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Title:

A critical analysis of HIV/AIDS policy development in South Africa from 1990-2012

How do South African policies reflect respective WHO recommendations?

Using availability of antiretroviral treatment (ART) and ART coverage as an indicator of improvement

Key words:

HIV Policy, HIV/AIDS, South Africa, ART

Involved Research Institutes:

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Abstract:

Background:

South Africa lies in the epicentre of the HIV/AIDS pandemic and carries one sixth of the worldwide HIV/AIDS burden, equaling 5.6 million infected South Africans in 2011. Since the emergence of HIV/AIDS the country has been challenged to take political action and to develop policies and guidelines to combat the disease. This critical review analyzes the process of HIV/AIDS related policy development and their implementation from 1990-2012 and looks into disparities to WHO recommendations. In order to link policy changes to a measurable indicator, the indicators "ART coverage" and "enrolment ratio" were utilized for the time period from 1999 - 2012.

Methods:

Techniques used for information retrieval were mainly internet-based searches using different databases. Inclusion criteria were defined and applied. Retrieved information was classified either into primary or secondary data related to governmental HIV/AIDS policies and ART in South Africa.

All primary data (surveys, strategic plans, guidelines) were included. Secondary data

were included on the basis of their relevance for the thesis topic and the credibility of the author. In terms of the critical policy review covering 22 years, it has been assured to cover all time periods with professional sources. Given the magnitude of data not all available documents could be included for analysis.

Results:

For almost the entire period from 1990-2012 the South African government provided national strategic frameworks, supposed to lead the response against HIV/AIDS. All policies were compiled in an exemplary manner, mostly reflecting respective WHO recommendations of the time. However, the implementation of these policies posed a major challenge. South Africa commenced the public ART rollout only in 2004, but reached its target set for 2011 in the second Strategic Plan in 2008/2009.

Discussion:

Excellent policies were in place, but for different reasons their implementation was hampered. The apartheid regime's HIV/AIDS politics failed due to the strong opposition towards the regime in the early 1990ies. The following government took its eyes off HIV for the benefit of poverty related issues, and several HIV/AIDS related failures (e.g. Virudene scandal, Sarafina!2 affair) led to a dispartment between government and civil society. In the early 21th century dissident views deepened this existing gap and only since 2009, with the change of actors in the political scene, the implementation of existing policies was enforced. ART provision was delayed due to reluctance of the government and has caused approximately 330.000 premature deaths due to HIV/AIDS. Despite initial delay South Africa currently is running the world's largest ART program.

Conclusion: The tragedy of South African HIV/AIDS politics lies mainly in failures concerning management of the policy implementation process. However, in recent years South Africa has made considerable and measurable achievements in the national response to HIV/AIDS. From being driven by the epidemic, the recent government managed to reunite stakeholders and actively directs the response to HIV/AIDS.

For the future, the sustainability of the ART program and the capability of the health care system pose major challenges.