The Government and AIDS

A Negligent Response

The AIDS Consortium

The South African government has failed to respond adequately to the HIV/AIDS epidemic. "South Africa had a unique advantage since 1985," according to Professor Alan Fleming, "when the nature of the pandemic in east and central Africa was revealed, and when the occurrence of HIV/AIDS among black South Africans was still extremely low. From 1985 onwards, AIDS control programmes, health delivery programmes and community support programmes could have been planned and implemented so as to contain the impact of the epidemic." It is difficult, says Fleming, to name one single positive achievement of government or parastatal organisations, apart from surveillance and the safety of blood transfusions. In 1993, this negligence on the part of the government continues. The government recently allocated a shockingly inadequate budget for AIDS prevention and care. This budget is critically evaluated below.

In May 1993, the AIDS Consortium sent a memorandum to the minister of health, Dr Rina Venter, protesting the lack of resources devoted to fighting AIDS in South Africa. The minister has acknowledged the memorandum but has not as yet responded.

The memorandum was a response to the announcement of the 1993/4 AIDS Control Programme (ACP) budget. This budget increased by less than 1% over the previous year's allocation, which represents, in real terms, a decrease in the government's AIDS programme expenditure. This is unacceptable, especially at this stage in the spread of the epidemic, when a real increase in resources devoted to preventing AIDS is needed.

South Africa's AIDS Budget: One of the the Lowest In Africa

The ACP budget is R21 million. If this budget is divided by the number of people living in the country, and compared with per capita expenditure in other African countries, one finds that, per person, South Africa's AIDS budget is not only one of the lowest in Africa, but also grossly disproportionate to the

country's wealth. Figure 1 shows South Africa's per capita ACP budget relative to other African countries, and Figure 2 gives an indication of South Africa's wealth relative to other African countries.

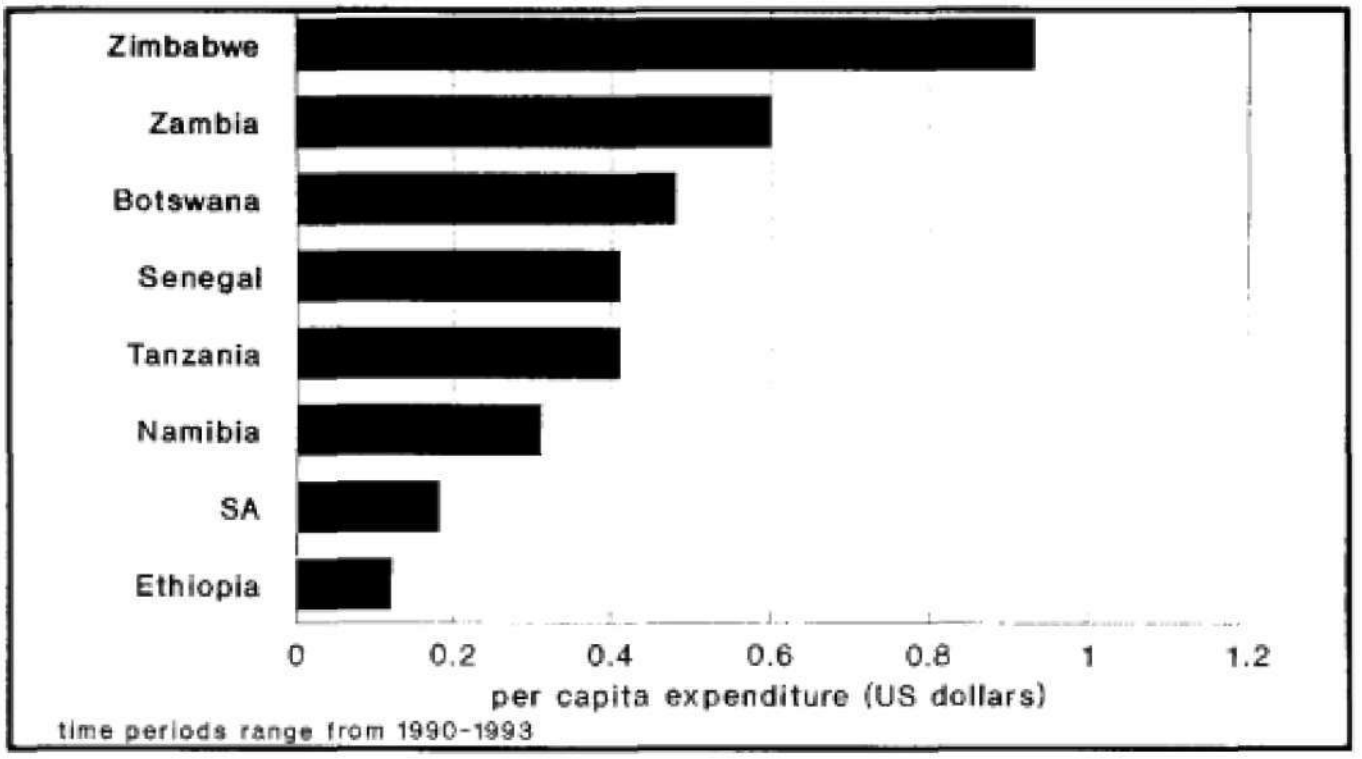


Figure 1: Annual per capita expenditure for AIDS control of various African Countries

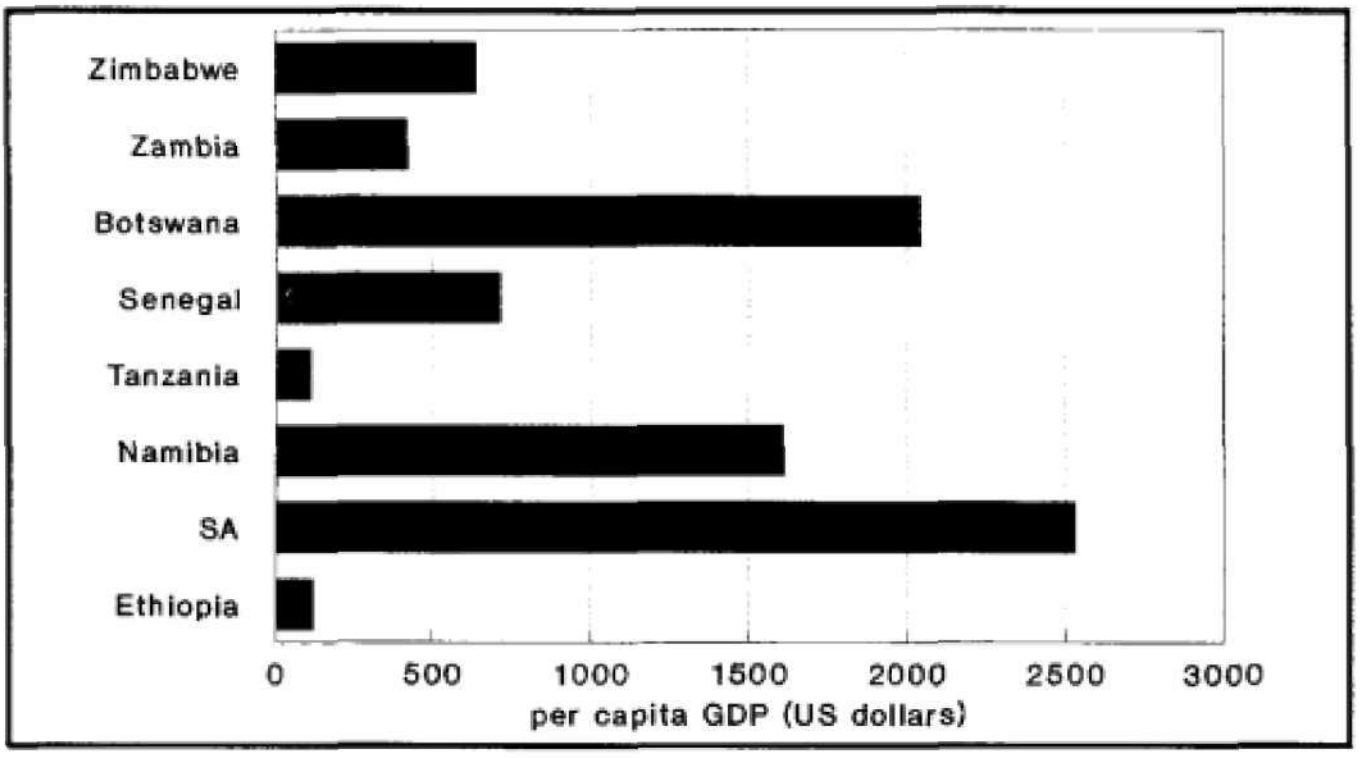


Figure 2: Per capita gross domestic product (GDP) of various African countries

A recent proposal to the World Health Organisation on the cost of AIDS prevention in developing countries, suggested that South Africa should have been spending about R150 million on AIDS prevention in 1993. This is seven times the current aids programme budget, but still represents only one percent of the total health budget.

Additional resources are urgently required for AIDS prevention, including resources in the areas of education, the provision of condoms, STD management and the availability of voluntary testing.

Education

The allocation to HIV/AIDS education is R7 million. Sixty percent of this amount is devoted to a mass media campaign. The remaining R2,7 million is totally inadequate to implement targeted education programmes, even when combined with the R5 million allocated to the AIDS Training, Information and Counselling Centres (ATICs). The AIDS Consortium agrees with the government that the youth are a key target group for sexuality education. However, a series of readers in the curriculum of black primary schools does not constitute an adequate youth programme. Other important target groups for AIDS education are sex workers, migrant workers, and people with sexually transmitted diseases (STDs) other than AIDS. There is inadequate coverage of these target groups.

Condom Provision

Three million rands has been allocated to the provision of condoms through the AIDS Programme. Condoms are also available through certain other health services. Evidence suggests that, for various reasons, the health services are performing this function poorly. While this distribution channel needs to be thoroughly investigated and upgraded, alternative channels are also needed. Non-profit condom social marketing programmes in other African countries, and recently in Natal, have shown that condoms can be made accessible and affordable to the majority of people. The existing budget is clearly insufficient to address this and other needs related to condom provision.

STD Management

The presence of STDs other than AIDS has been shown to enhance the transmission of HIV. This has prompted the integration of STD and AIDS

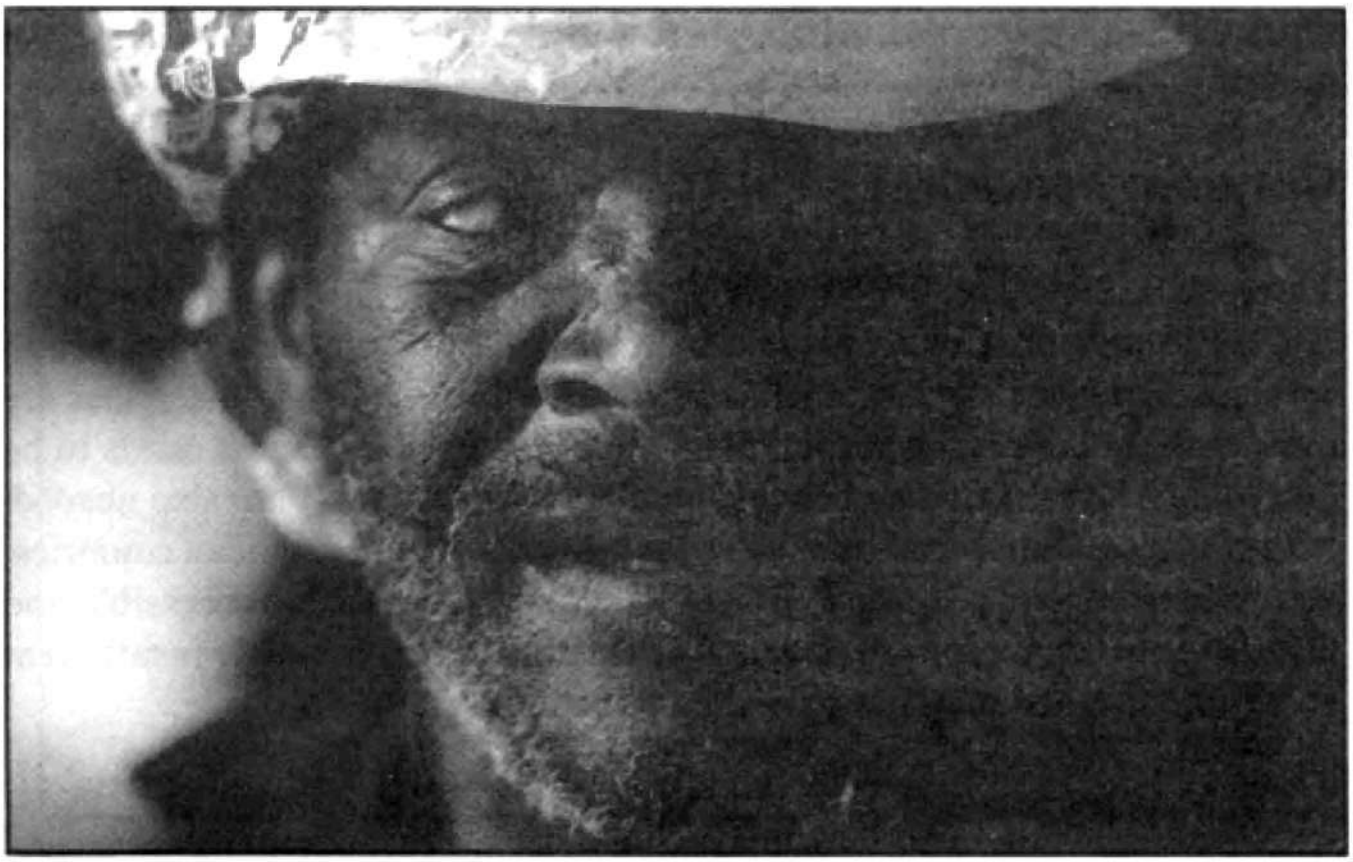
control in many countries. The Department of National Health presently subsidises the treatment of STDs other than AIDS through its Infectious Diseases Directorate. However, only local authorities are eligible for this subsidy. The AIDS Consortium believes this subsidy should be extended to all health services, public and private, so that STD care can be accessible and free to all.

Voluntary HIV Testing and Counselling

The experience of other countries suggests that a voluntary testing and counselling strategy is an important element of prevention. HIV testing and counselling are available only to a limited extent through the ATICs and the health services, and need to be made more widely accessible.

The Need to Prepare for Care Work

Apart from prevention, resources are also required to prepare health and welfare services to deal with the care of families and people living with AIDS. Public sector treatment and care of people with HIV/AIDS is provided by homeland and provincial health services. The government's AIDS Programme



If this man gets AIDS he will get the equivalent of R100 a year for treatment. ***Photo: Ismail Vawda***

has indicated that the four provincial administrations have set aside R15 million for the care of people with HIV/AIDS. No breakdown of this figure is available, but based on expenditure in 1992, we expect at least a third of this will be required to fund HIV tests. This will leave R10 million for all other aspects of HIV/AIDS care.

Using conservative estimates of 2000 AIDS cases and 300 000 HIV positive persons at the end of 1992. There is just under R100 per person with HIV/AIDS for 1993/4. The total direct costs of treating a person in the public sector for HIV/AIDS over an average period of six years is R15 000 to R20 000. The annual cost, per person, is R2 500 to R3 300. This is more than twenty times the present allocation by the provincial administrations.

This extremely low figure suggests either that the treatment of people with AIDS is totally inadequate or that there has been little or no consideration given by the provincial administrations as to the real costs of the AIDS epidemic. Despite predictions that AIDS will consume between 18% and 40% of total health expenditure by the year 2000, there appears to be no forward planning or budgeting for AIDS within the curative services.

This concern is underlined by the personal experience of AIDS workers within the public sector, where few additional resources have been made available for AIDS work. Counselling services are provided by staff employed in other positions, specialist clinics have been funded by private companies, and few, or no additional staff have been employed to deal with a rapidly increasing workload. By the end of this century we expect a large proportion of hospital beds to be occupied by people sick with AIDS, yet we see no attempts by provincial authorities to develop decentralised primary and home based care facilities for people with HIV/AIDS.

The Urgency of an Effective Response

One of the main effects of the AIDS epidemic is going to be a massive increase in numbers of people with tuberculosis (TB). The South African TB Control Programme is barely able to deal with the existing load. Unless drastic action to upgrade this programme is undertaken, it may well become completely overwhelmed by the increased load. Similarly, there have been no drug policies for care of people with HIV/AIDS except to exclude Zidovudine (AZT) and other anti-viral drugs. Although the latter are expensive, they may prove to be cost effective in limiting the need for hospitalisation. Failure to consider this and other issues related to the care of people with HIV/AIDS is to turn a blind eye to the eventual impact of the epidemic on the health services.

The age group most affected by AIDS are economically active adults. The effect of this is firstly, to deprive communities of their most energetic and productive age group, and secondly, the creation of a large population of orphans. The lack of evidence of government preparation for the enormous welfare needs which will be generated by the AIDS epidemic is symptomatic of its failure to prepare for the impact of HIV/AIDS on society generally. There is an urgent need for a co-ordinated response to the AIDS epidemic, encompassing all aspects of prevention, care and welfare, at the highest level of government. This is not evident in the current budget size or structure.

NACOSA

In 1992, the African National Congress (ANC) and the Department of Health (DNH) initiated the formation of the National AIDS Convention of South Africa (NACOSA). A wide range of organisations are represented including governmental, political, civic, church, business, labour, and non-governmental AIDS groups. NACOSA's purpose is to work towards a united national programme and strategy to fight HIV/AIDS in South Africa.

After its launch in October 1992, several sub-committees were established to draft proposals in the areas of education and training, counselling, preventive strategies, care, welfare, research, human rights and social, political and economic issues. This was to occur in parallel with the launching of regional NACOSA structures across the country.

For several months this year, all NACOSA activity was halted because of the lack of funds. However, funding from the DNH and the European Community was recently secured and the original momentum appears to have been regained. At the time of writing there has been progress in the subcommittees and a draft HIV/AIDS strategy is apparently nearing completion. Regional structures are in the process of being launched.

At present the role of NACOSA does not extend beyond the formulation of HIV/AIDS strategies and the co-ordination of HIV/AIDS efforts. The task of ensuring that these strategies become reality still lies squarely with government. And unless an adequate infrastructure is created to develop detailed plans and to implement them, the work of NACOSA may ultimately make little difference to the spread and experience of HIV/AIDS in South Africa.

The AIDS Consortium is a network of AIDS organisations campaigning for human rights and is based at the Centre for Applied Legal Studies, Wits University