

SOCIAL ASPECTS OF HIV/AIDS AND HEALTH



The Social Aspects of HIV/AIDS and Health (SAHA) Research Programme started in July 2001 and has grown considerably over the last two years to become both a national and Southern African Development Community (SADC) resource. SAHA conducts policy-relevant research in South and southern Africa. Its extensive regional network makes it possible to mobilise an alliance of key stakeholders, policy-makers, programme planners, researchers, NGOs and donors to tackle HIV/AIDS, using evidence arising from collaborative research. Its links with the Medical Research Council (MRC) of South Africa and Rhodes University's Centre for AIDS Development, Research and Evaluation (CADRE), as well as international partners such as the French ANRS, the Joint United Nations Program on HIV/AIDS (UNAIDS) Office in Pretoria, and some universities in the USA, have helped SAHA to undertake research studies of various sizes at national and regional level.

SAHA also formed a partnership with the Health Sector Co-ordinating Unit (HSCU) of SADC to develop a monitoring and evaluation tool for HIV/AIDS in the SADC region to help establish a flexible network of partners. This network is committed to tackling HIV/AIDS by using the same research methods to allow the generation of knowledge, which can be implemented immediately. The vehicle to facilitate implementation is the Social Aspects of HIV/AIDS Research Alliance (SAHARA), which involves jointly applying and securing funding for multi-country and multi-site studies.

SAHA offers technical support to its partners, jointly develops implementation strategies, and shares information on the monitoring and evaluation of programmes.

SAHA's funds are mainly from the Parliamentary grant (about one quarter to a third) and the rest is made up from foundation grants, including:

- the W.K. Kellogg Foundation;
- the Department for International Development (DFID) in the United Kingdom;
- the Nelson Mandela Foundation;
- the Nelson Mandela Children's Fund;
- the Ford Foundation;
- the US National Institutes of Health (both NIMH and NIDA);
- UNAIDS;
- the World AIDS Foundation; and
- the World Bank.



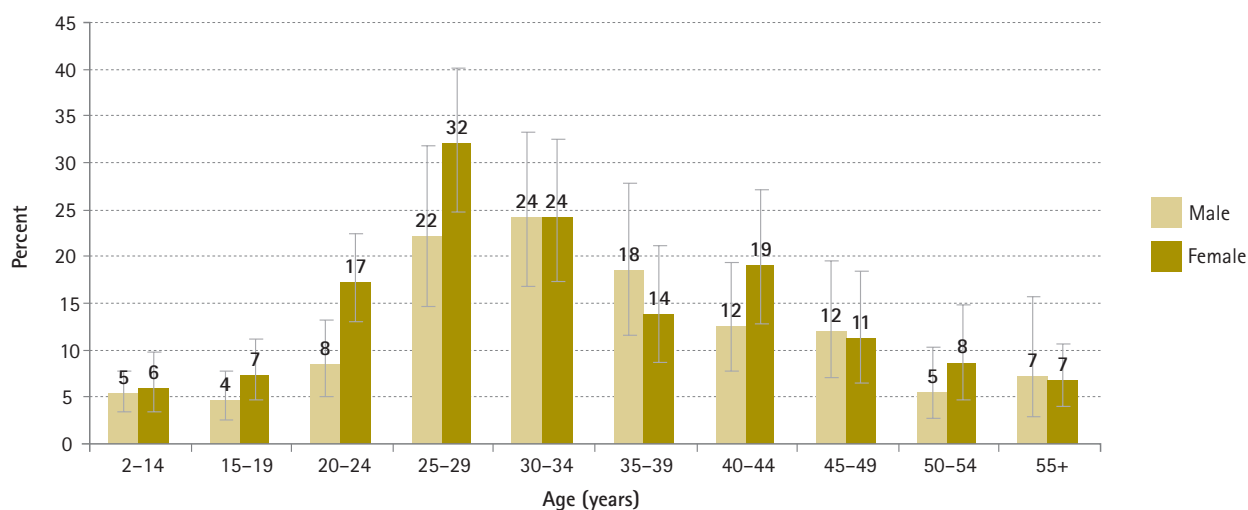


Figure F: Prevalence of HIV by sex and age, South Africa 2002 from the Nelson Mandela/HSRC Study of HIV/AIDS

The advantage of diversified sources of funding is the freedom it provides to pursue broader research agendas (investigator-initiated and commissioned) and to form partnerships with donors.

Current and recently completed projects

A major problem in South Africa and the SADC region is the shortage of highly skilled and experienced researchers and leaders in social aspects of HIV/AIDS and in public health. In order to meet this requirement, SAHA runs the following programmes:

Internship programmes for developing and mentoring young local and international researchers. In South Africa this programme focuses on training eleven people from historically disadvantaged groups each year. It also caters for students from other countries, including minority students from the United States (US). The programme is supported by a Pennsylvania State University project and funded by the US's National Institute of Mental Health's (NIMH's) Forgarty Fellowship Programme.

Technical assistance is provided to researchers in various SADC countries on conducting second-generation behavioural surveillance surveys on HIV/AIDS. It involves countries such as Botswana, Lesotho, Swaziland and Mozambique. SAHA will work closely on this initiative with both the UNAIDS Regional Office in Pretoria and SADC-HSCU. The European Union (EU) will fund the project through the SADC-HSCU.

SAHA has produced a **video on national second-generation behavioural surveillance surveys** based on the Nelson Mandela/HSRC study of HIV/AIDS 2002 (see details of the study below). The video features Mr Nelson Mandela and researchers

who took part in the study, as well as a representative from the UNAIDS Regional Office in Pretoria. UNAIDS and the HSRC will use the video in meetings and training sessions for researchers who wish to use the specific survey methodology in their HIV/AIDS research.

Building of research capacity at junior and senior level takes place in the HSRC and at other local academic institutions, such as the University of the Western Cape (UWC) and the Medical University of Southern Africa (MEDUNSA). These researchers, in collaboration with their American counterparts, will undertake research in new areas of interest. The National Institute of Health (NIH) and the National Institute of Drug Abuse (NIDA) of the US Government have recently awarded SAHA two two-year projects on substance use and HIV/AIDS for this purpose.

Several research projects have been conducted by SAHA during the past year. A notable feature is that a number of studies, driven by SAHARA, were both multi-country and multi-site projects.

The pioneering nationwide **Nelson Mandela/HSRC Study of HIV/AIDS: South African National HIV Prevalence, Behavioural Risks and Mass Media Household Survey 2002** has yielded useful data that has changed the national HIV surveillance methodology. The study was welcomed by the South African Government for providing information that would assist in planning its HIV/AIDS programme. The project was funded by the Nelson Mandela Foundation, the Nelson Mandela Children's Fund, the Swiss Agency for International Development, UNAIDS and the HSRC.

Using a rapid appraisal approach and gap analysis, the policy component of a review paper on **HIV/AIDS in southern Africa**



revealed that the six participating countries (Botswana, Lesotho, Mozambique, South Africa, Swaziland and Zimbabwe) all have HIV/AIDS policies, strategic frameworks and prevention strategy plans. There were, however, major gaps in the provision of treatment for people with HIV/AIDS and in the prevention of mother-to-child HIV transmission. The W.K. Kellogg Foundation funded the project.

A follow-up study of **HIV/AIDS policy and the implementation of programmes** in the six countries illustrated that although all six countries mentioned above have developed strategic plans to fight HIV/AIDS, most countries did not allocate adequate resources to AIDS-related services. Botswana stood out as the only country with a programme for universal access to anti-retroviral drugs. The W.K. Kellogg Foundation also funded this project.

A study on **epidemiological and demographical HIV/AIDS projections in South Africa** provides detailed information on HIV incidence, prevalence, mortality, life expectancy, orphanhood and a projection of the population growth. The Nelson Mandela Foundation funded the project.

Using the Priorities for Local AIDS Control Efforts (PLACE) method, a **follow-up study of the PLACE method** in a township in Cape Town found that the social lives of people in this township increased their risks for HIV infection. Yet, there are hardly any interventions to educate them on risks related to HIV infection. This has serious implications for the control and prevention of the spread of HIV/AIDS. The University of North Carolina at Chapel Hill's Measure Evaluation project (supported by USAID) funded the study.

SAHA conducted a national survey on the **impact of**

HIV/AIDS on the health sector. This survey of health personnel, ambulatory and hospitalised patients, and health facilities includes HIV prevalence among health workers and patients in four provinces. It provides information on human resource issues in a national sample of all public and private health facilities. The results have implications for the management of HIV/AIDS in the health sector. The study was funded by the national Department of Health.

A strategy for the **care of orphans and vulnerable children (OVC) in Botswana, South Africa and Zimbabwe** was researched. This project, which started in April 2002, involves the implementation of intervention programmes over a five-year period to assist children, families and communities affected by HIV/AIDS in Botswana, South Africa and Zimbabwe. It also includes a second-generation behavioural and biological survey and situation-analysis of orphans and vulnerable children in these three countries. This includes two separate literature reviews on evidence-based interventions to help guide revisions of existing OVC interventions at various sites in Botswana, South Africa and Zimbabwe. The first one focuses on home-based child-centred development programmes for OVC, such as health and nutrition, psycho-social care and management of inherited assets. The second review focuses on supporting families and households with OVC, who have to cope with HIV/AIDS. It also looks into community-based support systems for OVC. A third literature review, currently underway, focuses on how to increase awareness of HIV/AIDS and change risky behaviour in communities with serious OVC problems. The W.K. Kellogg Foundation funds the project.

Cabinet requested the HSRC to help develop **indicators to evaluate the performance of all Government Sectors** during the past decade. SAHA developed and populated the health sector indicators, including HIV/AIDS.

Regarding **prevention of mother-to-child transmission of HIV infections (PMTCT) studies**, SAHA is evaluating three PMTCT programmes in the Eastern Cape, Western Cape and Gauteng. The Ford Foundation funds the first study, the Department of Health the second, and the Gauteng Department of Health the third. All studies are ongoing.

SAHA researched the **history of public health in South Africa**. The research paper outlines the development of South Africa's public health system from the colonial era, through apartheid, and up to the current date. It includes a description of the evolution of legislative, policy and institutional frameworks, and sets out the country's responses to major contemporary public health challenges such as HIV/AIDS and tuberculosis. The paper forms part of a major multi-country study of



Mr Mandela with members of the research team and collaborators. **Back:** Mr Nelson Mandela, Dr Mark Orkin, CEO of the HSRC, Dr Kevin Kelly, Research Director, Centre for AIDS Development, Research and Evaluation (CADRE), Dr Leickness Simbayi, Project Director (HSRC), Warren Parker (CADRE), Julien Chauveau, French Agency for AIDS Research (ARNS), and Yoesrie Toefy (HSRC). **Middle:** Dr Olive Shisana, Principle Investigator (HSRC), Dr Heather Brookes (HSRC) and Prudence Ditlopo (HSRC). **Front:** Dr Mark Colvin (MRC)

public health, commissioned by the World Bank.

A project to determine the **costing of PMTCT of HIV/AIDS in the Western Cape, Gauteng and the Eastern Cape** consisted of three separate studies. The first study assessed the cost to administrate zidovudine (AZT) and nevirapine (NVP) to newborn babies and pregnant women at different levels of health care in the Western Cape province. The second study assessed the implementation of the components of the programme in four complexes. It included a skills audit, an analysis of the lessons learned at the pilot sites and recommendations for improvements in Gauteng. The third study is ongoing and involves assessing the costs of the Eastern Cape Department of Health's PMTCT programme in clinics in the Flagstaff district, before the implementation of interventions.

SAHA conducted an investigation into **HIV/AIDS financing in six SADC countries - South Africa, Botswana, Lesotho, Mozambique, Zimbabwe and Swaziland**. This study reviewed documentation from the Ministries of Finance, State Expenditures and the national AIDS co-ordinating structures, and interviewed relevant policy-makers. It provided an outline on how HIV/AIDS programmes are financed in the six countries. Among many other results, the study found that not enough funds are available for managing the epidemic. The project was commissioned by the W.K. Kellogg Foundation.

Another SAHA project examined **HIV/AIDS legislation in the six SADC countries**. The study reviewed legislation affecting

people living with HIV/AIDS in the six countries mentioned above. While these countries have responded to the epidemic with varying degrees of commitment and action, with the exception of South Africa, these countries have little or no legislation or jurisprudence relating directly to HIV/AIDS. The study concluded that structures must be created to monitor the implementation of legislation and conventions and to hold governments accountable. The W.K. Kellogg Foundation funded the project.

Future developments

Three major future studies are planned. The first is the repeat Nelson Mandela/HSRC Study of HIV/AIDS (2004), also known as the population-based HIV prevalence, behavioural risks and mass media survey. Secondly, SAHA will provide technical assistance to researchers on conducting second-generation behavioural surveillance surveys in various SADC countries such as Botswana, Lesotho, Swaziland and Mozambique. Finally, an investigation into the association between exposure to health service and non-health service invasive procedures, sexual abuse, and HIV among children in the Free State is planned.

Executive Director Dr Olive Shisana

Tel: +27 21 467 4420

E-mail: oshisana@hsrc.ac.za