leadership is also critical not only for building and sustaining communal networks and partnerships with civil society organisations, but also for mobilising political support for policy interventions to deal with the HIV/AIDS pandemic within local communities.

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## ENDNOTES

- <sup>1</sup> Education and Training Unit,  
<http://www.etu.org.za/toolbox/docs/aids/webaidsmun.html>
- <sup>2</sup> *Local Government & HIV and AIDS in South Africa: Report on Past, Present and Planned HIV and AIDS Activities and a Directory of Relevant Resources.* Commissioned by the Department of Health Chief Directorate: HIV/AIDS and TB, July 2003.
- <sup>3</sup> *Local Government & HIV and AIDS in South Africa: Report on Past, Present and Planned HIV and AIDS Activities and a Directory of Relevant Resources.* Commissioned by the Department of Health Chief Directorate: HIV/AIDS and TB, July 2003.
- <sup>4</sup> Education and Training Unit,  
<http://www.etu.org.za/toolbox/docs/aids/webaidsmun.html>

- <sup>5</sup> The Constitution of the Republic of South Africa, Act 108 of 1996.
- <sup>6</sup> Department of Health, RSA, *Communicating HIV/AIDS: An audit of provincial responses to HIV/AIDS in South Africa*, March 2000
- <sup>7</sup> Education and Training Unit,  
<http://www.etu.org.za/toolbox/docs/aids/webaidsmun.html>
- <sup>8</sup> The City of Johannesburg HIV/AIDS Programme, *Together we can make a difference, 'Masibambane' (Let's join hands) and Fight AIDS!!*
- <sup>9</sup> Ibid.
- <sup>10</sup> *This Day*, 18 May 2004.
- <sup>11</sup> Ibid.
- <sup>12</sup> Department of Health, RSA, *HIV/AIDS/STD Strategic Plan for South Africa 2000-2005*.
- <sup>13</sup> Department of Health, RSA, *HIV/AIDS/STD Strategic Plan for South Africa 2000-2005*.
- <sup>14</sup> Education and Training Unit,  
<http://www.etu.org.za/toolbox/docs/aids/webaidsmun.html>
- <sup>15</sup> World Bank, *Local Government Responses To HIV/AIDS: Handbook*,  
([www.worldbank.org/urban/hiv aids/handbook](http://www.worldbank.org/urban/hiv aids/handbook))
- <sup>16</sup> World Bank, *Local Government Responses To HIV/AIDS: Handbook*.
- <sup>17</sup> World Bank, *Local Government Responses To HIV/AIDS: Handbook*.
- <sup>18</sup> World Bank, *Local Government Responses To HIV/AIDS: Handbook*.
- <sup>19</sup> The City of Johannesburg HIV/AIDS Programme, *Together we can make a difference, 'Masibambane' (Let's join hands) and Fight AIDS!!*
- <sup>20</sup> World Bank, *Local Government Responses To HIV/AIDS: Handbook*.
- <sup>21</sup> World Bank, *Local Government Responses To HIV/AIDS: Handbook*.