SEDIBENG MUNICIPAL DISTRICT IMPLEMENTATION PLAN (MDIP) ON HIV&AIDS, TB AND STIs)

2017-2022 STRATEGIC PLANS

"...Towards HIV-free Community"

TABLE OF CONTENTS

1. INTRODUCTION

The District Strategic Plan for HIV, TB and STIs (i.e. for 2017-2022) currently referred to as MDIP (Municipality District Implementation Plan) emanate from goals set in both Gauteng Implementation and South African AIDS Council (SANAC) Strategic Plans for 2017-2022. The plan is also aligned to the goal 90-90-90 of UNAIDS(United Nations AIDS) , seeking that by 2020,90% of all people living with HIV will know their HIV status, by 2020 ,90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy ,and by 2020 ,90% of all people receiving antiretroviral therapy will have viral suppression. Among vulnerable groups targeted for prevention programmes, as per NSP goal are young women aged15-24 years and as well as young men. The document is multi-sectoral in approach, drawn and made through consultation with relevant HIV programs implementing structures (stakeholders), to be applied instrumentally in partnership addressing the challenges posed by the above mentioned diseases. To minimise the impact of the scourge, available resources should be mobilised, utilised and monitoring supported through regular reporting systems availed to the AIDS Secretariat.

Major Service delivery government departments such as Health, Social Development, Education and SASSA (South Africa Social Security Agency), using multi-sectoral approach, have to allocate and redirect some of the available resources to address the impact caused by the diseases. With support from other sectors, local governments and civil society structures, are encouraged to strengthen

partnership to face the prevailing challenges. This multi-sectoral approach is made to contain the advancement of the diseases in all vulnerable communities.

2. BACKGROUND

HIV as a pandemic is one of the world's most serious public health and social problems. Initially referred to as GRID (Gay related Immunodeficiency disease) in 1981, the condition was later termed AIDS (Acquired Immunodeficiency Syndrome) with discovery of HIV (Human Immunodeficiency Virus) in 1982. The conditions that were earlier noticed, identified and reported by San Francisco and New York physicians as affecting the homosexual(gay) men, later redirected attention also to the general population after it was discovered that the pandemic cut across all racial groups, gender, continents and age groups. Heterosexual contact is currently identified as the leading mode of HIV transmission. The impact of the HIV&AIDS particularly on South Sahara African countries' population, amounted to millions of deaths among infected individuals. Coupled with co-infections of opportunistic diseases such as TB and pneumonia, the HIV&AIDS epidemic resulted in nightmares among the medical fraternal.

The mode of transmission for the HIV is multiple and various, with unprotected penetrative sexual contact contributing to most cases. In some cases intravenous drug use and mother to child transmission had been affecting some exposed individuals. The discovery and development of ARV (antiretroviral), contributed immensely to prevention of mother to child transmission (PMTCT) and prolonged lives amongst infected individual on most individuals given antiretroviral therapy (ART). In the absence of cure, it has however been discovered that prevention of new infection still remains the best mechanism of HIV containment through safer sexual practices hence consistent regular educational programs being promoted. Behavioural changes programmes became also a tool of prevention among the sexually active populations.

Safer sexual practices among high risk groups such as multiple sexual partners, commercial sex workers and their prospective clients have also been promoted. Condom usage has been promoted in most countries and in South Africa freely availed with support government.

2.1. Sedibeng HIV&AIDS, TB and STIs profile

HIV&AIDS pandemic has over more than three decades posed on of the biggest challenges faced by South Africa. Based on the Department of Health antenatal survey from October 2002- 2015, Sedibeng District was reported to feature among the second highest in new HIV incidence rate. The region is neighbouring two other district who also are reflected in the survey as the highest incidence. Its proximity to neighbouring Gold mines region, the same with high level of HIV prevalence and high rate of commercial sex work practice, also compounded high mobility of trucking industry, increased the risk of HIV transmission between the two district municipalities**.**

The region is also affected by high unemployment rate, particularly affecting economically active populace. There are also institutions of higher learning in the region (two universities and three FETs) with increased number of external to internal movement of students into this region. The continuous movements of persons in and out of the district pose a challenge that requires effective HIV and TB educational programmes on behavioural changes. The programme on "She Conquers Campaign also

need to give focus on this young generation to contain any transmittable diseases that may affect their future

In the past decade, local municipalities' policy makers have shown the will to mitigate the spread of HIV and manage the socio-economic impacts of AIDS. The impacts of HIV&AIDS at municipality level are illustrated from two perspectives viz. a) how do HIV&AIDS impact on a municipalities as organisation i.e. currently and in the future, where staff and politicians may be infected or affected; with the resultant absenteeism, low staff morale, staff turnover, job hopping,

poor quality of service, increasing costs of recruitment, retraining of new staff and loss of human capital; b) how do HIV&AIDS impact on the residents who may be infected and/or affected and the resultant burden for demand and supply of goods and services that municipalities provide, amongst others, services for health (more demand for palliative care); poverty alleviation (more grants budget); indigent assistance (more budget) and land use (graves/cemeteries).

Higher rates of unemployment and poverty may increase the chances of less revenue collection by municipalities for services provided. There is also a likelihood of low economic growth due to businesses losing expertise and valuable skills. Hence there is a critical need for municipalities to know the status of this pandemic within and outside the workplace so that they can respond appropriately and effectively.

If not for legislative obligation; municipalities have very good reasons to participate in the fight against this pandemic; first as human beings, there is a moral duty to help fellow men and women and productive to the developmental agenda of the society.
This document therefore seeks to reflect and advance Sedibeng Regional HIV&AIDS, STIs & TB 2012-2016 Strategy, which is hoped that will form part of ongoing regional dialogue for the current political term of office. This strategy is aligned to the National Strategic Plan 2017-2022 and focuses on how local government plays a critical role in mobilising all stakeholders towards tangible output–oriented programmes. The strategy also calls for a shift in paradigm regarding HIV&AIDS, STIs & TB and local government.

3. SEDIBENG BACKGROUND

3.1. Geographical location ,historical and economic

Description: The Sedibeng District Municipality is a category C municipality situated in the Southern tip of Gauteng Province. The region is strategically located and shares borders with three provinces namely Free State (South), North West (West) and Mpumalanga (East). The district forms part of a corridor between Gauteng and other neighbouring provinces. It consists of three local municipalities of Emfuleni, Midvaal and Lesedi. Its Southern border is formed partly by the banks of Vaal River, constructed in 1931 constructed and completed 1938). Historically the Southern region formed part of what was referred to as the Vaal Triangle. The region has rich South African history in places like Vereeniging (The peace treaty signed by the Boer Republics and Great Britain, on 31 May 1902 and the signing of the current RSA Constitution by the first democratically nonracially elected President Nelson Mandela also in Sharpeville).The Sharpeville area is also marked with the 21 March 1960 that led to the current Human Rights Day Public Holiday. Also internationally historically acclaimed township included is Boipatong and other important historic events that changed the cause of South African political landscape involving

Evaton, Sebokeng, Boipatong, Bophelong, Sharpeville, and Ratanda, which are all rich in political history and heritage.

Sedibeng is the fourth largest contributor to Gauteng economy. The predominant economic sector in the region is the manufacturing of fabricated metal and chemicals. It also has large agricultural land and The total geographical area of the municipality is 4172.76 km². The SDM comprises of three Households:

279768 (67.05 per km².

Emfuleni Local Municipality	Midvaal Local Municipality	Lesedi Local Municipality	Sedibeng District
968 km^2	1,728km^2	1,489km^2	4,185km^2

(Source: Global Insight, 2009)

Neighbouring Municipalities

- City of Johannesburg to the North(Gauteng Province)
- Ekurhuleni to the North-East(Gauteng Province)
- West Rand District: Western (Gauteng Province)
- Gert Sibande District to the North-East;(Mpumalanga Province)
- Tlokwe City Council which is part of Dr Kaunda District Municipality(North West Province): Western side of SDM
- Gert-Sibande (both Dipaleseng and to the East;
- Fezile Dabi District(Both Ngwathe and Metsimaholo Locals)Northern Free State (Free State Province)

3.2. Demographics

The total population of the District

The total population of the District on Stats SA, 2011 source is **916 484**. Lesedi has a population of **99 520**, Midvaal **95 301** and Emfuleni **721 663**. The population density of the District as a whole is 198 people per km². From information accumulated, many people especially in townships, live in informal structures as housing around Sebokeng, Evaton, Bophelong and Sharpeville area. . About 8 out of every people in the region reside in Emfuleni area.

Distribution of population

Emfuleni Local Municipality: 721 663 people (965.86km²)
Lesedi Local Municipality: 99520 km²)
Midvaal Local Municipality: 95301 (km²)

4. POLICY AND LEGISLATION AND HIV&AIDS, STIs & TB IN LOCAL GOVERNMENT

4.1. The Constitution

The Constitution of the Republic of South Africa, Act 108 of 1996 provides, in its various clauses human rights that also protect people against any form of discrimination that can include even HIV.A number of

legislations pertaining to HIV&AIDS emanated from the current constitution's application to develop legislative frameworks and policies pertaining to employment, HIV testing, education etc.

4.2. Integrated Development Plan

Integrated development planning (IDP) is a super plan for an area that is been made and is able to give an overall framework for development. The IDP aims to coordinate local government and other spheres of government in a coherent way to improve the quality of lives in that particular local area. It helps the local municipalities to identify the needs

The inclusion of HIV&AIDS plans in IDP help the local municipality focus the most important needs of communities taking into account available resources. The plans are developed in consultation through relevant departments, with communities, needs identified according to priorities

5. EPIDEMIOLOGY OF HIV/STIS & TUBERCULOSIS IN SEDIBENG

As at March 2015, Progress Key indicators for Sedibeng district had the TB highest defaulter rate in Gauteng at 6.8% and death rate at 7.35. Across the entire province, 67% of patients who had TB, also had HIV in 2013,a reduction from 71% in 2012.ART coverage in TB and HIV co-infection patients increased from 58% in 2012,to 72% in 2013. The report indicates a marked reduction in multidrug resistance (MDR) TB cases from 749 in 2012 to 459 in 2013. As the provincial MDR increases, there is also likelihood that the Sedibeng increment in TB defaulter rates my further compound on the condition. MDR likely increases amongst TB defaulters, and may be aggravated in HIV infected individuals.
Addressing social and structural drivers of HIV, STI and TB prevention, care and impact, the AIDS Secretariat through support from other sectors, has developed a five year strategic plan aligned to the provincial plans. Government and civil society play a crucial role in implementation of plans. The current strategy will take in cognisance the 90-90-90 UNAIDS goals into consideration whilst implementing the 2017-2022 plans.

6 SEDIBENG MDIP: HIV&AIDS/STIs & TB: - 2017-2022 STRATEGY

The Goals

The goals are aligned to Gauteng Strategic Implementation Plans as:

Gauteng Pillar 1: Prevention

Gauteng Pillar 2: Treatment

Gauteng Pillar 3: Joint action

6.1. Strategic objective 1.1: NSP 1

Accelerate prevention through health services to reduce new HIV and TB infection

6.2. Strategic objective 1.2: NSP 4

Reduce the social, behavioural and structural drivers of HIV, TB and STIs, prioritising youth and high risk groups

6.3. Strategic objective 1.3: NSP 3

No one left behind: include high-risk groups and key populations

6.4. Strategic objective 2:1 NSP 2

Reduce illness (morbidity) and deaths (mortality) by providing treatment, care and adherence support for all

6.5. Strategic objective 2.2: NSP 5

Reduce stigma and discrimination against people living with HIV and TB and groups with high HIV infections, including sex workers and LGBTI individuals

6.6. Strategic objective 3.1: NSP Goals 6 and 7

Stronger AIDS Councils lead to effective implementation of multi sector MDIP, with resources, coordination and accountability

6.7. Strategic objective 3.2: NSP Goal8

Strategic information plans, reviews and revised policies of AIDS Councils

6.8. Strategic objective 3.3: NSP Critical Enabler

Effective implementation of the combined multi sector effort in high-risk wards