CITY OF JOHANNESBURG

HIV/AIDS PROGRAMME

TOGETHER WE CAN MAKE A DIFFERENCE, ‘MASIBUMBANE’ (LET’S JOIN HANDS) AND FIGHT AIDS!!
INTRODUCTION

The HIV/AIDS epidemic is the most important challenge facing South Africa since the birth of our new democracy.

Since the early 1990’s, it has been clear that HIV would help undermine development in countries badly affected by the virus. South Africa is facing one of the fastest growing epidemics in the world. The main source of information about the epidemic is the Annual Antenatal Clinic HIV sero-prevalence surveys conducted by the Department of Health. Since the survey was introduced in 1991, national HIV prevalence rates have increased from 0.7% in 1990 to 24.8% in 2001, whilst prevalence in Gauteng Province is estimated at 29.8%. The Prevalence in Johannesburg was 29.5% in 2001 among women attending public sector antenatal clinics (National HIV and Syphilis sero-prevalence survey 2001), which translates to an estimated 1 in 3 of the pregnant women attending Public Sector Antenatal Clinics.

The HIV/AIDS survey has also shown that Women are infected at a much earlier age than men (there is a ten years difference). Closely linked to the HIV/AIDS epidemic is Tuberculosis (TB), which is fuelled by HIV infection. TB is also the most frequent cause of death in people with HIV/AIDS. In Johannesburg 50% of 13 000 TB patients treated at City’s health facilities during 2000 were HIV positive.

HIV/RPR Surveillance report among Sexually Transmitted Infections (STI’s) Attendees at two HIV and Syphilis sentinel surveillance sites clinics, namely, Essellen Street and Urban Health Clinics conducted on patients presenting with STI’s, by the South African Institute of Medical Research, for the period January – June 2001, showed an overall HIV sero-prevalence of 51.2%, which has increased significantly from 44% in the same 6 month period in 2000. A higher percentage of women tested positive for HIV (54%), as compared to men (48.2%). The highest prevalence rates of HIV among the female attendees were among the 20 – 29 year olds (57%), while among the male attendees, the 30 – 39 year olds had the highest HIV sero-prevalence (62.2%). The City of Johannesburg has declared HIV/AIDS one of its priority programmes. According to the iGoli 2010 HIV/AIDS Impact and intervention Analysis of 1999, there were a least 152 181 HIV infected people in Johannesburg in 1999.

The HIV/AIDS epidemic is posing major challenges in all sectors, in South Africa. The City of Johannesburg is acknowledging this epidemic that is decreasing life expectancy of its inhabitants, increasing numbers of orphans, increasingly decaying family and community structures with increasing demands on its scarce resources. It is therefore challenged to establish a concerted, integrated effort incorporating all sectors to curtail the spread of the disease, and to provide comprehensive services to all people infected and affected by HIV/AIDS.

The inhabitants of the City of Johannesburg are particularly vulnerable to high levels of HIV/AIDS infection because of job prospects in the City, a good
transport infrastructure, high levels of mobility of the community, the existence of single sex-hostel, marginalized communities living in informal settlements and poverty income inequality. In response to the epidemic, the City identified HIV/AIDS as one of the priority programmes for the City. The HIV prevalence rates and social circumstances peculiar to the City of Johannesburg show the threat of HIV/AIDS to the inhabitants of the City of Johannesburg. Johannesburg has a vision of becoming a World Class African city. In addition to the vision of the city the Mayoral Committee for the City of Johannesburg have identified Six Key Strategic Priorities, on of which is HIV/AIDS. The issue is further identified by the Health Department as the largest issue on the health agenda.

An integrated AIDS Plan is a strategy through which the City attempts to provide comprehensive HIV/AIDS services to the community.

BACKGROUND

According to the UNAIDS, It is estimated that in South Africa HIV infects currently 2000 people daily, whilst 4.2 million people are living with HIV. It is also reported that the HIV epidemic has stabilised in South Africa, although at very high levels. The HIV infection rates on Antenatal survey in 2001 was 29.8% in Gauteng Province, and in Johannesburg it was 29.5%. This was not a significant increase when compared to the 29.3% prevalence in 2000. The incidence of Tuberculosis (TB) which is the most common opportunistic infection to HIV/AIDS has increased from 250 cases per 100 000 in 1998 to 300 per 100 000 in 2001 in Gauteng, whilst Johannesburg has 13 000 TB cases of which 50% are HIV positive.

The impact of the AIDS epidemic is seen in the community and in the workplaces in Johannesburg as in other parts of the country, and it is envisaged that AIDS will continue to increase to 2010. Basic health services are provided on a large scale; there are clinic services proving HIV/AIDS education, treatment for Sexually Transmitted Infections (STI’s), HIV/AIDS opportunistic infections like TB and pneumonia, Voluntary HIV Counselling and Testing, provision of free male condoms, support groups for people living with HIV/AIDS, referrals to Home Based Care, Hospice and Hospital services.

The HIV/RPR Surveillance report among Sexually Transmitted Infections (STI’s) Attendees at two HIV and Syphilis sentinel surveillance sites clinics, namely, Essellen Street and Urban Health Clinics conducted on patients presenting with STI’s, by the South African Institute of Medical Research, for the period January –June 2001, showed an overall HIV sero-prevalence of 51.2%, which has increased significantly from 44% in the same 6 month period in 2000. A higher percentage of women tested positive for HIV (54%), as compared to men (48.2%). The highest prevalence rates of HIV among the female attendees were among the 20 – 29 year olds (57%), while among the male attendees, the 30 –39 year olds had the highest HIV sero-prevalence (62.2%). The City of Johannesburg has declared HIV/AIDS one of its priority programmes. According to the iGoli 2010 HIV/AIDS Impact and intervention
Analysis of 1999, there were at least 152,181 HIV infected people in Johannesburg in 1999.

FACTORS DRIVING THE HIV/AIDS EPIDEMIC

In Johannesburg, the following are the main factors driving the HIV/AIDS epidemic:

- HIV transmission is mainly heterosexual
- Very high levels of other Sexually Transmitted Infections
- Poverty and income inequality
- Lack of access to information and services in some areas (informal settlements)
- Illiteracy
- Resistance to the use of condoms
- Social norms which accept/encourage high numbers of sexual partners
- Commercial sex work including child prostitution
- Street children
- Single hostel dwellings and informal settlements
- Sexual violence - rape (including rape of children, following the myth that if an HIV positive man sleeps with a virgin, his HIV status shall be negative.

THE COUNTRY’S RESPONSE TO THE HIV/AIDS EPIDEMIC

1. NATIONAL LEVEL

At National level there is the HIV/AIDS a strategic plan for South Africa 2000 – 2005, which entails the following strategies:

A. PREVENTION:

GOALS OF THE PREVENTION STRATEGY ARE TO:

- Promote safe and healthy sexual behaviour.
- Improve management and control of STI’s.
- Reduce Mother to Child Transmission (MTCT).
- Address issues related to blood transfusion and HIV.
- Provide appropriate post-exposure services.
- Improve access to Voluntary HIV Testing and Counselling (VCT).

B. TREATMENT CARE AND SUPPORT

GOALS OF TREATMENT, CARE AND SUPPORT STRATEGY ARE TO:

- Provide treatment, care and support services in health-care facilities.
- Provide adequate treatment, care and support in communities.
- Develop and expand the provision of care and support to children and orphans.
C. RESEARCH, MONITORING AND EVALUATION

GOALS OF THE RESEARCH, MONITORING AND EVALUATION STRATEGY ARE TO:

- Ensure AIDS vaccine development.
- Investigate treatment and care options.
- Conduct policy research.
- Conduct regular surveillance.

D. HUMAN AND LEGAL RIGHTS

GOALS ARE TO:

- Create a supportive and caring social environment.
- Develop an appropriate legal and policy environment.

The co-ordination of the HIV/AIDS Programme at National level is through the South African National AIDS Council, chaired by Deputy President. Provinces have also established HIV/AIDS Directorates and Provincial AIDS Councils.

2. PROVINCIAL LEVEL

The Gauteng AIDS plan reflects the expanded AIDS response. Coordination is mainly through the Intersectoral AIDS Plan and through the Health Department Plan; they both have the following strategies:

A. PREVENTION

The goals of the prevention strategy are to intensify prevention programmes to ensure a reduction in new HIV-infection rate and to sustain and develop support services.

Specific Objectives:

- Youth: Revise Youth Strategy; Develop and evaluate the life skills programmes in schools and add peer education; Strengthen programmes in tertiary education; Involve youth and sports leadership.
- Expand peer-education programmes.
- Develop the GPD Workplace programmes.
- Strengthen private sector workplace programmes.
- Maintain and review STI services and condom supply system.
- Establish VCT sites and MTCT services
B. TO DEVELOP COMPREHENSIVE AIDS CARE IN ALL REGIONS AND DISTRICTS, COMBINING ALL COMPONENTS

Specific Objectives:

- Implement AIDS Care strategy through the Health and Social services, Local AIDS Programmes, sectors and NGO funding mechanism.
- Develop systems for monitoring and evaluation of Impact on families and strategy.
- Reduce denial and discrimination through campaigns.
- Develop capacity and models of care.
- Develop a strategy for supporting families and children.
- Increase access to counselling, primary AIDS care and TB services.
- Provision of a continuum of care in all local areas.
- Manage the impact on hospital services.

C. TO ESTABLISH MONITORING AND EVALUATION SYSTEMS

Specific Objectives:

- Implement survey to assess the impact of the prevention Strategy.
- Develop tools and indicators for monitoring and evaluation (Impact of AIDS and Care strategy).
- Develop programme reporting.

D. MOBILISE AND ORGANISE A RESPONSE

Specific Objectives:

- Implement effective AIDS strategy involving all Government departments and sectors.
- Mobilise all sectors into local programmes in all Local Government areas.
- Implement effective Communication strategy.
- Monitor the impact of the prevention programme with Behaviour surveys.

In line with the National and Provincial HIV/AIDS strategy, the City of Johannesburg, developed the following strategy in consultation with the provincial directorate and the Non Governmental/Profit making Organisations in the City:

The strategy focuses on Intersectoral co-ordination, Prevention, Care and support, Social Mobilisation, Workplace HIV/AIDS and STI’s Programme.
1. INTERSECTORAL CO-ORDINATION

Objective: To promote effective co-ordination of HIV/AIDS activities

2. PREVENTION

Objectives:
- To promote safe sex practices on targeted groups like youth and commercial sex workers
- To promote HIV Voluntary Counselling and Testing in the community

3. CARE AND SUPPORT

Objectives:
- To reduce the impact of HIV/AIDS in the community
- To mobilise community to care and support people infected and affected by HIV/AIDS.

4. WORKPLACE PROGRAMME

Objective: facilitate a prevention programme and care for infected and affected employees.

HOW HIV/AIDS IMPACTS ON CITY OF JOHANNESBURG

The HIV/AIDS epidemic constitutes an enormous threat to the City of Johannesburg’s development into a World Class City. It will be a major obstacle to reducing poverty and illnesses and may reverse many gains made during the present transformation period.

HIV/AIDS INFECTION IN THE CITY

There is an easy way to imagine and understand HIV and AIDS across the City:
- Of all the teenagers and young people under the age of 30 years in the City, one out of every five of them is probably already infected by HIV and will become ill and die in the next ten years.
- Of all the adults in the City, one out every ten probably already has the HIV virus, and will become ill and die within ten years.
Every sector is affected but some areas are more subject to the economic and social factors that make people vulnerable to HIV more than others like:

- Women who depend on commercial sex work for survival. There are high levels of commercial sex work in the inner city - region 8, which in some cases is even involving children. In such communities the HIV prevalence can be estimated at *two out every ten* adults infected.
- Young people because their relationships are short and less stable.
- People living in single sex hostels, and City of Johannesburg has many of such hostels.

DEATHS FROM AIDS

AIDS deaths are already starting to hit the City, like other parts of Gauteng. The number of deaths in the City is increasing due to AIDS and will continue to go up every year.

It is easy to imagine what it will be like for the City to care for all the sick people with AIDS related illness, and to deal with high death rates, and the resultant impact of the deaths on the families and on the City.

The iGoli 2010 report estimated:

- The total HIV+ population in the year 2000 as 286, 593 of 2.8 million total population
- Cumulative number of AIDS orphans by 2010 estimated at 138 731 from 76 058 in 2000
- AIDS related deaths in the City annually estimated at 30 973 in 2000.
- Average life expectancy is expected to fall from 60 years in women to 45 years and from 65 years to 50 years in men by the year 2005.
HIV prevalence was estimated at 29.5% of pregnant women, but it is obviously higher in Commercial Sex Workers and patients presenting with Sexually Transmitted Infections.

Age group 25-29 facing the highest prevalence, particularly women

The impact of AIDS related illness and deaths is already obvious in hospitals.

HIV sero - prevalence among STD attendees at two inner city clinics was 51.2% Jan- June 2001 as reflected in the following slide.

Families and households are worst affected by the AIDS epidemic. They lose one, often more, of the working adults, and many sink into poverty as breadwinners fall ill and die. Women including the elderly, and girls bear the burden of caring for the sick. Children are orphaned, and often are unprepared for the death and are left without providers or protectors. Many children shall end up neglected and drop out of school.

The City of Johannesburg employs 22 000 people. As an employer the City shall start to experience a decline in productivity and increasing absenteeism. Needs for health and welfare services will increase dramatically.

RESPONSE

The Executive Mayor is showing visible and vocal commitment to the HIV/AIDS program. HIV/AIDS is one of the priority programs for the City.
The City is working closely with the Provincial Government and NGO’s across the City. There are joint Municipal/Provincial AIDS programs in conducting activities in the City.

Many NGO’s are provided with working space within Council’s buildings, mainly clinics, like the support groups for people living with HIV/AIDS.

There is strong political will and leadership which engages civil society and other sectors in partnerships to provide services to all inhabitants of Johannesburg. The partnership strategy led to the development of the Johannesburg AIDS Council.

JOHANNESBURG AIDS COUNCIL (JAC)

In response to the call by President, Thabo Mbeki, to join the Partnership Against AIDS, the Executive Mayor established the Johannesburg AIDS Council in November 2001. The Executive Mayor is playing a leading role in the response to the AIDS epidemic. Politicians, officials, Non Governmental Organisations, Faith Based Organisations, and representation from different sectors advise the City on best possible way to mobilise prevention, care and support responses from the NGO’s sector through this council in a co-ordinated fashion.

Johannesburg was the first City/local council in Gauteng to establish and launch AIDS Council, and has since shared information and experiences with other local councils like Sedibeng, Ekurhuleni and West Rand, and supported them to establish their councils. The council also envisages coordinating and strengthening the partnership with the Gauteng AIDS Council and the National AIDS Council.

AIMS AND FUNCTIONS OF THE JAC

- To create a platform to review matters related to HIV/AIDS in the City of Johannesburg.
- To enjoin all the City’s inhabitants in the war against HIV/AIDS and to visibly demonstrate the City’s support for those infected and affected with HIV/AIDS.
- To actively review, monitor and evaluate the intersectoral response to HIV/AIDS in the City.
- To advise the City of Johannesburg on ways and means of improving impacts of the HIV/AIDS Programme.
- To assume an advocacy role that will highlight (continuously) issues related to prevention and care of those infected and affected by HIV/AIDS.
- To support communication efforts around all issues related to HIV/AIDS that are disseminated by the HIV/AIDS and STI’s Programme around prevention and awareness.
- To contribute materially towards the training of “AIDS Activists”, Home based care initiatives and other outreach campaigns.
To jointly plan and conduct major campaigns in a calendar year such as – valentines; candlelight; World AIDS Day, etc.

A comprehensive AIDS strategy is implemented in the Regions through regional AIDS Committees (some regions still in the process of establishing the committees), which are a multi-sectoral network of role players fighting against AIDS.

KEY COMPONENTS OF THE CITY’S HIV/AIDS PROGRAM

1. INTERSECTORAL COLLABORATION and building of partnerships to fight HIV/AIDS. The partners are: Government departments, People living with HIV/AIDS, faith organisations, traditional sector, Non Governmental Organisations, Sports, Media, Civics, Youth, Men and Women.

2. COMMUNITY MOBILISATION towards non-discrimination and non-stigmatisation, and promotion of openness and disclosure of HIV status voluntarily (within a supportive environment). The community is also involved as volunteers to support T.B. patients through in taking their TB treatment to ensure compliance to treatment. AIDS campaigns are planned with the community and NGO’s (NGO’s funded by the Provincial AIDS Directorate). Radio, print and outdoor media is used to educate community, and for marketing campaigns. Special campaign days are: Valentines, Condom and School AIDS week, Care week, Youth, Women’s and World AIDS Days.

Activities around prevention of new HIV infections aimed at behaviour change through:

- Life skills education implemented in 84% of high schools, and 76% of primary schools by the education department.
- Peer education programmes for individuals in special risk settings; the Commercial Sex Workers, youth out of school, residents of single sex hostels and informal settlements.
- Workplace AIDS programmes are coordinated by the Occupational Health and safety Unit, and a policy has just been developed. More than a hundred employees across the City were trained as Peer HIV/AIDS Educators by the health department (AIDS Unit) between 2001 and 2002.

3. Care services provided to support behaviour change are:

- HIV Counselling and Testing services in health facilities (NGO’s supporting with counselling. There are presently fourteen On-site HIV testing (VCT) sites across the City, and plans are underway to expand to twenty sites by December 2003.
- Syndromic management of Sexually Transmitted Infections in all health facilities.
- Treatment for tuberculosis provided free of charge, patients supervised during treatment to promote compliance through
programme called Directly Observed Treatment Short Course (DOTS).

- Intensive treatment of Sexually Transmitted Infections amongst Commercial Sex Workers
- Free male condoms provided in some council facilities and in community places like spaza shops and taverns to make them easily accessible for community. Female condoms are available for high risk groups like commercial sex workers.

OTHER PROGRAMMES AVAILABLE WITHIN THE CITY

1. PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) PROGRAMME (PMTCT)

The programme 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. It is available in all hospitals and Maternal and Obstetric Units across the City.

PMTCT Package includes:

- Voluntary Confidential AIDS Counselling and Testing in Antenatal and Obstetric Units
- Counselling on safe infant feeding
- Drugs: Co-trimoxazole to any infant born to an HIV positive woman, started at six weeks of age. (Drug used nevirapine as a single dose to the mother during labour and single dose to baby at birth.
- . Short course treatment with ARVs. Drug used Nevirapine as a single dose to the mother during labour and single dose to baby at birth.
- Vitamin A, supplementation for children from birth to 5 years, according to immunization program
- Free supply of breast milk substitutes
- Follow up of mother and baby for 18 months
- Social support for infected women

2. SUPPORT FOR PEOPLE LIVING WITH HIV/AIDS

Support groups are available to support people living with HIV/AIDS, and are implemented through the support of NGO’s. Presently there are 35 projects in all administrative regions of the City. The services provided include:

- Psycho-social support
- Food parcels where necessary
- Income generation projects
- Food gardens
- Referrals to appropriate services according to need
3. HOME BASED CARE (HBC)

HBC is provided in collaboration with NGO’s and community groups. It aims to provide the 80% of people who are ill with AIDS and other chronic illnesses with care. It reduces pressure on hospitals and institutions for bed space. The Provincial Government funds the programme. People involved in HBC receive training and support. At the moment the service is available but patchy, there are plans to expand it this year depending on availability of NGO funding from Provincial Government.

4. TREATMENT FOR OPPORTUNISTIC INFECTIONS

Minor opportunistic infections are treated at Primary level, mainly in the Community Health Centres. Guidelines for treatment are available from the Provincial Government. For severe illnesses patients are referred to hospital.

5. SOCIAL GRANTS

People in need of social assistance are referred to Provincial Government, Social Services for assistance. Available grants include; Care Dependency, Foster Child and Child support grants.

6. POST EXPOSURE PROPHYLAXIS

Employees have access to antiretroviral treatment to prevent HIV infection, following occupational exposure to blood borne pathogens.

Treatment is also available for rape survivors at Medico Legal Clinics which are run by Provincial Government.

7. SOUTH AFRICAN AIDS VACCINE INITIATIVE

The initiative is looking at the development of a preventative HIV/AIDS Vaccine for South Africa that will help to reduce the country’s incidence of HIV. Pilot sites for the country are Kwa-Zulu Natal and Gauteng.

For Gauteng, the research shall be piloted in Johannesburg by the Peri-Natal Research Unit at Chris Hani - Baragwanath Hospital in partnership with the Medical Research Council and the National Health Department.

24 Volunteers shall be recruited from community of Johannesburg. The City is working with the partners to mobilise and educate community on this initiative.
PROGRESS

1. Institutional changes implemented since December 2000
   - Establishment of the Core Health Department.
   - Establishment of the HIV/AIDS & STI’s Unit at central level.
   - Development of the HIV/AIDS & STI’s Strategy in line with Provincial and National Strategy with six components as follows:
     1. Social mobilisation
     2. Prevention
     3. Care and Support
     4. Intersectoral collaboration
     5. Workplace
     6. Monitoring and evaluation of the programme
   - The City developed HIV/AIDS & STI’s operational plan implemented across the eleven administrative regions.
   - The City developed an HIV/AIDS & STI’s programme involving different stakeholders.
   - Regions have interim HIV/AIDS co-ordinators supporting the implementation of the programme.
   - Systems and procedures are in place for gathering information on HIV/AIDS activities.

2. Social mobilisation

   The City has a programme to observe different campaigns according to special calendar days
   - Different campaigns were conducted during 2001 and 2002 supported by different organisation and Gauteng Health.
   - The Executive Mayor Councillor Amos Masondo launched World AIDS Day door-to-door campaign 2002 at Regina Mundi in Soweto, on the 6th November 2002.
   - Coverage during the campaign according to the eleven regions is as follows:

   The campaign was conducted across the City, with 2 342 trained volunteers from the community participating in educating the community on prevention and available resources. The campaign was conducted as follows:

   REGION 1 and 2

   Areas covered: Angola, Lusaka, Tokyo informal settlement, Extension 7 and 11, Zone 1 informal settlement, T.C. informal settlement, Diepsloot, Zevenfontein and Kaya sands and Kanana ext. 4 and 5.

   No of volunteers: 200
   No of homes visited: 15 754
   No of people reached: 38 190
No of condoms distributed: 135 000

**REGION 3**

*Areas covered:* Alexandra 1st – 3rd Avenue, Wynberg, Orange grove, Randburg, Ferndale and Blairgorie

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<td>No of people reached:</td>
<td>16 685</td>
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<td>No of condoms distributed:</td>
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**REGION 4**


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<tr>
<td>No of people reached:</td>
<td>20 691</td>
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<td>No of condoms distributed:</td>
<td>69 806</td>
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**REGION 5**

Areas covered: Zandspruit, Solplaatjies 1 and 2, Matholesville, Plot 8, Plot 61, Leratong and Central Business District

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<td>No of homes visited:</td>
<td>14 201</td>
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<td>No of people reached:</td>
<td>29 398</td>
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<tr>
<td>No of condoms distributed:</td>
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**REGION 6**

Areas covered: Dobsonville ext 2,3,and 4, Tladi, Moletsane, Jabavu, Slovo-ville, Tshepisong, Snake Park, Braamfischer, Molapo, Chiawelo, Zola, Protea Glen ext 1, 4,11 and 12, Naledi, Mapetla hostel, Emdeni, Protea north, Central Western Jabavu, White City, Slovo-Park and Jabulani.

<table>
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<td>No of people reached:</td>
<td>90117</td>
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<td>No of condoms distributed:</td>
<td>58341</td>
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REGION 7
Areas covered: Madala hostel, Alexandra, Modderfontein, Lombardy, East and West Bank, Limbro Park, Kliptown, Wendy wood, Kelvin, Marlboro, Bramley, Bezvalley and parts of Midrand and Nobuhle.
No of volunteers: 60
No of homes visited: 12,853
No of people reached: 20,506
No of condoms distributed: 935,000

REGION 8
Areas covered: Hillbrow, Berea, Yeoville, Inner City, Jeppestown and Berea.
No of volunteers: 160
No of homes visited: 13,831
No of people reached: 169,000
No of condoms distributed: 8,500

REGION 9
Areas covered: Bella vista, Malvern, Cleveland, Rosettenville, La Rochelle, Denver and South Hills.
No of volunteers: 260
No of homes visited: 15,940
No of people reached: 31,540
No of condoms distributed: 101,392

REGION 10
Areas covered: Diepkloof Hostel, Nancefield Compound, Motswaledi Informal Settlement, Mzimhlophe Hostel, Dube Hostel, Kliptown, Eldorado Park, Orland East and West, Pimville and Diepkloof
No of volunteers: 350
No of homes visited: 7,804
No of people reached: 18,980
No of condoms distributed: 27,036

REGION 11
Areas covered: Thulamtwana, Sweet Waters, Weillers Farm, Ennerdale, Whole of Orange farm, Old and new Thembalihlle,
Vlaakfontein, Zakaria Park, Bhekaphambili, Hospital Hill, Holly station 1 and 2, Finetown and Poortjie.

No of volunteers: 470  
No of homes visited: 31,413  
No of people reached: 55,374  
No of condoms distributed: 66,848

3. Intersectoral collaboration

- To strengthen partnership with communities, the Executive Mayor established and launched Johannesburg AIDS Council in November 2001. Meetings are held quarterly.
- Following the JAC was the establishment of regional intersectoral AIDS structures that are supported by HIV/AIDS co-ordinators.
- Regional programmes are drawn in consultation with all stakeholders involved in AIDS work. Plans are implemented and evaluated jointly with different sectors including Provincial Government.
- The City’s HIV/AIDS & STI’s Unit meet with co-ordinators monthly to get reports on regional activities and to provide strategic support.
- Workshops conducted with different stakeholders to develop HIV/AIDS programme for the year of campaigns to be observed targeting special settings.
- Commercial Sex Workers have access to condoms and treatment for Sexually Transmitted Infections (through NGO support)
- 71% Of youth have access to life skills education (service provided by Education Department)
- Since 1998 stabilization of infection rates amongst youth under 20 years (16.1% in 2000, 16.5% in 1999, from 21.0 % in 1998)
- Openness and revealing cause of death if AIDS related increasing at funerals, and more people revealing HIV status to close people

4. Monitoring and evaluation

- Monthly reports are submitted by HIV/AIDS & STI’s co-ordinators to the AIDS Unit.
- Reports from Non-governmental organisations funded by Gauteng Health are also given to the Unity via the Regional Provincial Office.
- Quarterly reports submitted by regions and compiled by the Central Unit.
- The staffs from Central HIV/AIDS & STI’s Unit conduct random visits.
- An STI’s survey was conducted to evaluate the implementation of the City’s HIV/AIDS & STI’s programme.

5. CARE AND PREVENTION

5.1 HIV Counselling and Testing
Lay counsellors (community members) were trained in February and March 2003 on ten days HIV/AIDS counselling course. Health Care Professionals were trained on HIV/AIDS ten days counselling course. All fixed clinics providing HIV/AIDS Counselling and Testing Rapid on site HIV Testing available in fourteen sites

5.2 Onsite rapid HIV counselling and testing

60 lay volunteer counsellors (community members) were trained on three-day onsite HIV rapid testing (VCT) in March 2003. 50 health care professionals were trained over four days on VCT and PMTCT course in March 2003. Following the training of lay counsellors, 14 onsite rapid HIV test sites were established to regions that had capacity as the first phase.

6. Prevention of Mother to Child Transmission of HIV

351 health care professionals were trained on follow up of babies on PMTCT programme between August and October 2002. 303 health care professionals were trained on PMTCT programme in January/February 2003. Formula feeding (perlagon) was made available to Local Government clinics for babies born whose mothers are on PMTCT programme from January 2003.

7. Sexually Transmitted Infections Training Programme

303 health care professionals were updated on STI’s protocols in January and February 2003. STI’s working group meet bimonthly to discuss issues regarding training and implementation of guidelines.

8. Home Based Care

303 health care professionals were updated on home-based care policy guidelines implementation in January and February 2003. 23 Health facility managers trained on home-based care guidelines.

9. Sexually Transmitted Infections (STI’s) Survey.

A survey was conducted in all facilities across the City to evaluate the implementation of the HIV/AIDS & STI’s programme. 86 fixed facilities were visited looking at the following:

STI’s management Promotion of condom use HIV counselling and testing Clinical care of opportunistic infections in People Living with HIV/AIDS Universal precautionary measures
NB: The report is in its final stage and the recommendations shall guide future plans.

- Commercial Sex Workers have access to condoms and treatment for Sexually Transmitted Infections (through NGO support).
- 71% Of youth have access to life skills education (education department).
- Openness and revealing cause of death if AIDS related increasing at funerals, and more people revealing HIV status to close people.

STRATEGIC PARTNERSHIPS

THE HILLBROW HEALTH PRECINCT AND CENTRE OF EXCELLENCE (COE) PROJECT.

The project is a partnership between the City of Johannesburg, The Gauteng Province and the Reproductive Health Research Unit (RHRU) at the University of the Witwatersrand.

The City, through its relationship with the RHRU and the University of the Witwatersrand, together with Gauteng Province, has embarked on a process to develop an integrated model of health and social services, training and research for urban inhabitants in a high HIV prevalence setting.

The implementation plan includes setting up a comprehensive Sexually Transmitted Infections and Primary health HIV/AIDS services, upgrading the current Voluntary Counselling and Testing and training services, and improving Tuberculosis treatment and Family Planning Services.

The Johannesburg Development Agency (JDA) and architects, town planners and heritage advisors of the Constitution Hill Project are working with a project planning consultancy group and the Reproductive Health Research Unit (RHRU) to produce a business plan for development of a Health Precinct. The Health Precinct has been conceptualised as an area around the Centre of Excellence in which critical social support services and training activities can be accommodated. Locating these services alongside the Centre of Excellence means that individuals who come to Hillbrow and are infected or affected by HIV/AIDS can easily and swiftly access key health, social and economic services which will help them cope and so minimise the impact of the epidemic.
CHALLENGES

- Make social grants more easily accessible.
- Address the problem of burials for destitute families (proposals for indigence burials policy). At the moment the City only provides for paupers burials.
- An integrated approach to address the route cause of HIV/AIDS, through poverty alleviation and crime reduction programs
- Plan appropriately to meet the increased demand for health and social services resources
- Breaking the silence on HIV/AIDS and abuse, including sexual molestation of children
- Partnerships and an integrated approach to empower and support women regarding abuse and income generation, and support for girl children during their school years to increase their education level and make them economically independent adults.
- Plan appropriately to care for orphans and child headed families (social services, housing)
ANNEXURES

1. HIV/AIDS OPERATIONAL PLAN 2002/2003 - budget R721 000

2. CITY OF JOHANNESBURG’s HIV/AIDS STRATEGY

3. PWA SUPPORT GROUPS IN THE CITY

4. ON SITE RAPID HIV TESTING SITES IN THE CITY

5. PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV PROGRAMME
### CITY OF JOHANNESBURG: HEALTH DEPARTMENT OPERATIONAL PLANS 2002/2003

**Unit:** HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

**KEY PERFORMANCE AREA:** Develop and integrate an HIV / AIDS and Sexually Transmitted Infections programme.

**STRATEGIC OBJECTIVE:** 1: PREVENTION: To reduce the number of new HIV infections

<table>
<thead>
<tr>
<th>TRAINING NEEDS</th>
<th>INFORMATION SOURCES</th>
<th>RESOURCES REQUIRED</th>
</tr>
</thead>
</table>

**OBJECTIVES:**
1. To provide Syndromic Management of Sexually Transmitted Infection’s
2. To promote safe sex practices through peer education targeting youth and other high risk groups and increasing access to male condoms
3. To build capacity of health workers and community through education and training
4. To improve access to VCT services
5. To encourage community to utilise VCT and PMTCT services

**SERVICE DELIVERY INDICATORS:**
- % Of health professionals trained on STI’s management
- % Of facilities managing STI’s syndromically

<table>
<thead>
<tr>
<th>NO.</th>
<th>ACTIVITY</th>
<th>TIME FRAME</th>
<th>SERVICE DELIVERY TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>o Training of Health Professional on Syndromic STI’s Management (including General Practitioners)</td>
<td>90% by 2002/Ongoing</td>
<td>o 95% of Health Facilities providing STI’s treatment</td>
</tr>
<tr>
<td></td>
<td>o Ensure Continuous STI’s Drugs supply in all Health Facilities</td>
<td>90% by 2002/Ongoing</td>
<td>o 90% of Health Professionals trained in syndromic STI’s management</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o 90% of Health facilities</td>
</tr>
</tbody>
</table>
KEY PERFORMANCE AREA: Develop and integrate an HIV / AIDS and Sexually Transmitted Infections programme.

STRATEGIC OBJECTIVE: 1. PREVENTION: To reduce the number of new HIV infections

OBJECTIVES: SYNDROMIC MANAGEMENT OF STI’S

<table>
<thead>
<tr>
<th>NO.</th>
<th>ACTIVITY</th>
<th>TIME FRAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>o Improve access to male condoms and education on female condoms</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>o Train peer educators for high risk groups (hostels, ...</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>o Conduct workshops for community</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>o Train HIV/AIDS Counsellors in the community</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>o Train Health Workers on VCT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Ensure Continuous VCT Kits supply in Health Facilities</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>o Promote VCT and PMTCT Program in the community</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>o To ensure that appropriate test kits are available and the necessary training is conducted at health facilities</td>
<td></td>
</tr>
</tbody>
</table>

SERVICE DELIVERY INDICATORS:
- Number of peer educators trained
- Number of condom distribution points and condoms distributed

SERVICE DELIVERY TARGET
- 95% Health Facilities
- At least 60% of other Council buildings 60% Community outlets (Taverns, spaza shops)
- Distribute +2 Million condoms per month
- 250 Trained peer educators for each identified high risk group (Hostels, CSW and Youth out of school) by June 2003
- 90% of fixed Health facilities providing AIDS Counselling and Testing
- 90% of Health Workers trained on VCT
- 90% of Health Facilities follow up babies on PMTCT Program according to protocol

90% Regions to conduct campaigns to promote use of PMTCT and Counselling and testing services
KEY PERFORMANCE AREA: Develop and integrate an HIV / AIDS and Sexually Transmitted Infections programme.

STRATEGIC OBJECTIVE: 2. Care and support: To reduce the impact of HIV/AIDS in the community

TRAINING NEEDS: 

INFORMATION SOURCES: 

RESOURCES REQUIRED: 

OBJECTIVES: 1. To expand home based care and support for People living with HIV/AIDS (PWA’S)  
2. To mobilise communities to participate in supporting people infected and affected by HIV/AIDS  
3. To build capacity of care givers in caring and supporting PWA’s  
4. To improve access to TB prophylactic treatment and education for HIV infected patients  
5. Increase capacity of Health Professionals in managing patients following sexual assault

SERVICE DELIVERY INDICATORS:  
- Number of trained Care givers for Community / Home based care  
- % Of PWA Support groups established and supported by health facilities

<table>
<thead>
<tr>
<th>NO.</th>
<th>ACTIVITY</th>
<th>TIME FRAME</th>
<th>SERVICE DELIVERY TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| o Establish and support PWA’s support groups  
| o Train volunteers in home based care  
| o Motivate and support un-funded community based care groups involved in HIV/AIDS to apply for Provincial funding | 60% of access to support home care by 2003 | 50% of Health facilities to have established PWA support groups  
50% of HBC groups funded by Province |
| 2.  |  
| o Conduct base line survey  
| o Conduct campaigns to increase level of HIV/AIDS awareness  
| o Media releases in local papers | By Dec 2002 According to Calendar For every major campaign | Base line report  
WAD, Youth, Partnership Against AIDS and Women’s Day At least 4 by June 2003 |
| 3.  |  
| o Train volunteers on HIV/AIDS and STI's education.  
| o Conduct workshops with identified groups (Civics, Ward committees, Faith based Organisations) | Ongoing | |
| 4.  |  
| o Train Health Care Providers in TB/HIV/AIDS management regimen | Ongoing | 50% of Health Providers by June 2003 |
| 5.  |  
| o Train Health Care Professionals in Post Exposure Prophylaxis of HIV following sexual assault | Ongoing | 50% of Health Professionals by June 2003 |
**CITY OF JOHANNESBURG: HEALTH DEPARTMENT: OPERATIONAL PLANS 2002/2003**

**KEY PERFORMANCE AREA:** Develop and integrate an HIV/AIDS and Sexually Transmitted Infections programme

**STRATEGIC OBJECTIVE:** 3. Intersectoral Collaboration:

<table>
<thead>
<tr>
<th>OBJECTIVES: To promote effective co-ordination of activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>SERVICE DELIVERY INDICATORS:</td>
</tr>
<tr>
<td>Plans developed jointly</td>
</tr>
<tr>
<td>% Of intersectoral committees established</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NO.</th>
<th>ACTIVITY</th>
<th>TIME FRAME</th>
<th>SERVICE DELIVERY TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Strengthen partnerships with other role players involved in HIV/AIDS through the JAC. Establish Regional HIV/AIDS Forums Strengthen and support JAC.</td>
<td>Ongoing</td>
<td>Coordinated AIDS activities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>By December 2002</td>
<td>80% Established forums in Regions</td>
</tr>
<tr>
<td>2.</td>
<td>Develop joint HIV/AIDS Plans with local role players</td>
<td>December 2002</td>
<td>80% Jointly developed plans</td>
</tr>
</tbody>
</table>
**KEY PERFORMANCE AREA:** 4 Develop and integrate HIV / AIDS and Sexually Transmitted Infections Programme (Responsibility of Occupational Health and Safety Unit)

**STRATEGIC OBJECTIVE:** Work-place HIV/AIDS and STI’s Programme

**TRAINING NEEDS:**

<table>
<thead>
<tr>
<th>INFORMATION SOURCES:</th>
<th>RESOURCES REQUIRED:</th>
</tr>
</thead>
</table>

**OBJECTIVES:** To facilitate care for employees infected and affected by HIV/AIDS

**SERVICE DELIVERY INDICATORS:**

<table>
<thead>
<tr>
<th>NO.</th>
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<th>TIME FRAME</th>
<th>SERVICE DELIVERY TARGET</th>
</tr>
</thead>
</table>
| 1.  | o Distribute condoms in the workplace  
     o Promote and support (Occupational Health and Safety) the establishment of Employees Assistance Programs in all Regions, Utilities, Agencies and Corporate Entities (UAC’s) | September 2002  
     By 2003 | 70% access  
     50% Regions and UAC’s with established EAP |
## CITY OF JOHANNESBURG: HEALTH DEPARTMENT OPERATIONAL PLANS 2002/2003

### Unit: HIV/AIDS and Sexually Transmitted Infections

**KEY PERFORMANCE AREA:** Develop and integrate HIV / AIDS and Sexually Transmitted Infections Programme

**STRATEGIC OBJECTIVE:** 5. Social Mobilization

<table>
<thead>
<tr>
<th>TRAINING NEEDS:</th>
<th>INFORMATION SOURCES:</th>
<th>RESOURCES REQUIRED:</th>
</tr>
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</tbody>
</table>

**OBJECTIVES:**

1. To create HIV/AIDS awareness and increase level of understanding in the community

2. To mobilise community involvement and strengthen partnerships against HIV/AIDS and STI’s

**SERVICE DELIVERY INDICATORS:**

- Increased level of disclosure
- Reduction in stigmatisation
- Number of campaigns conducted according to programme

<table>
<thead>
<tr>
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<th>ACTIVITY</th>
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<th>SERVICE DELIVERY TARGET</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.1 Conduct campaigns according to health calendar to increase level of HIV/AIDS awareness</td>
<td>Ongoing</td>
<td>90% Participation by all regions in Health Calendar Days At least 4 Media Releases per year</td>
</tr>
<tr>
<td></td>
<td>1.2 Media releases in local papers to mobilise communities involvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.3 Conduct workshops with identified groups (Civics, Ward committees, Faith based Organisations) to market available resources</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## CITY OF JOHANNESBURG: HEALTH DEPARTMENT OPERATIONAL PLANS 2002/2003

### Unit: HIV/AIDS and Sexually Transmitted Infections

**KEY PERFORMANCE AREA:** Develop and integrate an HIV / AIDS and Sexually Transmitted Infections programme

**STRATEGIC OBJECTIVE:** 6. Monitoring and Evaluation

<table>
<thead>
<tr>
<th>OBJECTIVES: To develop effective an efficient monitoring and evaluation strategy</th>
<th>INFORMATION SOURCES:</th>
<th>RESOURCES REQUIRED:</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>NO.</th>
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<th>TIME FRAME</th>
<th>SERVICE DELIVERY TARGET</th>
</tr>
</thead>
</table>
| 1. | o Hold monthly meetings  
o Conduct supervisory visits  
o Collect monthly statistics of STI’s treated, condoms distributed  
o Collate quarterly reports  
o Conduct research | Ongoing  
By 2002  
Ongoing  
August and Ongoing | Meetings by June 2002  
Three Visits to each region by Dec 2003 available reports  
Available reports |
CITY OF JOHANNESBURG, SOUTH AFRICA

COMPREHENSIVE HIV/AIDS STRATEGY: INTERSECTORAL CO-ORDINATION, PREVENTION AND CARE

THE CITY OF JOHANNESBURG’S PROFILE

Population - 2.8 million people
Households - 791,367 together earn more than R28 billion
Almost one fifth (18.12%) survive on less than R500 per month; while almost half of these have no regular income whatsoever - unsurprising in a city with an unemployment rate of about 29%.
A further third of households (32.4%) earn between R500 and R2,500 per month, while 20% earn between R2,500 and R8,000 per month.
Only 11.76% of Johannesburg’s households earn between R8,000 and R30,000 per month.
The generally poor African population (70.2%) lives mainly in the large urban townships.
Almost 14% of Johannesburg’s households use paraffin or candles rather than electricity.
More than 13% use a pit latrine or bucket latrine, or have no toilet at all.
More than 32% of households have no running water inside the dwellings and obtain water either from a site tap (20.42%), from a public tap in the vicinity (11.64%) or from a water tanker (0.92%).

THE CURRENT PROBLEM

South Africa is at present in the midst of one of the fastest growing HIV/AIDS epidemic in the world with an estimate of 1700 new infections every day. The results of the National HIV and Syphilis Sero-prevalence Survey at Public Sector Antenatal Clinics in South Africa, estimated 23% of women were infected with the HIV virus in 1999. The 2000 survey shows a 3% increase with 29.3% of women attending Ante Natal Clinics in Gauteng infected with HIV, which causes AIDS. Further analysis of the Provincial statistics showed 29.5% prevalence in Central Wits region of Gauteng Province (City of Johannesburg included), an estimated 1 in 3 of the pregnant women attending Public Sector Antenatal Clinics. The HIV/AIDS survey has also shown that Women are infected at a much earlier age than men (there is a ten years difference).

The HIV/RPR Surveillance report among Sexually Transmitted Infections (STI’s) Attenders at two HIV and Syphilis sentinel surveillance sites clinics, namely, Essellen Street and Urban Health Clinics conducted on patients presenting with STI’s, by the South African Institute of Medical Research, for the period January -June 2001, showed an overall HIV sero-prevalence of 51.2%, which has increased significantly from 44% in the same 6 month period in 2000. A higher percentage of women tested positive for HIV (54%), as compared to men (48.2%). The highest prevalence rates of HIV among the female attenders were among the 20 - 29 year olds (57%), while among the male attenders, the 30 -39 year olds had the highest HIV sero-prevalence (62.2%). The City of Johannesburg has declared HIV/AIDS one of its priority programmes. According to
the iGoli 2010 HIV/AIDS Impact and intervention Analysis of 1999, there were at least 152,181 HIV infected people in Johannesburg in 1999.

**HIV Prevalence South Africa**

*National Antenatal Surveys 1990 - 2000*

- 1990: 0.7%
- 1991: 1.7%
- 1992: 2.4%
- 1993: 4.0%
- 1994: 7.6%
- 1995: 10.4%
- 1996: 14.2%
- 1997: 17.0%
- 1998: 22.8%
- 1999: 22.4%
- 2000: 24.5%

Data from Dept of Health, South Africa

**Status of the epidemic**

FACTORS DRIVING THE HIV/AIDS EPIDEMIC

- HIV transmission is mainly heterosexual
- Very high levels of other Sexually Transmitted Infections
- Poverty and income inequality
- Lack of access to information and services in some areas (informal settlements
- Illiteracy
- Resistance to the use of condoms
- Social norms which accept/encourage high numbers of sexual partners
- Commercial sex work including child prostitution
Street children
- Single hostel dwellings and informal settlements
- Sexual violence - rape (including rape of children, following the myth that if an HIV positive man sleeps with a virgin, his HIV status shall be negative.

THE IMPACT

The HIV/AIDS epidemic therefore constitutes an enormous threat to the City of Johannesburg's development into a World Class City. It will be a major obstacle to reducing poverty and illnesses and may reverse many gains made during the present transformation period.

- The iGoli 2010 report estimated the total HIV+ population in the year 2000 as 286, 593 of 2.8 million total population
- Cumulative number of AIDS orphans by 2010 estimated at 138 731 from 76 058 in 2000
- AIDS related deaths in the City annually estimated at 30 973 in 2000.
- Average life expectancy is expected to fall from 60 years in women to 45 years and from 65 years to 50 years in men by the year 2005.
- HIV prevalence was estimated at 29.5% of pregnant women, but it is obviously higher in Commercial Sex Workers and patients presenting with Sexually Transmitted Infections.
- Age group 25-29 facing the highest prevalence, particularly women
- HIV sero-prevalence among STD attendees at two inner city clinics was 51.2% Jan- June 2001
- The impact of AIDS related illness and deaths is already obvious in hospitals.

![Figure 11](image)

**FIGURE 11**

**HIV Seropositivity among STD Clinic Attendees**


**THE RESPONSE**

- The Executive Mayor is showing visible and vocal commitment to the HIV/AIDS program. HIV/AIDS is one of the priority programs for the City.
- In response to the call by President, Thabo Mbeki, to join the Partnership Against AIDS, the Executive Mayor established the Johannesburg AIDS Council in November 2001, to mobilise prevention, care and support responses from the NGO's sector through this forum in a co-ordinated fashion.
The AIDS Council aims to enjoin the City’s inhabitants in the war against HIV/AIDS.

A comprehensive AIDS strategy is implemented in the Regions through regional AIDS Committees (some regions still in the process of establishing the committees), which are a multi-sectoral network of role players fighting against AIDS.

There are joint Municipal/Provincial AIDS programs

Other departments are involved in the fight against AIDS (Need to strengthen).

KEY COMPONENTS OF THE CITY’S PROGRAM

1. INTERSECTORAL COLLABORATION and building of partnerships to fight HIV/AIDS. The partners are: Government departments, People living with HIV/AIDS, faith organisations, traditional sector, Non Governmental Organisations, Sports, Media, Civics, Youth, Men and Women.

2. COMMUNITY MOBILISATION towards non-discrimination and non-stigmatisation, and promotion of openness and disclosure of HIV status voluntarily (within a supportive environment). The community is also involved as volunteers to support T.B. patients through in taking their TB treatment to ensure compliance to treatment. AIDS campaigns are planned with the community and NGO’s (NGO’s funded by the Provincial AIDS Directorate). Radio, print and out door media is used to educate community, and for marketing campaigns. Special campaign days are: Valentines, Condom and School AIDS week, Care week, Youth, Women’s and World AIDS Days.

Activities around prevention of new HIV infections aimed at behaviour change through:

- Life skills education implemented in 84% of high schools, and 76% of primary schools.
- Peer education programmes for individuals in special risk settings such as the Commercial Sex Workers.
- Workplace AIDS programmes in all departments (….. Employees from different departments trained as AIDS educators).

3. Care services provided to support behaviour change are:

1. HIV Counselling and Testing services in health facilities (NGO’s supporting with counselling.

2. Syndromic management of Sexually Transmitted Infections in all health facilities.

3. Intensive treatment of Sexually Transmitted Infections amongst Commercial Sex Workers.

4. Free male condoms provided in some council facilities and in the community where people can easily access them.

5. Prevention of Mother to Child Transmission (PMTCT)
South African Nevirapine Study (SAINT Project) by the Peri-Natal Research Unit, based at Baragwanath Hospital.

CLINICS PARTICIPATING

1. Zola Community Health Centre
2. Chiawelo Community Health Centre
3. Lillian Ngoyi Community Health Centre
4. Mofolo Community Health Centre
5. Lenasia South Community Health Centre
6. Dobsonville Community Health Centre
7. Meadowlands Clinic
8. Mandela Sisulu Clinic
9. Orlando Clinic
10. Pimville Clinic
11. Tladi Clinic

PROVINCIAL PILOT SITES

Coronation Hospital started - 12 9 2001
Johannesburg Hospital started - 1 10 2001
Hillbrow Community Health Centre started - 1. 10 2001

PROVINCIAL ROLL OUT PLAN

South Rand Hospital
Edenvale Hospital
Institute of Urban Primary Health Care (IUPHC)/Alexander Health Centre
Discoveres
Stretford Clinic

Gauteng Provincial Government rolled out service to all hospitals and Maternal and Obstetric Units in 2002

PMTCT Package includes:

- Voluntary Confidential AIDS Counselling and Testing in Antenatal and Obstetric Units
- Counselling on safe infant feeding
- Drugs: Co-trimoxazole to any infant born to an HIV positive woman, started at six weeks of age. (Drug used nevirapine as a single dose to the mother during labour and single dose to baby at birth.
- Short course treatment with ARVs. Drug used Nevirapine as a single dose to the mother during labour and single dose to baby at birth.
- Vitamin A, supplementation for children from birth to 5 years, according to immunization program
- Free supply of breast milk substitutes
- Follow up of mother and baby for 18 months
- Social support for infected women
6. Support for people living with HIV/AIDS
Support groups for people living with HIV/AIDS through the support of NGO's provide:
- Psycho-social support
- Food parcels where necessary
- Income generation projects
- Food gardens
- Referrals to appropriate services according to need (support groups not available in all regions)

7. Treatment for tuberculosis provided free of charge, patients supervised during treatment to promote compliance (DOTS).

8. Orphan support through grants from Social Services, and Children homes

9. Home Based Care (HBC) is provided in collaboration with NGO's and community groups. It aims to provide the 80% of people who are ill with AIDS and other chronic illnesses with care. It reduces pressure on hospitals and institutions for bed space. People involved in HBC receive training and support. At the moment the service is available but patchy, there are plans to expand it this year.

10. Minor opportunistic infections treated at Primary level

11. Hospital treatment for severe illness

TREATMENT GUIDELINES AVAILABLE FOR ALL LEVELS OF CARE.

RESULTS
- Commercial Sex Workers have access to condoms and treatment for Sexually Transmitted Infections (through NGO support)
- 71% Of youth have access to life skills education (education department)
- Openness and revealing cause of death if AIDS related increasing at funerals, and more people revealing HIV status to close people

SOUTH AFRICAN BEST PRACTICES

LESEDI PROJECT
One of the South African best practice projects is the Lesedi project, which provides syndromic management of Sexually Transmitted Infections for miners and Commercial Sex Workers living near the mines, and at high risk of HIV infection. Services included Treatment of STI's including PPT, sexual health promotion, counselling and promotion of male and female condom use.

STI prevalence among the women and the miners was greatly reduced.

It was estimated that HIV incidence was reduced by up to 40% among the miners, and 30% among the women (Williams, Gilden, Campbell, Mac Phail, Taljaard,

CHALLENGES
- Make social grants more accessible.
Â Address the problem of burials for destitute families (proposals for indigency burials policy). At the moment the City only provides for paupers burials.

Â An integrated approach to address the route cause of HIV/AIDS, through poverty alleviation and crime reduction programs

Â Plan appropriately to met the increased demand for health and social services resources

Â Breaking the silence on HIV/AIDS and abuse, including sexual molestation of children

Â Partnerships and an integrated approach to empower and support women regarding abuse and income generation, and support for girl children during their school years to increase their education level and make them economically independent adults.

TOGETHER WE CAN MAKE A DIFFERENCE, 'MASIBUMBANE' (LET'S JOIN HANDS) AND FIGHT HIV/AIDS!!
PWA support groups provide a supportive environment to HIV positive people to lead long productive lives. They are mainly run by NGO’s, and provide some or all of the following activities:

- Education about healthy living and eating.
- HIV/AIDS counseling.
- Income generation projects
- Vegetable garden projects to help provide the right food types to people who cannot afford them.
- Discussion groups where people living with AIDS can meet and talk, share experiences and support each other.
- Promote disclosure programmes and participate in awareness campaigns.
- Educate people living with HIV/AIDS about available services like social grants and available medical treatment.
- Provide food parcels (if necessary) to needy people/families.

**SUPPORT GROUPS IN THE CITY OF JOHANNESBURG BY REGIONS**

<table>
<thead>
<tr>
<th>REGION</th>
<th>ORGANISATION</th>
<th>TEL. NO.</th>
<th>PHYSICAL ADDRESS</th>
<th>DAYS OF OPERATION/ MEETING</th>
<th>AVERAGE NO. IN GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HOPE WORLD - WIDE</td>
<td>4647951 0838984 770</td>
<td>O.R. Thambo Clinic Vuselela Ulwazi Iwakho Youth Centre, Diepsloot</td>
<td>Thursdays ± 15</td>
<td>± 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7052438</td>
<td>Witkoppen Clinic</td>
<td>Thursdays ± 15</td>
<td>± 15</td>
</tr>
<tr>
<td>2</td>
<td>Rabie Ridge</td>
<td>3101977</td>
<td>Thursdays ± 15</td>
<td>± 15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hikensile Clinic</td>
<td>3102147</td>
<td>Tuesdays/Thursdays (weekly) ± 8</td>
<td>± 8</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thuthukani Clinic</td>
<td>2610568</td>
<td>Thursdays ± 20</td>
<td>± 20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Roman Catholic Church</td>
<td>2618634</td>
<td>Thursday</td>
<td>± 15</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>HOPE WORLD WIDE (supported NG Church)</td>
<td>7879912 881-6190</td>
<td>Randburg Clinic Hendrik Verwoerd Dr, Randburg</td>
<td>Thursday ± 15</td>
<td>± 15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>837-2999</td>
<td>4 Riebeeck Street Hursthill</td>
<td>Every 2nd Tuesday</td>
<td>± 20</td>
</tr>
<tr>
<td>4</td>
<td>JORDAN HOUSE</td>
<td>477-1089</td>
<td>Isabelle Maulid Meth. Church, cor Dowling Ave, Main str, Westbury</td>
<td>Once per month</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>HANDS OF COMPASSION</td>
<td>474-5750</td>
<td>Mr V. &amp; Mrs V. Peterson Riverlea Major Clinic, Riverlea</td>
<td>Mondays/ Tuesdays</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>WESTBURY SUPPORT GROUP</td>
<td>477-7825</td>
<td>Dorcas Crecé Roberts Avenue, Westbury</td>
<td>Saturdays</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>GLENDA CONSTANT</td>
<td>477-7825 64 Staedler Street Westbury</td>
<td>Tuesdays</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>PWA SUPPORT GROUP</td>
<td>761-0233</td>
<td>Zandspruit Clinic</td>
<td>Thursdays ± 35</td>
<td>± 35</td>
</tr>
<tr>
<td>6</td>
<td>SEPHIMA-G-YOUTH AIDS PROJECT</td>
<td>9844044</td>
<td>Senaoane Clinic</td>
<td>Monday to Friday</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>HOPE WORLD WIDE</td>
<td>9844422</td>
<td>Bophelong</td>
<td>Tuesdays</td>
<td>20</td>
</tr>
<tr>
<td>Clinic</td>
<td>Phone Number</td>
<td>Location</td>
<td>Days/Time</td>
<td></td>
<td></td>
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<tr>
<td>Jabavu Clinic</td>
<td>9844014</td>
<td>Tuesday</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Klipspruit West Clinic</td>
<td>9471369</td>
<td>Mondays</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nokuphila Clinic</td>
<td>9887924</td>
<td>Thursday</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protea South Clinic</td>
<td>9805219</td>
<td>Tuesday to Friday</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motolo South Clinic</td>
<td>9844050</td>
<td>Monday to Friday</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Siphumulile Clinic</td>
<td>0824542168</td>
<td>Monday to Friday</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tladi Clinic</td>
<td>9302111</td>
<td>Thursdays</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiawelo Clinic</td>
<td>9844132/3</td>
<td>Tuesdays and Thursdays</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Itereleng Clinic</td>
<td>9883101</td>
<td>Wednesday</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zola Clinic</td>
<td>9341000</td>
<td>Monday to Friday</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tshepisong Clinic</td>
<td>7658396</td>
<td>Friday</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4th Avenue Clinic</td>
<td>8828930</td>
<td>Fridays 09:00 – 15:00</td>
<td>21</td>
<td></td>
<td></td>
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<tr>
<td>Thoko Mngoma Clinic</td>
<td>4481402</td>
<td>Thursdays 09:00 – 15:00</td>
<td>9</td>
<td></td>
<td></td>
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<tr>
<td>Rosettenville Clinic</td>
<td>082673-1996</td>
<td>Fridays 10:00 – 13:00</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lenasia S C H C</td>
<td>855-1320</td>
<td>1st Friday of the month</td>
<td>12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phaphamani Ennerdale South</td>
<td>8553839</td>
<td>S.O.S. every Wednesday</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orange Farm</td>
<td>0721188945</td>
<td>Once a week diff. Ext 2.3.5.6.7.8.9</td>
<td>115</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barney Molokoane Clinic</td>
<td>8506587</td>
<td>Once a month at the Clinic</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Region</td>
<td>Names Of Facilities</td>
<td>Counsellors Names</td>
<td>No. Of Volunteers</td>
<td>Supporting NGO</td>
<td></td>
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<tr>
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</tr>
<tr>
<td>1&amp;2</td>
<td>1. Mpumelelo Clinic Stand 13985 Ivory Park Tel: 261-0910</td>
<td>Cathrine Ndamane Mirriam Mahlangu Makhosazana Mkhabela</td>
<td>3</td>
<td>Tlhokomelang Setshaba</td>
<td></td>
</tr>
<tr>
<td>1&amp;2</td>
<td>2. Bophelong Clinic Stand 3699 Ivory Park Tel: 261-1212</td>
<td>Veronica Nkosi Sindisiwe Mzulwini Bartina Mokoto</td>
<td>3</td>
<td>Tlhokomelang Setshaba</td>
<td></td>
</tr>
<tr>
<td>1&amp;2</td>
<td>3. Thuthukani Clinic Stand 5323 Ivory Park Tel: 261-0568</td>
<td>Elda Funami Thembekile Zwane Salome Mahlangu</td>
<td>3</td>
<td>Tlhokomelang Setshaba</td>
<td></td>
</tr>
<tr>
<td>1&amp;2</td>
<td>4. Rabie Ridge Clinic Community Centre Korphansingel Rabie Ridge Tel: 310-1977</td>
<td>Jackina Mothemane Jaqualine Mabitsela Betty Sikwakwa</td>
<td>3</td>
<td>Tlhokomelang Setshaba</td>
<td></td>
</tr>
<tr>
<td>1&amp;2</td>
<td>5. Hikhensile Clinic Stand 8786 Ivory Park Tel: 301-2147</td>
<td>Sylvia Chueu Nelisiwe Mbatha Precious Lebitsa</td>
<td>3</td>
<td>Tlhokomelang Setshaba</td>
<td></td>
</tr>
<tr>
<td>1&amp;2</td>
<td>6. Halfway House Clinic Market Street Halfway House Tel: 805-3112</td>
<td>Queen Sikweqa Lonia Ngwetjana Selelo Kwata</td>
<td>3</td>
<td>Tlhokomelang Setshaba</td>
<td></td>
</tr>
<tr>
<td>Clinic</td>
<td>Address</td>
<td>Volunteers</td>
<td>Description</td>
<td></td>
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<tr>
<td><strong>1&amp;2</strong></td>
<td>7. O.R. Tambo Clinic&lt;br&gt;Stand 388&lt;br&gt;Diepsloot&lt;br&gt;Tel: 464-7951</td>
<td>Silver Malele&lt;br&gt;Rosina Seipei&lt;br&gt;Richard Mahlwele</td>
<td>TOTAL = 7 VCT SITES&lt;br&gt;VOLUNTEERS = 21</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>1. Randburg Clinic&lt;br&gt;Corner Hendrick Verword &amp; Seikirk Avenue&lt;br&gt;Randburg&lt;br&gt;Tel: 787-4700</td>
<td>Sonto Ngcobo&lt;br&gt;Mercy Sidyiya&lt;br&gt;Bellah Ntseke</td>
<td>TOTAL = 3 CLINIC/SITES&lt;br&gt;VOLUNTEERS = 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>2. Sandown Clinic&lt;br&gt;139 West Street&lt;br&gt;Sandown&lt;br&gt;Tel: 883-7833</td>
<td>Mandla Moloi&lt;br&gt;Sibongile Liwonde&lt;br&gt;Lorraine Curtis – Psychologist (Volunteer)&lt;br&gt;Wendy Toner – Psychologist (Volunteer)</td>
<td>TOTAL = 3 CLINIC/SITES&lt;br&gt;VOLUNTEERS = 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>3. Petervale Clinic&lt;br&gt;Cambridge Road&lt;br&gt;Petervale&lt;br&gt;Tel: 807-2946&lt;br&gt;Fax: 234-3275</td>
<td>Lorraine Curtis – Psychologist (Volunteer)&lt;br&gt;Wendy Toner – Psychologist (Volunteer)</td>
<td>TOTAL = 3 CLINIC/SITES&lt;br&gt;VOLUNTEERS = 7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 6 | 1. Tshepisong Clinic  
Stand 5228  
Tshepisong 2  
Tel: 765-8396 | Lina Mazibuko  
Alina Sithole  
Grace Daniel  
Mandla Mpawu | 4 | Hope World Wide |
|---|---|---|---|---|
| 6 | 2. Greenvillage Clinic  
2711 Nice Street  
Greenvillage  
Tel: 931 2924 | Adelaide Tshabala | 1 | Hope World Wide |
| 6 | 3. Jabavu Clinic  
3123 Tumahole Street  
White City  
Jabavu  
Tel: 984 4014 | Tsholofelo Koapeng  
Morati Mogoai  
Lerato Mokoalabata  
Sylverster Mabuya | 4 | Hope World Wide |
| | **TOTAL = 3 CLINIC/SITES** | **VOLUNTEERS = 9** | | |
FACT SHEET ON PREVENTION OF HIV TRANSMISSION FROM MOTHER TO CHILD

The Minister of Health, Doctor Manto Tshabalala-Msimang, announced that Antiretrovirals (Nevirapine) will be made available for all pregnant women who are HIV positive, and management of survivors following sexual assault.

The use of antiretroviral therapy to reduce mother to child transmission of HIV has become standard treatment in developed countries. South Africa has followed other countries in using a drug called Nevirapine to reduce the number of babies infected by the virus.

What is Nevirapine?

Nevirapine is a medicine which decreases the transmission of HIV from an HIV infected mother to the baby. It is a fast acting and potent antiretroviral, which takes a significant amount of time to be eliminated from the body. It is a valuable option in reducing the risk of mother-to-child transmission of HIV, since it is absorbed quickly into the body and passed readily to the placenta. Only a limited dose is required for effectiveness, and it remains active in the body of both mother and baby for a few days after birth.

If the virus has recently entered the baby's bloodstream, then the high levels of antiretroviral medicine can prevent the virus from becoming viable.

How is Nevirapine administered for Mother-to-Child HIV Transmission Prevention?

A single pill (200 mg) is given to a pregnant HIV-positive woman during labour. If labour exceeds 12 hours, a second dose is given. The baby is given Nevirapine as part of mother-to-child transmission prevention programmes in many parts of the world, including Uganda, South Africa, Thailand, the United States and Europe. Not a single serious side-effect has been reported.

Is Nevirapine safe?

When Nevirapine is used for short-course mother-to-child transmission prevention as described above, it is safe. Thousands of women and babies have taken Nevirapine as part of mother-to-child transmission prevention programmes in many parts of the world. Not a single serious side-effect has been reported.

Several trials have been conducted specifically for the purpose of testing the safety of Nevirapine. There is no evidence that it is unsafe for mother-to-child transmission prevention.

In some cases minor skin rashes might be caused by Nevirapine, but this usually disappears after a few days, or at most a few weeks.

HEALTH FACILITIES PROVIDING THE PREVENTION OF MOTHER TO CHILD HIV TRANSMISSION (PMTCT) PROGRAM

South African Nevirapine Study (SAINT Project) by the Peri-Natal Research Unit, based at Chris-Hani Baragwanath Hospital started the program in 1999 at Chris-Hani Baragwanath Hospital and gradually extended to the following clinics:

1. Zola Community Health Centre
2. Chiawelo Community Health Centre
3. Lillian Ngoyi Community Health Centre
4. Mofolo Community Health Centre
5. Lenasia South Community Health Centre
6. Dobsonville Community Health Centre
7. Meadowlands Clinic
8. Mandela Sisulu Clinic
9. Orlando Clinic
10. Pimville Clinic
11. Tladi Clinic

Social support for infected women

Enquiries: Meisie Lerutla
hours, a second dose is given. The baby is given Nevirapine syrup within seventy two (72) hours after birth.

**NATIONAL GOVERNMENT PILOT SITES WITHIN THE CITY OF JOHANNESBURG**

The following were Pilot sites from October 2001:

1. Coronation Hospital  
2. Johannesburg Hospital  
3. Hillbrow Community Health Centre

**NEW PROVINCIAL ROLL OUT PLAN (GAUTENG)**

The Provincial Government has added the following sites to implement the program after the announcement by the Minister of Health:

1. South Rand Hospital  
2. Edenvale Hospital  
3. Institute of Urban Primary Health Care (IUPHC)/Alexander Health Centre  
4. Discoveres Community Health Centre

**Stretford Clinic**

The Prevention of Mother to Child Transmission (PMTCT) Package includes:

- Voluntary Confidential AIDS Counselling and Testing in Antenatal and Obstetric Units  
- Nevirapine as a single dose to the mother during labour and single dose to baby at birth.  
- Drugs: Co-trimoxazole (Bactrim)

**Vitamin A, supplementation for children from birth to 5 years, according to immunization program**

- Counselling on safe infant feeding (Exclusive breast feeding or Free supply of breast milk substitutes)  
- Follow up of mother and baby for 18 months