

TRANSLATING AND ADAPTING THE NATIONAL STRATEGIC PLAN FOR HIV, TB AND STIs AT THE LOCAL LEVEL

A case study of Merafong City Municipality, Gauteng province, South Africa

Background

A 10% increase in HIV prevalence was noted in the West Rand district municipality of Gauteng province between 2011 and 2015^[1]. This was anticipated as mortality rates declined due to a growing ART programme and patient adherence to treatment. Our research investigated how the burden of HIV is managed in the national and local policy frameworks, particularly looking at how South Africa's National Strategic Plan (NSP) for HIV, TB and STIs is adapted for implementation at the municipal level through the local AIDS council^[2]. We used Merafong City local municipality in the West Rand district as a case study to explore some of the challenges associated with the implementation of the NSP at the municipal level^{[3][4][5]}.

Methods

This was a qualitative study conducted between 2017 and 2019. We collected data from primary and secondary sources. Primary sources were nine AIDS council officials who oversaw the planning and implementation of the NSP at national, province, district, and municipal levels. They shared their experiences of how the national strategic plan is localised and highlighted some of the blockages to successful policy implementation. We also attended two quarterly review meetings of the West Rand district AIDS council where municipalities reported on progress towards the implementation of their local HIV plans. Data collected from secondary sources included national and local level HIV frameworks dating back to 2012 which outlined medium-term goals and strategies for guiding the HIV response through a multi-stakeholder approach.

Key Findings

The making of an HIV response plan at a subnational level

We found that the HIV policy-making process follows a top-down approach, where the national structures are responsible for the planning and formulation of the NSP while the subnational structures adopt, translate, and implement the plan according to the state of the

epidemic in the province, district or municipality. SANAC structures at the subnational level are expected to maintain the format of the NSP in translation to avoid subverting policy directives. However, we found the format of the Gauteng AIDS plan^[6] slightly different from the eight-goal NSP. In the provincial plan, the eight goals were categorised into three pillars of prevention, treatment, and joint action to simplify implementation at the district and local level where policies need to be clear and concise. Because of the deviation in plan format, the province was requested by the National AIDS council structures to revise its plan.

Political response, placement, and management of the HIV programme

Policy directives from SANAC require the Deputy President, Premiers and Mayors to co-chair AIDS council meetings together with a civil society representative. However, this was not so in the West Rand district and in Merafong where the Mayors had delegated chairing responsibilities to members of the district and local municipal council leading the health portfolio. We also found that the local AIDS council in Merafong has been inactive since 2014. This inactivity has hampered the development of a local HIV plan. The AIDS council collapsed because of lack of buy-in from Mayors who did not prioritise HIV on the municipal agenda. The slow HIV management response was attributed to complacency among local politicians following the improving state of the epidemic in the country. According to national policy directives, local AIDS councils are mandated to carry their operations from the political office which, at the time of data collection, was located in the office of the Mayor, and the West Rand district provided administrative oversight of the programme. However, there was contention over the placement of the HIV programme and the local AIDS council and respondents indicated that the programme suffers a great deal when located within political leadership and loses priority to other issues on the policy agenda. For example, the AIDS secretariat staff in Merafong perform additional duties unrelated to the coordination of the HIV response when operating from

the Mayor's office; and this usually interferes with HIV work. It is for this reason, the HIV programme in the West Rand is rather placed under the Health and Social development department. The issue of AIDS council placement highlights inconsistencies between policy directives and implementation process needs. The official policy response to HIV in South Africa is multisectoral and rooting the programme under a single ministerial department can weaken the fundamental principles of a multisectoral framework.

The implications of a missing Coordinator in the AIDS response

The slow recruitment processes for an HIV coordinator in Merafong contributed to the failure of the HIV programme over the years. At the time of data collection (2018), the position had been vacant for 6 years resulting in daily operational challenges. Coordinators are key to the AIDS response because they represent the municipality on the AIDS council, and manage implementation activities with various stakeholders in the locality. The most important of these responsibilities is that coordinators ensure that adequate funding for the HIV response is made available through submissions of budget requirements to the municipality. In localities where a coordinator is missing, as in Merafong, the HIV programme becomes an unfunded mandate and the AIDS council ultimately fails as a coordination platform resulting in all stakeholders operating in silos.

Policy lessons

- The NSP is complex and detailed to a sub-national level, however capacity is needed to support provinces, districts, and local municipalities in translating the NSP into concise and context relevant plans for local officials without subverting the overarching national policy directives.
- Political buy-in and support of the HIV programme at the local level is critical in sustaining focus on the HIV programme on the local development agenda. This is important because despite the epidemic being primarily a health issue, its documented impact on development and other socioeconomic indicators in South Africa is undeniable.
- Policy implementation problems can stem from internal processes of the organisation. The HIV programme in the municipality is likely to fail if the response is missing a coordinator firstly to ensure that funds are made available for the management of the programme, and secondly to coordinate the implementation activities of different actors involved in the HIV response through the AIDS council. The

latter requires strengthening because it provides a platform for different actors in the response to collaborate on the implementation of activities and to minimise the duplication of services rendered by government, non-government and civil society actors.

- A major contributor to the dysfunctionality of the AIDS council was attributed to the fact that participation on the platform was voluntary. Because AIDS councils do not have regulatory authority, it becomes challenging to set up accountability measures that will promote regular participation and reporting to the AIDS council. This is an area that requires support because the HIV programme in the locality is centralised at and managed from the AIDS council.

References

1. South African National Department of Health (DOH), 2015. National Antenatal Sentinel HIV & Syphilis Survey Report.
2. SANAC, 2017. *National strategic plan for HIV, TB and STIs 2017-2022*. South Africa.
3. Mahlangu, P., Vearey, J., Thomas, L. and Goudge, J., 2017. Implementing a multi-sectoral response to HIV: a case study of AIDS councils in the Mpumalanga province, South Africa. *Global health action*, 10(1), p. 1387411.
4. Mahlangu, P., Goudge, J. and Vearey, J., 2019. Towards a framework for multisector and multilevel collaboration: a case of HIV governance in South Africa. *Global health action*, 12(1), p. 1617393.
5. Wouters, E., Van Rensburg, H.C.J. and Meulemans, H., 2010. The National Strategic Plan of South Africa: what are the prospects of success after the repeated failure of previous AIDS policy? *Health policy and planning*, 25(3), pp.171-185.
6. Gauteng AIDS Council, 2017. *Gauteng strategic implementation plan 2017-2022*. South Africa

Funding Statement: The financial assistance of the National Research Foundation (NRF) towards this research is hereby acknowledged. Opinions expressed and conclusions arrived at, are those of the author and are not necessarily to be attributed to the NRF.

© Health Economics and Epidemiology Research Office 2021.

Recommended citation: Modiba K, Onoya D, Isaacs G. Translating and adapting the National Strategic Plan for HIV, TB and STIs at the local level: A case study of Merafong City Municipality in Gauteng province South Africa. Johannesburg: HE²RO Policy Brief Number 38, Health Economics and Epidemiology Research Office, May 2021.