Published on *Treatment Action Campaign* (http://www.tac.org.za/community)

The New National Strategic Plan

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Created *2011/05/11 - 8:41am*
11 May, 2011 - 08:41 ? moderator

The HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 (National Strategic Plan, NSP) marked the turnaround in the South African government's policy on HIV/AIDS when it was adopted by Cabinet in 2007. It is also against the targets in this plan, particularly the treatment target, that government has been held accountable since then.

However, the time-period covered by the plan ends at the end of 2011. A new NSP is being negotiated.

The new HIV and TB NSP Process (2012- 2016)

At a SANAC Plenary, held on 15 April, the following process was agreed:

- TB will have be much more firmly integrated into the new NSP.
- A first draft of a National Strategic Framework on HIV & TB is currently being prepared and should be ready within weeks.
    - The basic approach of this draft has been agreed. Some of the features for discussion are:
        - The NSP should publicly state that our country has embraced a ?Zero Vision? for new HIV infections, deaths and discrimination. This would align it with the UNAIDS strategy and should inspire people. But please note that ?zero? is not a target for the next five years as it would be entirely unrealistic.
        - It was agreed that we should adopt a very different framework for this NSP, and structure the strategy around three vital and easy to understand strategic priorities that will be sustained for the duration of the NSP. These are:
            - Promoting 100% knowledge of HIV status
            - Promoting health and wellness for people with HIV
            - Promoting safety and dignity for people with HIV

These campaigns have several characteristics:

- They overlap with treatment, prevention and human rights. All require research and monitoring and evaluation.
- All require operational plans and monitoring which can be developed by provinces, government departments and sectors.
- They are narrow, easy to understand entry points that unleash a range of interventions. For example, promoting HIV testing and knowing your status necessitates creating better knowledge of HIV (through effective communications campaigns), strengthening the health system, promoting HIV prevention and ensuring schools have good health programmes.
- Within each of these interventions there should be specific targets. For example, promoting wellness for people with HIV should include targets on INH, TB treatment, ARV treatment, ARV adherence, media

coverage etc.

Process over the next few months

In May and June the draft National Strategic Framework will serve as a discussion document for:

- Government departments, initiated at the level of the Director-Generalo through the Forum of SA Director Generals (FOSAD, a monthly meeting of all national DGs);
- Provinces, through Provincial AIDS Councils, on the instruction of the Premier; and
- SANAC?s civil society sectors

There will also be a number of consultations around the Framework at the South African AIDS Conference on June 7-10.

Responsibility for finalisation and writing of the Framework lies with the SANAC Programme Implementation Committee (PIC), which will work with the SANAC Technical Task Teams, and will also seek to appoint a small team of writers with the necessary expertise, drawn from SA?s research and medical institutions.

The idea is that once the national Framework has been discussed and agreed, then Provinces, govt departments and sectors should develop 5 year operational plans, together with properly calculated budgets, for the implementation of this Framework and its targets and objectives.

The new Framework and Operational plans will be launched on World AIDS day 2011.

Human Rights and the NSP

One of the areas of the current NSP that has been most poorly implemented and monitored has been ?key priority area 4? on human rights and access to justice. We need to analyse why this has been the case? We also need to analyse how the human rights section can be strengthened in the next NSP.

In this regard, the proposal above talks not about human rights in general terms but about the right of people to safety and dignity, which means the measures that must be taken to make sure that people don?t face discrimination, victimisation, violence or criminalisation. We need to discuss whether this will indeed be a more effective approach.

Recently, at a meeting with Commissioners and the CEO of the SA Human Rights Commission, it was proposed that the SAHRC should take leadership to convene a process to look at human rights in the next NSP, and ensure continual monitoring and implementation of the human rights aspects of the plan.

How TAC, SECTION27 and partners can participate

The NSP and the operational plans are arguably the most important work for us in 2011. A good framework can drive HIV and TB policy and implementation for the next 5 years. It can also lead to massive investments in the health sector.

Unlike the process of drafting the 2007-2011 NSP there is no longer controversy around key interventions such as

access to ARVs, male circumcision or the linkage between HIV and TB. So, rather than seeking to input and comment on every aspect of the NSP, we need to discuss and decide our strategic and political priorities, and what interventions will reach the deepest and furthest.

We also need to be much clearer about implementation and develop key demands for the restructuring of SANAC, Provincial AIDS Councils and District AIDS Councils.

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Source URL (retrieved on *2016/12/06 - 8:04pm*): http://www.tac.org.za/community/node/3050