Civil Society HIV Prevention and Treatment Congress
Final Statement and Resolutions adopted by Conference Co-Hosts, 28 October 2006
COSATU/SACC/SANGOCO/TAC

Save a Million Lives in 2007!
Unity, Implementation and Accountability to End the AIDS Crisis!

On October 27th & 28th 2006, 350 delegates from civil society met to discuss and assess the national response to HIV prevention and treatment, to devise our own programmes and to share knowledge and experiences. The Congress took place at a critically important time, as government leads the process to review the South African National AIDS Council (SANAC) and develop a new National Strategic plan on HIV and AIDS (2007-2011).

Importantly, the Congress heard presentations from the Deputy Minister of Health, Nozizwe Madlala-Routledge, and the Deputy President, Phumzile Mlambo-Ngcuka. They affirmed that we must end the cycle of death, illness and new infection. They also called for the need for unity to overcome the HIV crisis in our country and end the more than 800 AIDS-related deaths that take place daily.

Both leaders made an unambiguous commitment to a genuine partnership to scaling up HIV prevention, treatment, care and support. Government committed to bold and realistic targets. This seems to be further evidence of a growing will and new commitment by our government to tackle the crisis of HIV and end a long period of conflict, confusion and denial.

The Congress believes that the next month will be the real test of this commitment, as the detail of programmes and targets are finalized. A new Strategic Plan that is clear, bold, has targets and programmes is what the country needs most of all. In addition, the new commitment will be measured against the willingness of government to renew the South African National AIDS Council (SANAC) so that is independent, led at the highest level and capacitated to play a key role in overseeing the implementation of the over all national response to HIV and AIDS.

Another test will be the willingness of government to lead the country in a visible and determined campaign to stop all forms of violence and abuse against women, girls and children.

The civil society conference believes we can save one million lives in 2007 if HIV prevention and treatment is effectively implemented. Targets for next year must reflect this.

All Congress participants were in agreement on the urgency of addressing the wide range of challenges in a comprehensive manner. Participants acknowledge the importance of

cooperation amongst all organs of civil society and the responsibility of government to support civil society programmes.

To assist the development of the National Strategic Plan the Congress broke into six Commissions dealing with:

- HIV prevention
- Children and HIV
- Women and HIV
- Access to anti-retroviral treatment
- Social Support for HIV Prevention and Treatment
- Partnership and Governance.

The recommendations and resolutions of these Commissions were discussed by Congress as a whole. We have set clear targets for civil society organizations that are part of this process. We will be accountable. We also address clear targets for government and Business. All resolutions will be compiled and submitted to the Deputy President and the SA National AIDS Council (SANAC) and made available to the public.on 31 October 2006

Civil Society hopes that we are approaching a new dawn for HIV prevention and treatment and care in South Africa. If the dawn does come it should take us into a period of genuine collaboration and partnership. But, whatever happens, the conference is a turning point for civil society and we ready to be tested and evaluated by our own ability to implement the bold programmes that were agreed.

A further civil society conference will take place in late 2007, to review progress on commitments made. But before then the co-hosts of the conference commit to working together and bringing as many other organizations as possible into the coalition.

Resolutions

Resolution on Partnership and Governance

The Congress resolved on Partnership and Governance that:

1. An effective partnership between all levels of government and organizations representing key sectors of civil society is essential for all aspects of HIV prevention, treatment and support. It was agreed that this p

2. Partnership must be based on principles of accountability, transparency and urgency by all parties.

3. The South African National AIDS Council (SANAC) should embody this partnership at a national level, but has failed to do this in the last six years.

4. As part of the renewal of SANAC we believe that SANAC's Terms of Reference should be reviewed to reflect that its mandate should primarily be:

    4.1. leadership and co-ordination of the national response
    4.2. ongoing monitoring and evaluation of the implementation of the key pillars of the national response;
    4.3. Acting as an independent advisory body to Cabinet on HIV and AIDS
    4.4. providing advice to government and other sectors of SANAC based on findings of monitoring and evaluation of programmes;
    4.5. to share and disseminate accurate and relevant information about the AIDS epidemic.

5. Whilst it is agreed that government has the duty to lead the national response to HIV it is strongly recommended that SANAC be operationally independent from the Department of Health and an equal partnership with government. To achieve this it is proposed that:

    5.1. There should be a deputy chairperson appointed from civil society;
    5.2. The SANAC secretariat be accountable to the Office of the Deputy President and housed in the Deputy-Presidency;
    5.3. The SANAC secretariat be resourced so that it has a skilled and more senior personnel who are able to co-ordinate all aspects of SANAC's work and to provide other services needed to make SANAC functional.

6. Although the Congress did not recommend that SANAC be established by a law, it did propose that there be a clear set of Guidelines and Protocols concerning its mandate and operation that should be made publicly known.

7. The co-hosts support the proposal that the SANAC plenary is composed of the most senior representatives of government and civil society. In addition to the sectors already proposed we add:

    7.1. The media, represented by SA National Editors Forum (SANEF)
    7.2. Donors
    7.3. Health care workers, represented by the HIV Clinicians Society
    7.4. Children
    7.5. Human rights organisations
    7.6. Chairpersons of Provincial AIDS Councils.
    7.7. The South African Human Rights Commission
    7.8. The Commission on Gender Equality
    7.9. NEDLAC

8. SANAC as a whole depends on the transparency and legitimacy of its sectors, as well as the organizations that make up a sector. Therefore:

    8.1. Sectors that require financial assistance to function effectively should receive a dedicated budget for this purpose.
    8.2. Organisations representing sectors should provide information on their membership, their programmes and financial standing for verification by the secretariat.

    In order to enhance the civil society response it was proposed to request the Human Sciences Research Council to carry out an evaluation of the impact of major civil society organizations and AIDS programmes on the HIV and AIDS epidemic.

9. The SANAC plenary should meet twice per annum for two days. These meetings should be scheduled by the Chairperson at the start of every year.

10. In between meetings SANAC should operate through four technical committees, made up of nominated representatives of the sectors who have the skills, knowledge or experience to contribute to discussions. These committees should meet quarterly and cover those aspects of the national Strategic plan dealing with:

    10.1. Treatment and Care
    10.2. Prevention
    10.3. Social support
    10.4. Interaction with Global Fund and donor co-ordination.

11. The work of the Committees should be assisted by the Secretariat. The committees should report directly to plenary on all of their work, but can report inbetween on key matters which require urgent attention.

12. In order for the committees to work optimally access to quality information is essential. It is therefore proposed that SANAC approach the Human Sciences

Research Council (HSRC) and or the Medical Research Council (MRC) and contract these organizations to compile and collate new information as it emerges.

Provincial AIDS Councils

13. Provincial AIDS Councils should function on the same basis as SANAC and submit reports of their activities to the SANAC secretariat.

Local Partnerships

14. The Congress recognized that partnerships at district and community level are the most important component to ensure implementation of AIDS programmes. However such partnerships are rare. Congress proposed that:

    14.1. The establishment of these partnerships be an activity of the NSP, and that a timeframe be set for their creation.
    14.2. To request the Deputy President to make a statement on their importance and to investigate how they can be financed.
    14.3. The conference co-hosts will develop a plan to pilot Local AIDS Councils in a number of districts, in particular districts that have been listed as poverty nodes and/or have a high incidence of HIV infection and AIDS. These districts will cover both urban and rural areas.

Governance issues within civil society

15. The co-hosts of the Civil Society conference believe it is essential to maintain autonomy and independence from government and to continually evaluate government's response to HIV. Therefore it was agreed that:

    15.1. A national civil society conference will take place every two years.
    15.2. Provincial civil society conferences will be organized in 2007.

16. The Congress resolved to expand and sustain the national TAC/COSATU/SACC/SANGOCO task team in order to oversee and implement joint programmes.

17. To set up Provincial task teams for the same purpose.

18. To expand the Task Teams to include other national or provincial civil society organizations, that meet agreed criteria.

19. To develop a Governance Charter for NGOs & AIDS programmes being run by civil society that will:

19.1. Emphasize the importance of collaboration, co-operation, transparency, financial accountability, and information-sharing.
19.2. Require relevant NGOs and AIDS programmes to lodge annual financial statements, minutes and annual reports with SANAC

Other recommendations:

20. The Congress resolved to:

20.1. Approach NEDLAC and request that it finalise a plan for interventions around HIV/AIDS in the workplace before February 2007.
20.2. Request donors to establish a co-ordinating forum with civil society in order to try to minimize duplication of funding and maximize co-operation and identifying funding gaps.

END OF RESOLUTION

Resolution on Scaling Up Prevention

The Commission based its deliberations on the discussion paper prepared for the Congress; the draft National Strategic Plan and the UNAIDS 2005 Policy position paper on HIV prevention.

The Congress resolved that:

1. The National Strategic Plan (NSP) should reflect and adhere to the UNAIDS principles of Effective HIV Prevention, namely:

    1.1. All HIV prevention efforts/programmes must have as their fundamental basis the promotion, protection and respect of human rights including gender equality
    1.2. HIV prevention programmes must be differentiated and locally adapted to relevant epidemiological, economic, social and cultural contexts in which they are implemented.
    1.3. HIV prevention actions must be evidence-informed, based on what is known and proven to be effective and investment to expand the evidence base should be strengthened.
    1.4. HIV prevention programmes must be comprehensive in scope, using the full range of policy and programmatic interventions known to be effective.
    1.5. HIV prevention is for life: therefore, both delivery of existing interventions as well as research and development of new technologies require a long term and sustained effort, recognising that results will only be seen over the long term and need to be maintained.
    1.6. HIV prevention programming must be at a coverage, scale and intensity that is enough to make a critical difference.
    1.7. Community participation for those for whom HIV prevention programmes are planned is critical for their impact.

2. In addition the NSP should
    2.1. Promote the message that everyone has the duty to protect themselves, protect others and to reduce harm.
    2.2. Prevention is central to a comprehensive programme that aims for universal access to HIV prevention, treatment, nutrition, care and support services.
    2.3. Ensure local leadership and accountability
    2.4. Be led by people infected and affected by HIV.

PREVENTION LEADERSHIP:

3. HIV prevention cannot be reduced to ABC. Effective prevention must be community-driven. But community prevention requires **informed leadership**. A leadership that understands the science and social context of the epidemic at every level of society is central to reducing the new HIV infection rate from 1000 new infections a day. Without leadership this cannot be done.

4. The Congress co-hosts resolves to organise a leadership prevention literacy and advocacy programme between February and August 2007. This programme will have as its aim informed action to reduce and eliminate HIV infection.

5. The national prevention leadership programme must reach 100% of Trade Union general-secretaries, presidents and key office-bearers; all NGO chairpersons, directors, general-secretaries and key programme leaders. A special focus of the advocacy programme will be on leaders in trade unions and NGOs in the health and education sectors.

6. Provincial prevention leadership programmes must reach all **provincial** health care leadership cadres in **every** union such as Denosa, Hospersa, Nehawu, Sadnu, Sama, Samwu and others. All provincial educator union leaders such as SADTU and NAPTOSA. Tertiary education leaders must also participate in prevention literacy and advocacy workshops through CHIESA and other institutions.

7. Over the year 2007-8, SANAC must select 30 districts according to clear epidemiological, economic, social and cultural data in order to better inform the prevention programmes.

8. The civil society task team must ensure that all partners at this congress develop district prevention leadership programmes for 30 districts in 2007/8. This leadership programme include **all district-level leaders such as** school principals, faith leaders, teachers, police, shop-stewards, local business owners and leaders, traditional leaders, health workers, NGOs and CBOs – particularly women, youth, people with disabilities and local lesbian, gay, bisexual and transgender leaders.

TARGETS AND POLICIES:

9. Government should affirm the prevention targets agreed in the African Union Abuja Declaration. In addition the NSP should initiate a three year programme to reach 100% coverage of all prevention services nationally. A phased-in district-level approach is essential to ensure equitable access.

10. The national protocol on the prevention of mother to child HIV transmission should be amended immediately and be based on the WHO recommendations on the use of dual and triple ARV regimens .

11. PMTCT targets must be differentiated based on current coverage and need. For instance, in 2007 Gauteng, KwaZulu-Natal and Western Cape must reach or maintain 100% coverage with bold but realistic local uptake targets. Eastern Cape, Free State and Limpopo, Mpumalanga, Northern Cape and North-West Provinces must set a target of at least 70% PMTCT coverage by March 2008. **South Africa must have a paediatric HIV transmission rate that is less than 5% by 2010.** National targets must be based on bold and realistic provincial targets.

12. Prevention programmes that address the needs of married and older women are a priority that must be addressed in the NSP.

GENDER-BASED VIOLENCE AND HIV PREVENTION:

13. Gender-based violence is a violation of human rights and it limits access to services. Domestic violence and sexual assault fuels HIV infection, stigma and discrimination. Central to prevention efforts is a clear target to reduce actual incidence rate of sexual assault.

14. The SAPS crime reporting statistics especially on rape and indecent assault remain a very useful guide to action for government and civil society. Congress calls on government to immediately set up a task team to select the 20 districts most affected by sexual assault and to work on a plan of action with civil society. This should be done in a phased manner so that every district should be covered with a reasonably implemented plan against gender-based violence by December 2008.

15. Task teams from the SAPS, Department of Justice and NPA task must work with the Health, Education and Social Development departments to ensure that every sexual assault in these areas is properly investigated and successfully prosecuted, victims receive counseling, post-exposure prevention and support. Other preventative measures such as limiting shebeen hours, effective police patrols, school- and community-based mobilisation to support women must form a part of any comprehensive prevention plan.

16. PEP for sexual assault must be available in all health facilities (public and private in a co-ordinated manner) in the 20 worst affected districts by September 2007 and everywhere by December 2008.

17. The SAPS must report domestic violence as a separate offense. Women must be supported to report domestic violence even though it remains stigmatized. Support services must be developed in primary health care facilities and elsewhere to address the impact of domestic violence (especially intimate partner violence) a recognised risk factor for HIV infection.

18. Promoting positive role-models for men, including men in the struggle against gender-based violence and finding ways to support men to refrain from violence must be an integral part of civil society and government's response.

Schools and Youth Prevention Programmes

19. Government and a range of civil society organizations at every level have developed programmes to address HIV infection and STIs among youth. Leadership, integration, co-ordination, scaling-up and sustaining programmes remain a challenge.

20. All HIV prevention must take place in the context of affirming the rights to treatment, care and prevention for youth and others who live with HIV and AIDS.

21. The following key stakeholders were identified in programmes to assist young people to reduce and eliminate HIV infection:

    21.1. From government: The departments of Social Development, Health and Education, Arts and Culture and Sport and Recreation.

    21.2. From civil society: All teacher unions, Love-life, TAC, Faith-based organizations including SACC, Women's organizations and the Gender and AIDS Forum; all political youth formations, lesbian, gay, bisexual, transgender organizations; human rights and children's rights organizations.

    21.3. Organisational participation must be as inclusive as possible to reach youth in every part of our society. This includes school and tertiary institutions, unemployed and working youth as well as youth with special needs.

22. Central to youth HIV prevention is the need for integrated age-specific sexuality education with non-judgmental information on reproductive health and rights. Curricula and programmes must also address gender inequality and youth violence.

23. Everyone recognizes the health and social benefits in delaying sexual debut. The benefits must be emphasised without judgment. At the same time society must reduce the harm caused by unprotected sexual activity. Every young person of high school age must understand and have the means to protect themselves from unwanted pregnancy, STIs and HIV transmission.

24. Every high school should make condoms available.

25. Government and civil society must work together to ensure effective programmes in schools in the 30 worst affected districts to reduce violence in schools, promote life-skills, sexual and reproductive health and rights education and to ensure access to condoms in schools. Farm schools and those in rural areas must be prioritized.

26. By the end of February 2007, led by the Department of Education, government **and civil society** must complete an audit of all existing programmes and materials. A central database must be created. A non-judgmental national standard for policies and programmes that is adaptable to local community and specifically youth needs must be finalised.

27. A review of the current HIV/AIDS schools policies must be included in a comprehensive policy for HIV prevention, treatment and care for all youth by June 2008.

Vulnerable Groups :

28. Vulnerability and risk for HIV infection undermines the choices available to individuals. Without an understanding and programme to address class, gender, race, sexual orientation and other inequalities, prevention will not work. The Constitution outlaws discrimination and requires measures to address inequalities.

29. In addition to the prioritizing of women and girl-children, the NSP must explicitly commit to address the needs and programmes of vulnerable groups including: migrant labourers, men who have sex with men, sex workers, drug users, retrenched and unemployed people, differently abled people and people living with HIV/AIDS.

30. Positive prevention and explicitly addressing the prevention needs of people who live with HIV/AIDS is critical in every aspect of prevention work.

31. All prevention programmes of government, civil society, faith-based organizations, labour and business must understand and acknowledge diversity in messages and approaches.

32. Congress urges government to organise a national prevention conference preceded by satellite meetings with the outlined vulnerable groups.

Best Practices:

33. Community-led and driven programmes that integrate prevention, treatment and care are the most effective. The Civil Society Task Team will compile some of the Best Practices that have evolved in our country. Congress heard of some of these programmes but encourage everyone to add Best Practices to this list.

Best Practice EXAMPLES:

1. Community Action – programme based on street-committees developed in Alexandra and Soweto.
2. Lusikisiki:MSF/NMF/HAACO/TAC with Eastern Cape Health Department – placed more than 2500 people on ARV treatment and a majority of adults in villages have been tested for HIV.
3. Lovelife (face to face) individual youth and Groundbreaker progammes
4. CARIS – Organises Christian Churches – one Church in Pretoria became a VCT site.
5. RADAR – Combined micro-finance to assist the economic independence of women and shows a reduction in gender-based violence and increased use of condoms.
6. SOUL CITY

34. Best Practice interventions at individual, normative, community and structural levels' show the need to tailor messages to and programmes to particular audiences and ensure they are developed to scale by government and civil society.

35. Research institutes must assist to continue to inform best practice models' especially with monitoring and evaluation.

Faith-Based Sectors:

36. Every place of worship can become a prevention, treatment and care zone. Faith leaders and congregations are central institutions in all communities.

37. Faith leaders at national, provincial and local level must be included in the proposed civil society prevention leadership programmes.

38. In 2007/8 the Civil Society Task Team will assist in mobilizing faith communities in 30 districts to become prevention advocates and to promote HIV testing, treatment as well as openness. Faith institutions, congregations and leaders can play a significant role in reducing stigma

39. Every faith and denomination must be included.

40. The faith-based women and youth formations are central to all prevention, treatment and care work.

41. Theological colleges must be included in programmes and curriculum development to ensure effective, open HIV prevention, treatment and care theology founded on a compassionate faith.

CULTURE:

42. All cultures have practices that promote or harm prevention, treatment and care efforts.
43. The Civil Society Task Team must engage traditional leaders to promote best practices such as involving men in discussions and programmes at village level.
44. Traditional leaders have a central role to play in promoting the development of customary law and practices to eliminate gender inequality.
45. Traditional leaders must be involved at national, provincial and district level to become leaders in HIV prevention, treatment and care based on human rights for all.

EMPLOYMENT AND SOCIAL SECURITY:

46. Income and work promotes dignity and safe choices for individuals.

47. Access to employment and decent jobs is the best way to ensure the economic independence of women and the social inclusion of unemployed and poor men.

48. A comprehensive social security plan with a basic income grant and a grant to all poor people with chronic illnesses is an essential component of HIV prevention and treatment.

HIV TESTING:

49. All prevention work must encourage the rapid and dramatic scale-up of HIV testing for treatment **and** prevention. The individual and public health benefits of testing combined with non-discrimination and privacy is indispensable to addressing HIV in Southern Africa.

50. After the finalisation of the NSP government through SANAC should organise a national HIV prevention implementation conference that would define five key national priorities including testing scale-up and priorities for vulnerable groups.

Resolution on Women and HIV

Gender equality as a central issue in addressing the HIV epidemic:

1. All stakeholders must recognise that the HIV epidemic is being fuelled by the patriarchal culture that characterises all of South African society. Women are at greater risk of contracting HIV because of biological, socio-economic and cultural factors. We will not win the struggle against the HIV epidemic until we take real steps to address the imbalance of power between men and women in our society.

The National Strategic Plan for 2006 – 2011

2. The National Strategic Plan (NSP) should have a strong analysisis of gender dynamics and HIV/AIDS. It should ensure that gender issues are dealt with in all aspects of the plan and that operationally, women's health and other needs are addressed. Specifically, the NSP should address the following:

   Prevention:

   i. Develop prevention messages that are simple, understandable and relevant to specific vulnerable groups, including: young women, women in rural / tribal areas, older women, women who are married or in long-term relationships, men having sex with men, women who have sex with women, and women involved in transactional sex.
   ii. The current "ABC" prevention campaign is failing women because it assumes a uniform level of control over sexual activity which is not a reality for the majority of South African women.
   iii. Community-based education on female-controlled prevention methods such as the female condom and microbicides. (Clinical trials of potential microbicides are currently underway, and public education should be commenced, as issues around access and acceptability are similar to those relating to the female condom.)
   iv. It is proposed that immediately, female condoms be better marketed and made more widely available

   Access to ARV treatment:

   i. Pregnant women should be fast-tracked onto chronic ARV treatment if they have a CD 4 count of below 300, as recommended by the report of the Committee of Enquiry into maternal deaths.
   ii. First line ARV regimes should include the option of alternative drugs where the drugs currently in use have been shown to have more side effects in women.
   iii. More focus should be put also into monitoring women on treatment closely, particularly to identify where there might be drugs which present problems for women

Gender-based violence:

i. PEP for rape survivors must be available at all public and private health care facilities. If the Criminal Law (Sexual Offences and Related Matters) Amendment Bill is passed in its current form, which requires the Minister of Health to designate sites at which PEP will be available, then the Minister should designate **all** public health care facilities as PEP sites.
ii. PCR tests should be made available to rape survivors to allow survivors to have certainty about whether they have contracted HIV from the rape without having to test repeatedly over a period of months, which is an extremely traumatic process.
iii. The state, in collaboration with civil society, should establish accessible rape centres to provide one-stop access to medical, forensic, and comprehensive psycho-social support services.
iv. The state should provide sufficient resources to address problems in the justice system related to the prosecution of rape cases and the enforcement of domestic violence protection orders.
v. All stakeholders should embark on a high-profile national campaign with the message that all forms of gender-based violence are socially unacceptable.
vi. Stakeholders should begin to foreground this message in all the upcoming activities and throughout the 16 days of activism to end violence against women

Access to other medical services:

i. The HIV epidemic is creating a cervical cancer epidemic among women. PAP smears should therefore be available to all women living with HIV, twice a year and without any age restrictions.

Socio-economic issues:

i. Women's economic dependence on men places women at increased risk of contracting HIV, because it prevents them from exercising control over when, how and with whom they have sexual relationships. A variety of poverty-alleviation and employment generating programmes aimed at women are required, and should include:
    - Access to social security for women- and child-headed households
    - A functional maintenance court system
    - Legal recognition of cohabitation relationships
    - Access to land ownership for women
    - Employment opportunities for women, particularly those in informal urban areas
ii. Women are also bearing the brunt of the epidemic as caregivers for orphaned children and the seriously ill. This situation is being exacerbated by state programmes which rely on cheap labour provided by "volunteers". These "volunteers", who provide most of the home-based care, VCT and adherence counselling services, are generally poor, unemployed black women, who are often affected by HIV themselves, and who are willing to work for a small monthly stipend because they have no access to other employment

opportunities. If the state and civil society are going to rely on community members to provide basic services, then they must ensure that these people are recognised as employees and receive proper remuneration.

Cultural / religious factors:

i. Virginity testing is an unconstitutional violation of the girl-child's rights, and should be made illegal. In addition to violating the child's right to bodily integrity, it places young women and girls at risk of rape by publicly identifying virgins in a context where a significant percentage of men still believe that unprotected sex with a virgin cures HIV. It also perpetuates gender stereotypes that stigmatise girls, but not boys, who engage in sexual activity, and encourages unsafe sexual practices such as unprotected anal sex.

ii. More effective life-skills programmes in schools to address issues of gender-based violence and inter-generational sexual relationships.

iii. Legislative and other measures should be put in place to ensure that the circumcision of men and boys is conducted safely.

iv. The state and civil society should engage with the representatives of the various religious faiths to ensure that religious teachings and practices do not perpetuate gender inequality or increase the risk of women contracting HIV.

Review & evaluation:

i. The NSP should be evaluated on an annual basis, and should include a gender-disaggregated evaluation of the impact of the plan, in the same way that the national budget has been evaluated by the Women's Budget Campaign.

A national conference on HIV and gender equality:

3. A high-level national conference should be held, including government, civil society, labour, business, and religious and cultural leaders, in order to ensure that the aspects of the NSP relating to gender equality (as outlines above) are effectively implemented. A national conference involving the leadership of the various sectors is important as a public statement of the centrality of gender equality to addressing the HIV epidemic, but should be preceded by a process of community consultation to ensure that the voices of poor women, and other marginalised groups, are brought to the fore.

Research:

4. National research on the following issues is urgently required:

i. The reasons for the high numbers of maternal deaths in South Africa

ii. The impact of the migrant labour system on women's health

iii. The development of effective national strategies to address the culture of gender oppression, including the socialisation of girl- and boy-children into gender roles that place them at risk of HIV, inter-generational sex, formal and informal practices of polygamy, and cycles of violence against women.

iv. A through analysis of women's participation in the economy and in formal employment in the context of HIV and AIDS

The commission also recommended that all materials on HIV/AIDS should explicitly challenge stereotypes about women. Also, that the public media should be actively challenged to seize their perpetuation of gender stereotypes and the objectification of women.

ENDS

Resolutions on Scaling Up Access to Treatment

The Congress noted that three years after the Operational Plan on HIV/AIDS Care, management and Treatment was adopted, that about 178 000 patients are accessing treatment in the public sector with an additional 110 000 accessing treatment in the non-state sector.

It further noted that actuaries estimate that only about 20% of people who need treatment are accessing treatment and that very few children are on treatment. It observed huge inter and intra provincial disparities in accessing treatment.

It recognised the commitment of healthcare workers in all provinces in saving the lives of thousands of patients and acknowledged reports of good outcomes across provinces.

The Congress therefore called on government, particularly SANAC, to ensure that the pace of the roll out is expedited. To do this it recommended urgent action on a number of issues that continue to undermine an effective and speedy response to scaling up universal access to treatment in South Africa.

Within this context the congress resolved that:

On Prevention of Mother to Child HIV Transmission (PMTCT) and care of infants and children:

- HIV testing should be offered to all pregnant women as a standard part of antenatal, obstetric and childcare services;
- The management and integration of the PMTCT programme must be improved and integrated with adult and children treatment programmes ‘
- Targets for the reduction of infant infections and treatment of children must be set in the NSP;
- HIV PCR testing for infants at four weeks should be part of the Integrated Management of Childhood Illnesses (IMCI) and linked to immunisation coverage;
- The revision of the national paediatric guidelines and the amalgamation of provincial guidelines with the national guidelines must expedited and implemented as a matter of urgency;
- Civil society and children rights organisations must improve and increase education and advocacy concerning the treatment of children with HIV/AIDS.

On collection and sharing of information:

- The Congress noted that a proper, functional national monitoring and evaluation is not operational. It called on government to ensure that a coherent M&E system

is put in place that takes into account provincial variations such as lack of skills and lack of technology in some parts of the country;

- That information about site details, patient numbers, gender/age breakdown as well as adherence rates and reported side effects should be disseminated on a monthly basis thorough SANAC and made publicly accessible;
- That a national qualitative analysis of outcomes in both the public and private sector should be commissioned by SANAC and completed by March 2007;
- That the Deputy President be requested to issue a circular to all hospitals and clinics advising them to co-operate with civil society and provide access to community organisations that provide treatment literacy to treatment sites and that they are reminded that is the constitutional duty of government to provide regular and accurate information about the programme to civil society;
- That SANAC ensures that provincial reports on the Operational Plan are publicly available.

On Accreditation:

- Government must ensure that HIV/AIDS prevention and treatment services are decentralised by permitting provinces to immediately undertake the function of accreditation;
- Decentralisation must also ensure flexible accreditation criteria so that the current criteria for accreditation (23 items) does not remain an artificial barrier for accessing treatment; and
- That SANAC must ensure that each province sets up provincial accreditation teams by end December 2006 and that provinces are duly assisted by the national department of health and public works and administration with facility strengthening

On Human Resources:

- A national urgent meeting should be called to address the crisis of vacancies, morale, as well as attrition, retention and training strategies, convened by the Deputy President with the departments of Treasury, Health and Public Service and Administration;
- At such a meeting nursing unions as well as other trade unions and federations and the SANC must agree on a crisis plan to ensure that more nurses stay in the public sector and receive the necessary training to work at ARV sites;
- To address the need to move away from a hospital based programme that is doctor dependant, the Congress recommended that COSATU in conjunction with SANC review the scope of practice of nurses so that a nurse driven programme is legally feasible;
- The confusion about any legal constraints that prohibit lay counsellors from doing HIV testing must be dealt with by COSATU in conjunction with the department of health and the SANC. In addition, the issue of compensation and basic labour rights of lay workers needs to be resolved as a matter of urgency with the assistance of the department of labour;

- That government must develop in consultation with the nursing unions and other health care worker federations a plan to provide treatment, care and support for HCWs living with and affected by HIV/AIDS; and
- That a list of the emergency HR needs of all provinces as well as the number of unfilled posts should be made public; and
- That integrated and innovative models of care should be utilised (eg Lusikisiki and North West) to address the shortage of health workers.
- The scope of practice of pharmacist assistants should be reviewed in lieu of the national shortage of pharmacists

On Nutrition:

- The Congress notes that additional studies are needed, including operational studies, to establish how nutritional support can best be integrated into existing care programmes;
- That clear entry and exit criteria are needed to guide health workers as to when family food support should be provided;
- Greater and regulation of companies and the claims they make about non-registered so-called nutritional products is necessary both by the MCC and the national department of health.

On Expanding Testing and Counselling:

The Congress noted that in October 2006 the national department of health convened a meeting to finalise a new policy on HIV counselling and testing for South Africa. Civil society were not consulted or invited to the meeting. The congress therefore resolved that the finalisation of any testing and counselling policy must take into account the concerns and views of civil society including health care workers and people living with HIV/AIDS.

Also that:

- The national testing policy should be changed so that active TB screening and HIV testing is repeatedly and routinely offered and made available as a standard part of TB, STI, youth, family planning and antenatal services;
- That the scope of practice of counsellors and lay counsellors must be revised so that they are permitted to do HIV tests that require a finger prick, sputum and dried blood sample;
- That the civil society task team must ensure that the workplace, learning institutions including schools, cultural and faith based institutions are given the responsibility of making testing and counselling services available;
- That messaging about testing and counselling services must be improved both by government and civil society; and
- That targeted messaging and treatment literacy for vulnerable groups, in particular children, women especially pregnant women, people with disabilities,

men who have sex with men, sex workers, injecting drug users and refugees must be made more prominent.

On National Treatment Protocols and Guidelines:

The Congress noted with alarm that the national TB and HIV treatment protocols are not in line with international best practice as set out by the WHO in its Treatment Guidelines for Resource Poor Settings. Further, the national TB treatment protocol has remained unchanged since 1995 with second line TB drugs to treat XDR TB not registered for use and therefore unavailable for use in public health settings.

Therefore government should:

- Urgently revise and integrate TB, adult, paediatric and PMTCT treatment guidelines;
- In all provinces, replace single dose Nevirapine for pregnant mothers to prevent the risk of maternal HIV transmission during pregnancy, birth or breastfeeding with a more optimal multi drug ARV regimen –at the very least AZT should be added to the current regimen;
- That government must prioritise research and development into new and better TB and HIV drugs by funding a proper TB research programme; and
- Current negotiations by the SA government with the WHO to bring second line TB drugs into SA for use in the public sector must be expedited

On Drug Affordability, Availability and Sustainability of Supplies:

- That a task team consisting of the Department of Trade and Industry, Treasury and Health as well as civil society experts on Intellectual Property must be set up to ensure sustainable, affordable supplies of drugs in the next three years;
- That such a teams should consider shift to a quotation system, especially where there are insufficient competitors in respect of any ARV medicine;
- That the Task Team must be entrusted to negotiate with the exclusive rights holders – MSD and Abbott in particular – to ensure that multiple licenses are issued on reasonable terms;
- Ensure that all ARV, TB and other essential medicine dossiers placed before the MCC are in fact fast-tracked, which may require additional financial and human resources.

On Targets:

Given the SA government's commitments at Abuja in May 2006 and UNGASS in June 2006:

- Targets on prevention, care and treatment must be set by December 2006;

- Though SANAC is currently responsible for co-ordinating the process of target setting through its review of the NSP, civil society must be allowed to participate in this process beyond SANAC. This is pursuant to the commitments made by SA and other members states at UNGASS to undertake an ‘open and inclusive target setting process’;
- That national and provincial performance must be measured against targets and that where provinces fail to meet prevention, care and treatment targets appropriate disciplinary action against MECs must be taken including dismissal from office.

ENDS

Resolution on Children

The Children's Sector Commission brought together participants from a wide range of organisations from across the country, including: the National HIV/AIDS Children's Sector Network (including Children's Rights Centre, ACESS and CINDI) together with health organisations, para-legals, people with disabilities, faith-based groupings such as SACC, labour movements such as COSATU, SADTU, FAWU, HIV/AIDS organisations such as TAC and NAPWA, as well as civil society groupings such as SANGOCO.
The inputs were drawn from the National HIV/AIDS Children's Sector Network inputs to SANAC on the HIV and AIDS, STI National Strategic Plan 2007-2011.
The Commission assessed the situation of children, and those who care and provide for them. We noted that children (under 18 years of age) constitute 40% of people living in South Africa. Children have rights that are set out in the SA Constitution. South Africa has commitments to fulfill, protect and promote these rights that have been made to the African Union (African Charter on the Rights and Welfare the Child) and to the United Nations (UN Convention on the Rights of the Child). These obligations fall on all of us as individuals, and collectively in civil society and in government. Our duties include eliminating rights violations, as well as to intervene and redress any harm done to children. HIV and AIDS violate or put at risk all rights of all children.

The Congress therefore resolved to:

1. Adopt the Children's Sector Input to SANAC on National Strategic Plan 2007 –2011

2. **In relation to PMTCT Plus the Congress called on:**
   - 2.1. DOH to immediately revise and implement PMTCT protocols – regimens and services
   - 2.2. DOH to lead and plan with civil society to massively mobilise to have pregnant women tested and supported
   - 2.3. Where HIV +, Women immediately have CD4 counts done
   - 2.4. Where needed, HAART for women
   - 2.5. Revise protocols to at least include dual therapy for PMTCT

3. **In PCR Testing**
   - 3.1. All babies who have been in PMTCT programmes to have PCR testing at 6 weeks
   - 3.2. DOH – ***immediately,*** both publicly and internally communicate and train in PCR testing at 6 weeks, including Dried Blood Spots.
   - 3.3. SANAC to convene a meeting within 6 months to reach consensus on testing for children at 6 weeks– routine offer, other.

4. **In Paediatric treatment – Scale up**
   - 4.1. Set provincial targets based on children's need
   - 4.2. Paediatric Treatment Literacy--- organise training of trainers and training of health workers, child service providers and civil society organisations in 2007.

Curriculum in 4 months, TOT in 6 months, training with 8 months. Bring together and build on existing efforts.

5. **Protect, Care and Support Children**
   5.1. Service providers including social development, health and legal services to children especially those in child-headed households
   5.2. Must develop specific actions for all to take to break spiral of violence within the framework of the NSP

6. **Prevention**
   6.1. Cosatu to expand and share its programmes to provide young people with recreational programmes in communities to address boredom that leads to risky behaviour
   6.2. SADTU to lead with DOE in Caring schools programme to have integrates services for children in communities and to strengthen Life Orientation curriculum and teaching in schools
   6.3. SANAC to bring together role-players within 6 months in a national meeting for which all have been able to prepare with their networks and members to reach consensus on key prevention messages for children of different ages
   6.3. Violence against children to be prioritized and services provided

7. **In Partnership**
   7.1. Children's Sector Network to take forward partnership with SANAC
   7.2. Non- negotiable –
   7.3. CCM must remain and be strengthened in SANAC
   7.4. Children's Sector must be in SANAC
   7.5. Children's issues must be included strongly in a re-structured SANAC
   7.6. Children's Sector Network will communicate regularly with other sectors on HIV/AIDS, including SANGOCO and SACC

Resolutions on HIV and AIDS Care and Support

The Congress notes that:

- As the number of infected and affected people with HIV/AIDS increases, the pressure on the support and care services escalate faster than our current health care capacity. As a result, the burden of care falls on dangerously few health care workers, as well as communities, and mainly women;
- Despite various guidelines, policies and processes in place, a universal continuum of care and support does not exist. (eg the National Health Care Act, Strategic Framework for the Human Resources for Health Plan, and the Health Charter process exist, yet the full scale popularisation, awareness and implementation of these documents remain a critical challenge;
- the need for a continuum of care is a challenge to the public sector, private sector and civil society;
- the effects of HIV and AIDS are fully encompassing and that people living with, and directly affected by, HIV and AIDS should be offered services beyond treatment and diagnosis. Such services should incorporate psychosocial, spiritual, legal, economic and nutritional support;
- the two key challenges continuously hamper our ability to deliver are a shortage of human resources, and sound, integrated and assertive leadership.

The Congress therefore resolves:

Clinical :

Human Resources

- Fill all vacancies, by ensuring market related remuneration for all levels of health care workers
- Urgently address conditions of service, to stop the continuous loss of personnel to private sector and to other countries. Elevate working conditions with adequate salaries, benefits, counseling, debriefing, training and career pathing (including CPD for nurses)
- Unfreeze all posts.
- Implement a massive scale up of recruitment for all personnel – nurses, doctors, pharmacists, social workers, and other support staff, based on a) a universal standard patient to care giver ratio and b) the disease burden in the country. This should include:
    - attractive bursaries and incentives to attract students to professions in which there is a shortage

    - Prioritise the development of a sound HRH Plan and urgently review all categories of personnel that are needed.
- Improve infrastructure and equipment to enable quality care giving, including sufficient and appropriate drugs for opportunistic infections, pain management and ART.
- Temporary posts to be immediately deemed permanent with full benefits.
- State should take responsibility for standardized and comprehensive nursing training, with sufficient colleges operating to cater for demand
- Provide proper recognition and remuneration of Community Based Care Givers, auxiliary workers, etc

Continuum of care

- Comply with the constitutional and legislative injunction to develop an integrated and affordable package of services at all levels of care that involve all stakeholders
- Develop of formal referral system between all levels of care
- Include palliative care as an integral part of the continuum – eradicate needless painful deaths. Develop integrated system whereby palliative care givers work in unison with home based care givers, counselors, etc to provide a continuum of care.
- Remove legal barriers to increased nurse based care, e.g. allow and train nurses to administer certain medicines.
- Local private General Practitioners should deliver services to public sector patients based on a quota per month
- Integrate health care services eg. pregnant women to receive ARV's if their CD4 count is below 200, providing a continuum of care for the mother as well as the child
- Immediately ensure that PEP service is available, free, to all survivors of rape and sexual violence
- Eradicate waiting lists for those in immediate need. Rational prioritization is understandable, but develop a system and infrastructure to ensure no one waits more than two weeks for health care they need

Support for Civil Society Service Delivery

- Provide consistent funding for CBO's, which includes resources for all NGO's to network within their sector.
- Provide capacity building of CBOs with SAQA accredited training.
- Develop and distribute monitoring and evaluation tools for CBOs
- Co-ordinate government and civil society delivery of health care services

Social Support

- Provide Basic Income Grant that is not linked to CD4 counts, to eradicate desperate incentives for illness and child rearing
- Support income generation and sustainable programmes that assist people living with HIV to meet their own livelihood needs and be active citizens
- Primary care givers in the home, particularly elderly women, and children to receive support including mental health screening and support
- Debriefing and bereavement counseling to be made available for all levels of health care workers, from professional to lay workers.

Private sector

- Engage with private sector, in terms of the National Health Act, to
  - bring down the exorbitant costs of health care services and products;
  - to tackle anti-competitive practices;
  - to share resources where there is an excess in the private sector; and
  - to involve the private sector in the delivery of a basic package of health care services

Budget and Finance

- Ensure that the Abuja commitment of a 15% of budget allocation to health is implemented in the next annual budget
- Ensure that specific allocations are included for palliative care, mental health, human resources, training, infrastructure and the best leadership money can buy!
- Stop under-spending now!

NB: This must all be done in terms of clear plans that are **implemented** with M&E and Targets

ENDS