

Process of developing the BCM HIV strategy

Introduction

In striving towards its objectives, mission and vision, Buffalo City Municipality (BCM) is committed to protecting and supporting its employees and communities in the fight against HIV/AIDS. BCM is the first local government authority in South Africa to undertake commissioned research into employee HIV prevalence rates and the economic impact of HIV/AIDS on the municipality as an employer. A consultative process was carried out in June-August 2004 which aimed at the development of the BCM HIV/AIDS Cross-cutting strategy for 2004-2006 and an accompanying Action Plan for a shorter period, 2004-2005.

8.1 Aim

The aim of the BCM Strategy is three-fold namely:

1. To minimize the rate of new HIV/AIDS infections in BCM's workforce and communities;
2. To maximize the level of prevention, treatment, care and support to employees and communities already infected and
3. To mitigate and manage the impact of the epidemic on individuals, families, communities and the Council workforce.

8.2 Strategy

The strategy was developed through various activities and processes. These included a desktop literature review, commissioned research and study tours to peer municipalities with recognized internal and external programmes. Politically the strategy is championed by the Special Programmes Portfolio Holder in BCM and administratively by the City Manager.

A number of workshops were held with all departments in order to develop action plans to address HIV in the BCM workforce and in the community served by BCM. These were facilitated by an external facilitator, SACN, the research team and management (for further details see Chapter 9). The purpose of the strategy is to provide a guiding framework for BCM's cross-cutting response to HIV/AIDS as a service provider and an employer. The document is aligned with the National HIV/AIDS Strategy 2000-2005, the Eastern Cape Framework for Growth and Development 2004-2014 and the BCM Integrated Development Plan (IDP) 2004/5.

The strategy, presented in the Annexure, has three main focus areas.

An **Internal Strategy Plan** will focus on a BCM Employee wellness programme, which aims to develop and implement a comprehensive HIV/AIDS workplace program focusing on prevention, treatment, care and support. The thrust of the programme will be peer education and encouraging the uptake of VCT. The programme will make provision for employees who are both infected and affected by HIV.

An **External Strategy Plan** will focus on providing the broader BCM community with access to a package of HIV/AIDS prevention, treatment, care and support by means of Community One-Stop Centres. These centres will enable communities to access a number of service providers under one roof through partnerships for the provision of social and health support services. Further to this, the strategy makes provision for a Primary Health Care HIV Package which entails the establishment of a dedicated VCT nodal site per BCM-managed Primary Health Care Clinic thereby encouraging access to VCT as an entry point to managing HIV.

In order for BCM to mitigate the impact of HIV on the organisation as an employer and service provider, the **strategy aims to mainstream the HIV programmes** into the daily workings of all BCM's departments so as to promote strategic planning and ensure the sustainability of the municipality.

The strategy makes provision for two forums to assist with the implementation, monitoring and evaluation of the strategy. These are the Interdepartmental Forum for dealing with HIV within the organisation and the Intersectoral Forum for coordinating programmes and initiatives in the broader community. Both enjoy the highest political and administrative commitment. The strategy relies on partnership formation and the sharing of knowledge, skills and resources including the South African Cities Network, Sida and the VNG, a Dutch local government development agency.

Lessons learned

A number of lessons have emerged from the study which would be of use for others considering embarking on a similar process. A number of useful ideas can be found in the preceding chapters. Further lessons learned and best practice are also available on www.afroaidsinfo.org/public/Policy/localresponses/localworkplace.htm. This section serves to identify key lessons under generic themes, namely project uniqueness and credibility, leadership, planning and the process of participation.

9.1 Project uniqueness and credibility

The study was innovative in a number of ways. Key to the study were the following features:

1. The combination of an HIV prevalence study (with a KAP) and VCT provided a good launch pad for HIV/AIDS status awareness and for the profile of HIV being raised in the organisation.
2. The parallel HIV prevalence study and the costing analysis provided the local authority with key information on the impact of HIV on the workforce and the financial implications.
3. This allowed the BCM strategy to be prepared quickly after the results came out and provided the financial motivation for the importance of including prevention and treatment as part of the BCM HIV strategy.
4. A combination of support from a number of funders and the involvement of external agencies also contributed to the profile and success of the initiative.

9.2 Leadership

BCM took the lead both politically and through senior management. The commitment and goodwill of the BCM team was critical to the success of the participation in the HIV study. Further, the politicians and management were open to the results and ideas emanating from the findings. This further enhanced the commitment to participation in the development of the BCM strategy by all departments after the results had been presented. Realising the importance of HIV, management displayed further leadership by committing a staff member and resources to co-ordinate the development and the ongoing management of the BCM HIV strategy.

9.3 Planning

The planning team from BCM and the researchers worked well together in setting up the study and making all the necessary logistical arrangements. The goodwill and commitment of all parties to the success of the research meant that when there were misunderstandings, these were quickly ironed out. Further, the researchers made as much technical information available as necessary so as to ensure that the best decisions were made.

The involvement of all key role players and departments in the setting up and planning workshop led to a sense of enthusiasm through the development of the strategy. As a result, all staff members were advised about the HIV prevalence study before the sampled group had even been identified. The BCM communications team provided posters and information through the internal electronic mail system.

During the study, management was kept informed of daily progress by emails. Further, through the process much goodwill and the commitment of a range of staff members was generated.

9.4 The process of participation

The process set up to plan the study with the key role players, provision of information as well as education were seen to be important factors resulting in a high take-up of HIV testing and VCT.

The involvement of representative of all the departments in the planning of the strategy in August 2004 proved to be a way to help each service department to identify the impact of HIV on their responsibilities and therefore to get their support for the overall strategy and thereby to mainstream HIV within the municipality.

It is hoped that the identification of lessons learned will help other local authorities in undertaking successful research as a way to inform their HIV strategies.

References

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Resources

This report background documents and further details about HIV/AIDS and local government can be accessed at:

www.afroaidsinfo.org/public/Policy/localresponses/localworkplace.htm

The following websites offer a range of HIV/AIDS related material:

www.mrc.ac.za/healthdevelop/hiv

www.alp.org.za

www.dpsa.gov.za/healthchannel/strategy/policy.htm

www.buffalocity.gov.za

www.afroaidsinfo.org/public/Policy/localresponses/

www.bu.edu/dbin/sph/research_centers/cih_impact_hiv.php

www.epicentre.org.za

www.cadre.org.za

www.sacn.org.za

BCM HIV/AIDS strategy 2004-2006

Introduction

In striving towards its objectives, mission and vision, Buffalo City Municipality (BCM) is committed to protecting and supporting its employees and communities in the fight against HIV/AIDS. BCM therefore dedicated its resources to a consultative process carried out in June-August 2004 aimed at the development of an HIV/AIDS Strategy for 2004-2006 and an accompanying Action Plan for 2004 – 2005.

1 Aim

The aims of the BCM HIV/AIDS strategy are three-fold. The strategy is designed:

1. To minimise the rate of new HIV/AIDS infections in BCM's workforce and communities;
2. To manage and reduce the impact of the epidemic on individuals, families, communities and the Council workforce, and;
3. To maximise the level of prevention, treatment, care and support to employees and communities already infected.

2 Strategy

The strategy has developed through various activities and processes. In order to comply with relevant legislation a literature review was done, and study tours to peer municipalities with recognised internal and external programs were undertaken.

Acting on the need to obtain accurate local-level information, BCM commissioned various research studies. The Medical Research Council conducted a BCM HIV Prevalence and KAP (Knowledge, Attitudes and Practice) Study to help BCM design an appropriate response to HIV/AIDS in the workplace. The Centre for International Health and Development (CIHD) at Boston University undertook an Economic Impact study of costs to BCM of HIV/AIDS in the workforce.

The Prevalence Study provided BCM with reliable prevalence data as a basis on which to plan interventions. Results show that HIV prevalence amongst BCM

employees is 10.3%, therefore nearly 90% of BCM's workforce is currently HIV negative. Results of the economic impact study show that the cost to BCM per employee lost to AIDS averages two years' salary, and the total cost to BCM represents 1-2% of labour costs. Prevention and treatment are therefore both profitable investments for BCM, and an aggressive strategy combining education, VCT, improved care, and treatment with anti-retroviral therapy (ART) is financially justified.

Following the conclusion of the above studies, workshops were held with stakeholders from the BCM workforce and the community in order to flesh out a plan for the implementation of the strategy's goals, as well as monitoring and evaluation. The final result is a strategy designed to accomplish the following:

- To mainstream its HIV programs into the daily workings of all BCM's departments to promote strategic planning and ensure the sustainability of municipality
- To promote the health and well-being of BCM employees to ensure consistent and sustainable service delivery
- To contribute to the creation of the conditions under which the mission of the municipality can be realised.

It is based on the establishment of creative partnerships that will allow for the delivery of a comprehensive range of services covering the full continuum of prevention, treatment, care and support.

The report provides the background, outlines the proposed vision goals and strategy and specifies the funds necessary to implement the strategy.

3 Problem statement

HIV/AIDS is a large and growing threat to Buffalo City Municipality's ability to be a productive, inclusive, sustainable and well-governed city,ⁱⁱ and is considered to be a strategic priority because of its potential to undermine development and exacerbate deep poverty.

4 Background

The purpose of this strategy is to provide a guiding framework for BCM's cross-cutting response to HIV/AIDS in its capacity both as a service provider and as an employer. The document has been drafted in alignment with the National HIV/AIDS Strategy 2000-2005, the Eastern Cape Framework for Growth and Development 2004-2014 and the BCM Integrated Development Plan (IDP) 2004/5.

4.1 National impact of HIV/AIDS

The HIV/AIDS epidemic in South Africa is one of the most severe in the world. There are currently between 4 and 6 million people living with HIV/AIDS in South Africa.ⁱⁱⁱ The national estimates of prevalence in the whole population in 2002 were between 11.4 and 11.8%^{iv}; prevalence appears now to be levelling off in South Africa.^v HIV infection is the greatest individual risk factor for TB and over half of TB patients are HIV positive^{vi}, highlighting the key role of HIV prevention in controlling the epidemic and the importance of integrated HIV/AIDS and TB care.^{vii} In South Africa there were 494 TB cases per 100 000 people in 2002^{viii}, about the seventh highest prevalence in the world.^{ix}

HIV/AIDS has been projected to undermine a number of development gains. By way of example, between 1998 and 2008, average life expectancy was expected to fall from about 60 years to 40 years, and it was projected that by 2005 there will be nearly a million children under 15 years of age who have lost their mothers to AIDS^x, and thereby formally classified as orphans.

The South African Bureau for Economic Research has estimated that by 2015, the labour force in South Africa will decrease by 21% due to HIV/AIDS.^{xi} The projected reduced life expectancy, increasing numbers of orphaned children and the loss of skilled workers nationally are also anticipated to impact on the Eastern Cape and Buffalo City itself.

4.2 Local impact of HIV/AIDS

The Eastern Cape's socio-economic and health profile

As the second largest province in South Africa, the Eastern Cape is home to about 6,3 million people (15,5% total population of the country). It is generally seen as one of the two poorest provinces in South Africa, with an unemployment rate of 48,5% compared to the national average of 33,9%^{xii}. The high rate of poverty and slow economic growth rate are important drivers of the HIV/AIDS epidemic. In 2002, the NM/HSRC Prevalence Study showed a 9,8% HIV prevalence rate (adults aged 15-49) in the Eastern Cape^{xiii}, while the current estimated rate is 12,7% (total Eastern Cape population).^{xiv}

The national antenatal and NM/HSRC studies have shown that the Eastern Cape has a lower HIV prevalence than some of the other provinces such as KwaZulu-Natal and Gauteng, with 23,6% HIV prevalence in pregnant women in 2002.^{xv} The lower prevalence rate could be due to the epidemic being at an earlier stage in the province, or due to different transmission patterns. The lower rate in the Eastern Cape province compared to other provinces should be seen as an opportunity to prevent further infections and thereby to restrict the rate of increase of the epidemic.

HIV/AIDS cannot be addressed on its own given the close association of both TB and sexually transmitted infections (STIs) to HIV infection levels. It has been established that over half of TB patients are HIV positive^{xvi} highlighting the key role of HIV prevention in controlling the TB epidemic. South Africa has one of the highest TB rates in the world and in the Eastern Cape there were 672 TB cases per 100 000 in 2002, second only to the Western Cape (with 917 cases per 100 000).^{xvii}

The treatment of STIs is an important strategy to reduce HIV transmission. It is estimated that up to 50% of STIs can be asymptomatic.^{xviii} As a result, education is critical to raise awareness of the need for treatment of STIs so as to limit the potential additional risk of HIV transmission in the majority who are HIV negative. The Department of Health Ante-Natal Report (2002) showed a syphilis prevalence rate in pregnant women of 3,1%.

Buffalo City Municipality

Buffalo City Municipality is the second largest urban area in the Eastern Cape Province and operates as a local municipality in the Amatole District. It has an estimated population of 850 000^{xix}. Between 1996 and 2001 the city showed a growth rate of just 0,6% per annum, which reflects poor environmental conditions and a declining economy.^{xx}

Of BCM's population, 71% earn less than R1 500 (the household subsistence level) per month.^{xxi} The official unemployment rate for 2002 was 38,87%^{xxii}. Living conditions are basic with a large proportion of the population (37%) living in either formal sub-economic housing or informal settlements. Forty one percent of the population have no access to water in their dwelling or yard.^{xxiii} The high rate of unemployment, poverty and poor access to basic services are some of the developmental challenges facing BCM.

Primary health services are delivered from 88 Primary Health Clinics, 4 of which are mobile clinics, and one occupational health clinic (for BCM employees). While the majority of the clinics are provided by the provincial health department, only 32 of these clinics are managed by BCM. At present, local health services are struggling with the challenges of insufficient space and staffing necessary to meet the increased demand for service provision resulting from the HIV/AIDS pandemic. In 2003 the national government announced its intention to roll out a public sector treatment program for HIV/AIDS at pilot sites within the provinces. The East London hospital complex was identified as an ARV rollout site and has feeder clinics for the four ARV clinics spread over the Frere and Cecilia Makiwane Hospitals, the Empilweni Day Hospital, and an Mdantsane PHC clinic. To date, attempts to gain information on the East London complex rollout process have been unsuccessful.

Buffalo City Municipality as Employer

Buffalo City Municipality is the first Local Government Authority (LGA) in SA to do an HIV/AIDS prevalence study of its workforce. The results of the MRC study, which are consistent with national prevalence studies, were presented to BCM senior management on 3 August 2004.

It was reported that approximately 600 BCM employees had voluntarily found out their HIV status, and of these, 54 had established that they are HIV positive. The unadjusted HIV prevalence from the study is 10,3%, which means that 444 of BCM's 4766 employees are likely to be infected.

The anticipated number of AIDS-related deaths and retirements in 2004 is 35, drawing from the study on the economic impact of HIV on the BCM workforce^{xxiv}. Of these, 26 are likely to be semi-skilled workers who are less likely to have medical aid benefits and are therefore limited in access to a comprehensive package of HIV/AIDS prevention, treatment, care and support.

4.3 Local Government Mandate on HIV/AIDS and Health

National Legislation

Frameworks for the development of the BCM HIV/AIDS Strategy include the Constitution^{xxv}, labour legislation,^{xxvi} other relevant legislation^{xxvii}, as well as the Public Service Regulations, 2001, which was amended on 21 June 2002 in order to provide a policy framework for "*...ensuring that the working environment supports effective and efficient service delivery, while as far as reasonably possible, taking employees' personal circumstances, including disability, HIV/AIDS and other health conditions into account*".^{xxviii}

Policy guidelines and legislation make it clear that BCM's HIV/AIDS strategy needs to focus both internally (as an employer) and externally (as a public service provider), which together involves a process of mainstreaming HIV/AIDS into every function and service of the municipality.

Integrated Development Plan (IDP)

Buffalo City Municipality's Integrated Development Plan (IDP) sets out the future direction for the municipality. Created in compliance with the Municipal Systems Act^{xxix}, the strategies in the IDP are cross-departmental by linking all components of planning and development with a management and implementation structure. Further, the IDP integrates the municipality's future direction with different spheres of government as well as service providers and residents. The IDP is therefore the

management tool for the city administration as well as for the development of partnerships and strategic alliances on different levels.

HIV/AIDS, as one of the five cross-cutting issues in BCM's 2004/2005 IDP^{xxx} identifies the following priority areas:

- Inadequate access to a comprehensive package of HIV/AIDS prevention, treatment, care and support
- Fragmented service provision and lack of information on the prevalence and impact of HIV/AIDS on the community
- A general lack of involvement in HIV/AIDS programs
- Increase in HIV/AIDS amongst the Buffalo City Municipality workforce
- Managing the HIV/AIDS pandemic in the workplace

Buffalo City Municipality's IDP clearly points in the direction of the development of an HIV/AIDS Strategy which focuses internally and externally through the mainstreaming of HIV/AIDS. The broad direction in the IDP outlines of above will be revised to incorporate this BCM HIV/AIDS Cross-Cutting Strategy as a means to:

- Facilitate access to a comprehensive package of HIV/AIDS prevention, treatment, care and support programmes for both employees and communities
- Improve and support existing clinic programmes
- Facilitate sustainable community projects
- Develop an HIV/AIDS management information system
- Mainstream HIV/AIDS programmes into the daily workings of all its departments for its employees and delivery of services to the residents of Buffalo City.

5 BCM strategic responses to HIV/AIDS

BCM has been involved in a series of initiatives aimed at developing an HIV/AIDS response strategy. These include study tours, commissioned studies and workshops.

5.1 Study trips

Drawing from the SACN communities of practice idea a BCM delegation visited peer municipalities with recognised internal and external programs.

Cape Town Employee Wellness Programme: lessons learned

This program is 5 years old. In order for it to be sustainable it was vital to align the HIV/AIDS Management Strategy to the Unicity Strategy. Furthermore, political, labour and management commitment and active involvement are imperative and

call for an integrated approach. Promoting HIV status disclosure without breaching confidentiality is crucial, as is continuing HIV/AIDS education and awareness.

Msunduzi community ward-based strategies: lessons learned

This strategy owes its success to political and administrative championing at the highest level, and the internal and external capacity building of a committed cadre of staff. By making use of an established effective network, and building on successful initiatives rather than creating new competitive structures the strategy is able to set realistic goals and ensure sustainability.

5.2 Commissioned studies

BCM, supported by the Swedish International Development Agency (Sida) commissioned two research studies focusing on a resource map of HIV/AIDS service providers in the BCM area, and on the BCM Employee HIV prevalence rate. Some of the key findings of these studies are reported below.

Resource mapping HIV/AIDS service providers

In 2002 BCM commissioned Masimanyane (a local women's empowerment group) to undertake a resource mapping of all HIV/AIDS service providers within the BCM geographical area. Key findings indicate that service provision contains significant gaps and lacks coordination.

BCM HIV prevalence and KAP study^{xxxii}

This study was conducted by the Medical Research Council (MRC) in conjunction with Epicentre and a BCM team consisting of officials from Health, Corporate Services and the Special Programmes Unit. The sample group consisted of 971 employees, making up 20.4% of the total workforce, and provided BCM with reliable prevalence data as a basis on which to plan interventions. It was noted that key to addressing HIV in the workforce are community interventions (addressing issues of prevention, treatment and care) which reach employees' families. Key findings and recommendations are presented in table below:

Key Findings about the workforce	Recommendations/Opportunities
Almost 90% of workforce likely to be HIV-	<ul style="list-style-type: none"> ● Encourage HIV- employees to remain so by focusing on prevention strategies
>70% uptake of VCT amongst sampled employees	<ul style="list-style-type: none"> ● Readiness of BCM employees for a prevention strategy ● Goal of 100% VCT uptake within 2 year period important strategy for ongoing awareness in workforce ● Incentives for VCT participants can be a cost-effective awareness-raising strategy
80% want more education about HIV/AIDS	<ul style="list-style-type: none"> ● Need for HIV/AIDS education ● Education should be ongoing through development of HIV/AIDS awareness program ● Programme should target needs of employees (educational levels and language competencies)
33% are uncertain of risks or fearful of contracting HIV in safe contexts (indicates stigma)	<ul style="list-style-type: none"> ● Need for education and initiatives to address stigma ● Essential for leaders in BCM to speak about AIDS on an ongoing basis at staff and public events ● Peer counsellors and support groups should be established (support has been found to be a key factor for disclosure and to address stigma) ● Inclusion of HIV indicators in KPI's of BCM leaders
<18% reported taking precautionary action when having a STI	<ul style="list-style-type: none"> ● Low percentage response needs to be target of STI strategy ● STI education and access to treatment through BCM's Occupational Health Clinic strongly encouraged
10% of BCM employees are HIV+	<ul style="list-style-type: none"> ● There is a need for a comprehensive HIV/AIDS prevention, treatment, care and support programme for employees and families
<p>High risk groups have been identified:</p> <ul style="list-style-type: none"> ● Black African workers ● Temporary employees ● Women under 30 years ● Older men ● Unskilled workers ● Those living in informal housing ● Those renting or sharing accommodation 	<ul style="list-style-type: none"> ● Majority of infected are unskilled workers who do not belong to medical aid. A BCM wellness programme will help address the lack of health care, however, some form of medical aid support is necessary to provide access to treatment in light of slow rollout of ARV's in public health sector. Review of feasibility of possible options to be undertaken. ● Treatment of opportunistic infections and support to those who are HIV+ will be constrained by single BCM Occupational Health Clinic. Need to review Occupational Health Services in the light of increasing demand for services by staff.

5.3 Economic impact study

In order to obtain accurate local-level information, BCM invited the Centre for International Health and Development and Development (CIHD) at Boston University to undertake a study of the costs to BCM of HIV/AIDS in the workforce. The study was carried out during the second half of 2003 and the first half of 2004.

Key Findings

Costs which the Council incurs while an employee is ill, retires or dies from HIV/AIDS, as well as replacement costs (hiring and training) were estimated, then multiplied by the number of AIDS-related deaths and disability retirements BCM is expected to suffer in 2004 in the absence of an effective treatment programme. The HIV prevalence survey of Buffalo City employees provided reliable estimates of the proportion of employees who are currently HIV positive, stratified by job level, age, gender, and race. Based on the MRC's results and projections of infection levels by job band and gender, it is anticipated that in 2004 BCM will lose 35 employees to HIV/AIDS. Of these, 26 are likely to be semi-skilled^{xxxii} employees.

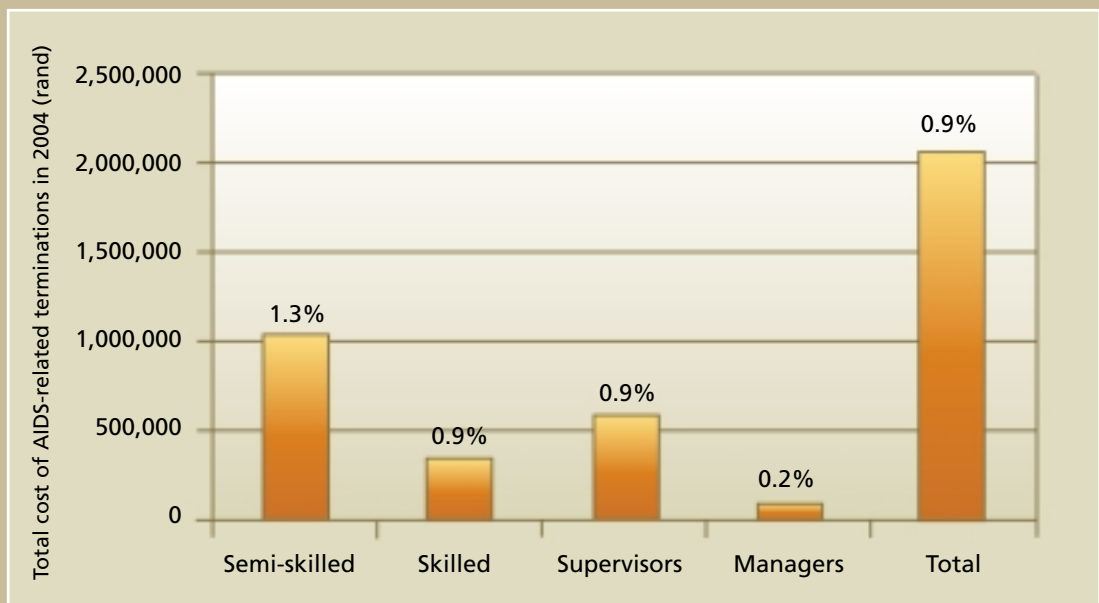


Figure 9.1 Total cost to BCM of AIDS-related terminations in 2004^{xxxiii}
(The percentages above the columns show the costs as a proportion of the total salary and wage cost for the job band.)

The overall cost of HIV/AIDS to BCM (0.9% of salaries and wages) represents a modest increase in labour costs due largely to the fact that the majority of AIDS cases will be among semi-skilled workers, for whom the cost per employee lost to AIDS is quite low. AIDS-related mortality is on an upward curve in South Africa, so BCM can expect its costs to rise steadily for at least the next five years, unless an effective treatment intervention is introduced or costs are contained in other ways.

Benefits of HIV/AIDS prevention and treatment

The net benefits of preventing an HIV infection at any level of the workforce are the “avoided costs” of that infection, minus the cost of the prevention programme itself. Among skilled workers, for example, Buffalo City Municipality will ultimately save between R150 000 and R200 000 for each employee who does not become HIV positive.^{xxxiv}

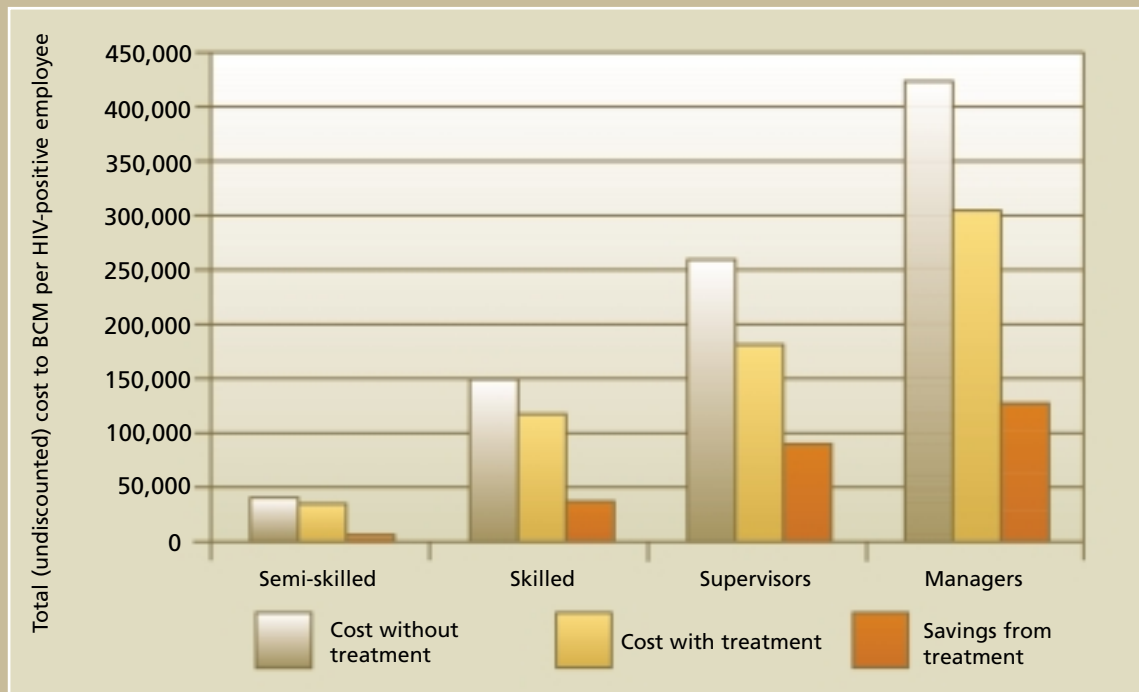


Figure 9.2 Potential savings per employee treated (males 35-49)^{xxxv}

Recommendations for a BCM response strategy

A three-part strategy for the municipality is recommended^{xxxvi}.

1. To keep HIV negative employees negative through aggressive and sustained prevention activities is of paramount importance and should be among the organisation's highest priorities.
2. To implement a care and treatment program as soon as possible. The analysis shows that purchasing treatment services, either through a medical aid or a disease management programme, will make financial sense for BCM.
3. To look for operational solutions to AIDS-related productivity losses. Adaptive measures will lower the costs HIV/AIDS imposes on productivity and budgets.

5.4 Implications of findings from commissioned studies

An aggressive strategy for workplace and the community, combining education, VCT, improved care and treatment with ARV's is economically justifiable, although external resources will be needed in order to take this strategy forward.

5.5 Workshops to develop action plans

Following two workshops held on 2-3 August 2004 and 11-12 August 2004 participants drafted the action plans below. The central goal was to equip BCM Municipality to deal with the epidemic and reduce the personal, economic and social impact of HIV/AIDS. The clusters were internal, external and mainstreaming.

TASK TEAM GROUPING		
Internal	Mainstreaming	External
All HIV activities whose outputs lie within the municipality	Coordinating forum to align Inter-sectoral and Inter-departmental collaboration	All HIV activities whose outputs lie outside the municipality
HIV/AIDS workplace programme focusing on awareness, education and behaviour change	Mainstreaming (internal and external)	HIV/AIDS community-based program focussing on awareness, education and behaviour change
VCT programme (with a goal of 100% uptake)		VCT programme (with a goal of 100% uptake)
Employee and family wellness program – not just focusing on HIV/AIDS		Facilitation of community-based HIV/AIDS activities
Partnerships between departments and directorates		Partnerships with stakeholders

6 Challenges and opportunities

During its development, several key factors were identified as presenting challenges to the successful implementation of an HIV/AIDS Cross-cutting Strategy, as well as opportunities to overcome some of these challenges.

1. Strong political leadership and commitment has been shown to be crucial to success. Buffalo City Municipality can meet this opportunity through visible and ongoing support from senior managers, and line departments "walking the talk".
2. Administrative leadership and coordination is also a proven success factor. Current institutional fragmentation can be addressed through the revival and

active functioning of structures, forums and the Inter-departmental Forum previously in place.

3. Co-ordination with non-government service providers is critical, and cooperation with private business initiatives can contribute to raising the impact of the strategy.
4. The potential move of ATIC by the provincial Directorate of HIV/AIDS/STIs from BCM and placement with Amatole District Municipality poses a potential challenge to BCM's strategy implementation.

7 HIV/AIDS Cross-cutting strategy

BCM commits itself to developing and implementing a range of strategies in partnership with other agencies in order to prevent infections, promote treatment and mitigate the impact of HIV/AIDS on its workforce and the BCM community. In order to give focus to the development of the internal, external and mainstreaming strategies, specific goals are defined for each, and are as follows:

- Goal 1:** Provide access to a comprehensive HIV/AIDS workplace programme focusing on prevention, treatment, care and support for BCM employees
- Goal 2:** Improve social and health support services for HIV/AIDS to all BC communities
- Goal 3:** Improve prevention, treatment, care and support services in health facilities in BCM
- Goal 4:** Actively support the initiation and development of community interventions and programs
- Goal 5:** To embed all HIV/AIDS responses into BCM's operations as a service provider and an employer

Objectives listed in these goals encompass all priority areas highlighted in the National HIV/AIDS & STD Strategic Plan for South Africa 2000 – 2005 (Prevention, Treatment, Care & Support; Research, Monitoring & Evaluation; Human and Legal Rights). The strategic priorities are also aligned with the Provincial Strategy Framework for Growth and Development 2004 – 2014 approved in 2003. The framework explicitly seeks to mitigate HIV/AIDS in the Eastern Cape and includes the following targets:

- To halt and begin to reverse the spread of HIV/AIDS by 2014
- To halt and begin to reverse the spread of Tuberculosis by 2014^{xxxvii}

BCM has identified the mitigation and mainstreaming of HIV/AIDS as strategic priorities for 2004 – 2006. BCM has also recognised that left unaddressed, the HIV/AIDS epidemic threatens not only the health and welfare of BCM's citizens but it will ultimately impede the ability of the municipality to reach national developmental goals and remain a sustainable entity.

While the strategy plans which follow indicate broadly what is to be done, details of how this will be achieved, targets and the detailed budget considerations will be developed in the next phase of planning. Action plans for 2004/2005 have however been developed in order to provide a framework for delivery for 2004 – 2005.

7.1 Implementation

The BCM Council needs to take the lead in supporting multi-sectoral initiatives, facilitating buy-in from all concerned and securing the resources needed to achieve the goals. To reach the strategic goals and to be implemented by the Integrated Development Plan (IDP), BCM needs an effective area-based delivery mechanism comprising of its councillors and directorates.

It is proposed that BCM will achieve mainstreaming through two committees that between them ensure that all departments and all external role-players respond fully to HIV/AIDS within and without the municipality. The committees are the Inter-departmental Forum (internal) and the Inter-sectoral Forum (external). These two committees monitor and evaluate HIV/AIDS programmes for their cost, speed, impact, effectiveness, and quality, plus the extent to which every department answers to the challenge of HIV/AIDS.

The mainstreaming of the strategic direction adopted by BCM will need to be implemented with the support and guidance of the Special Programs HIV/AIDS Unit in Corporate Services. The capacity of this unit will need to be increased so as to ensure that the necessary actions are taken, progress monitored and evaluated and funding sourced.

The table below shows the jurisdiction (internal or external) and mandate (roles and responsibilities) of the directorates, departments and forums.

	Implementation	Monitoring & evaluation
Internal	<p>Political Leadership: Mayoral Committee</p> <p>Administrative Management Directorate of Corporate Services Strategic Support Service Human Resources</p> <ul style="list-style-type: none"> ● Employee Assistance Program ● Succession Planning ● Training/Development 	<p>Inter-departmental Forum The Inter-Departmental Forum comprises all departments in the municipality and is accountable for planning and executing the HIV/AIDS Program.</p> <ul style="list-style-type: none"> ● Carries out regular internal policy review including strategy document ● Formulates policies on HIV/AIDS for the BCM as an employer ● Compiles and presents quarterly reports to the Mayoral Committee ● Ensures that each directorate plays its part in response to HIV/AIDS
External	<p>Political Leadership Special Programmes Portfolio Holder</p> <p>Administrative Management Directorate of Social Services Health Services</p> <ul style="list-style-type: none"> ● Health Promotion ● Primary Health Care 	<p>Inter-sectoral Forum The Inter-sectoral Forum is a politically-driven structure with representation from NGOs, CBOs, FBOs, business, tertiary education institutions, local politicians, and municipal officials. Two forums (one in EL and one in KWT) will coordinate HIV/AIDS programs within the municipal area, overseen by a joint committee.</p> <ul style="list-style-type: none"> ● Participates in external policy review ● Advises on HIV/AIDS policy formulation for BCM as a service provider ● Campaigns to build capacity for the relevant partner or service deliverer ● Ensures that the public and private sectors play their part in response to HIV/AIDS ● Facilitate development of sector plans ● Lobby and advocate so as making resources available ● Create an enabling environment to operationalise district based plans. Where delivery problems exist in the district, then this can be brought to the team via the sector representative ● Assist with monitoring of delivery so as to ensure no duplication/wastage ● A body for governance, not implementation

7.2 Internal strategy plan

Employee Wellness Program

Goal 1: Provide access to a comprehensive HIV/AIDS workplace programme focusing on prevention, treatment, care and support for BCM employees IDP alignment CC2 – Adequate access to a package of HIV/AIDS prevention, treatment, care & support

Objectives	Selected Strategies	Dir/Org	Time Frame
Develop and implement a comprehensive HIV/AIDS workplace package focusing on prevention, treatment, care and support	<ul style="list-style-type: none"> ● Upgrade and expand existing Occupational Health Clinic facility ● Research, identify and appoint service providers aimed at ensuring equitable health care packages for all staff ● Appoint Employee Assistance Practitioners ● Build staff and organisational capacity by linking with peer municipalities and colleagues in industry 	CM DCS CFO DDP DES	Started July 2003 Dec 2004; ongoing
Implement projects focusing on the preventative activities of a HIV/AIDS workplace programme including a non discriminatory work environment	<ul style="list-style-type: none"> ● Develop and implement HIV/AIDS /STI/TB education and healthy lifestyle education, awareness and training programme ● Initiate programmes which explore and challenge stigma and discrimination in the workplace ● Involve PLWHA's in workplace programmes ● Involve high-profile BCM officials in programmes ● Promote the uptake of VCT amongst staff ● Promote voluntary disclosure of HIV status within a safe work environment ● Establish a strong vibrant peer educator cadre in all departments ● Advocate and improve access to male condoms in all departments ● Provide female condoms at all Primary and Occupational Health Clinics 	DCS DSS ATIC EAP AD ^{xxxviii}	Start Jan 2005; ongoing

Objectives	Selected Strategies	Dir/Org	Time Frame
Implement projects focusing on the treatment, care and support activities of a HIV/AIDS workplace programme	<ul style="list-style-type: none"> ● Manage occupational exposure to body fluid contamination and the provision of post exposure prophylaxis ● Provide treatment and prevention of opportunistic infections according to national guidelines ● Create awareness on STIs in all departments ● Develop links with organisations involved in wellness management including support groups for infected employees 	ATIC DCS EAP DCS OHC DCS ISF	Current and ongoing Start Dec 2004; ongoing
Implement programmes focusing on mitigation activities of a HIV/AIDS workplace programmes	<ul style="list-style-type: none"> ● Develop and review policies for employee wellness/benefits together with PLWHAs ● Create support groups for PLWHAs ● Research workplace best practices and develop/maintain a management information system ● Provide ongoing review of internal strategy 	DCS SPU EAP ISF ATIC	Start Jan 2005; ongoing

7.3 External strategy plan

Community One-Stop Centre

Goal 2: Improve social and health support services for HIV/AIDS to all BC communities
IDP alignment CC2 – Adequate access to a package of HIV/AIDS prevention, treatment, care & support

Objectives	Selected Strategies	Dir/Org	Time Frame
Establish partnerships to develop One-Stop Centres for the provision of social and health support services for HIV/AIDS to BCM communities	<ul style="list-style-type: none"> ● Identify existing buildings for renovation or sites for new buildings (4 centres: 2 rural, 2 urban) ● Identify and commission service provider for construction ● Recruit and train staff for One-Stop Centres ● Establish partnerships with local service organisations such as Lifeline, nutrition support groups etc. which will operate from the centre 	CM ISF ATIC SPU LED AD	First centre id by end March 2005

Objectives	Selected Strategies	Dir/Org	Time Frame
Provide HIV/AIDS awareness, education and training to communities	<ul style="list-style-type: none"> ● Identify HIV/AIDS programmes currently in place ● Support existing community programmes ● Facilitate establishment of programmes in identified areas/communities, and clinics/community centres ● Distribute IEC material into communities 	DCS SPU EAP ATIC ISF AD	Start Sept 2005; ongoing with centre development
Facilitate development of income generation programmes	<ul style="list-style-type: none"> ● Identify current income generation programmes in BCM and areas of need ● Facilitate implementation of and support existing initiatives and income generation projects by NGOs, CBOs, FBOs etc. 	CM LED ISF	Start June 2005; ongoing
Challenge stigma and discrimination	<ul style="list-style-type: none"> ● Initiate programs which explore and challenge stigma and discrimination in communities ● Involve PLWHA's in community programmes ● Involve high-profile BCM officials in programmes 	SPU ISF ATIC AD	Start June 2005; ongoing
Establish wellness programmes	<ul style="list-style-type: none"> ● Identify current wellness initiatives and identify areas where programmes are needed ● Facilitate programmes in clinics and community centres 	DCS DSS SPU ATIC EAP AD	Start June 2005; ongoing
Develop social support structures	<ul style="list-style-type: none"> ● Identify existing social support structures in BCM communities ● Conduct needs assessment to identify gaps in social support structures ● Increase social support structures in identified communities/centres/clinics ● Facilitate development of support groups in clinics and community centres 	DCS SPU ISF EAP ATIC AD	Start June 2005; ongoing

Primary health care HIV package

Goal 3: Improve prevention, treatment, care and support services in health facilities in BCM
 IDP alignment CC2 – Adequate access to a package of HIV/AIDS prevention, treatment, care & support

Objectives	Selected Strategies	Dir/Org	Time Frame
Increase capacity (space and staff) of BCM-managed PHC clinics to allow for delivery of effective HIV/AIDS and PHC services	<ul style="list-style-type: none"> ● Identify understaffed clinics ● Identify clinics with insufficient space ● Recruit and train staff ● Expand identified clinics to meet space requirements (including dedicated VCT room in each clinic) 	DSS DCS CFO DDP DES AD	July 2005
Ensure effective STI prevention and treatment	<ul style="list-style-type: none"> ● Increase capacity of clinics to deal with STIs effectively ● Outreach education sessions focusing on taverns and commercial sex industry in HTAs 	DSS ATIC ISF	Current and ongoing
Provide treatment for opportunistic infections at all PHC clinics, including TB/STIs	<ul style="list-style-type: none"> ● Train staff on treatment guidelines for opportunistic infections ● Ensure clinics supplied with necessary medications for treatment ● Explore home-based treatment interventions 	DSS ATIC DOH ISF	Current and ongoing
Ensure effective infection control in clinics and communities	<ul style="list-style-type: none"> ● Assess and monitor current use of infection control methods by clinic staff and volunteers ● Increase knowledge, skills and resources needed for effective infection control 	DSS ATIC	Current and ongoing
Increase condom promotion and distribution	<ul style="list-style-type: none"> ● Assess current availability of male and female condoms at clinics and in communities, esp in HTAs ● Increase condom availability in clinics and communities, especially identified HTAs 	DSS ATIC ISF	Current and ongoing
Support smooth roll-out of ARVs	<ul style="list-style-type: none"> ● Facilitate smooth roll-out of ARVs by national government 	AD ATIC ISF DOH	August 2004; ongoing
Standardise MTCT programme for all pregnant mothers seen at BCM clinics	<ul style="list-style-type: none"> ● Standardise a full roll-out plan for PMTCT ● Train staff on VCT and follow-up of HIV positive mothers and babies 	DSS ATIC ISF DOH	Current and ongoing

Partnerships

Goal 4: Actively support the initiation and development of community interventions and programmes
 IDP alignment CC5: Active internal and external involvement in HIV/AIDS programmes

Objectives	Selected Strategies	Dir/Org	Time Frame
Increase home-based care (HBC) in BCM	<ul style="list-style-type: none"> ● Identify HBC structures currently in place ● Identify communities where HBC needs to be provided or extended ● Facilitate development of HBC in identified communities by identifying limitations and trying to address these ● Monitor and evaluate provision of HBC in BCM 	DCS DSS ISF ATIC AD	Current and ongoing
Facilitate development of counselling services for those infected and affected by HIV/AIDS (including bereavement)	<ul style="list-style-type: none"> ● Identify current counselling services available to BCM communities ● Identify gaps in counselling services ● Facilitate development of counselling services in identified communities through NGOs, FBOs and others ● Initiate development of counselling services at community centres ● Support existing counselling services and initiatives and facilitate their development 	AD DCS SPU ISF ATIC	Start Sept 2005
Assist with development of programs and services which address care for orphans	<ul style="list-style-type: none"> ● Identify current service provision for orphans ● Identify gaps in service provision ● Support and assist with development of services providing care for orphans ● Research and prepare for increase in AIDS orphans as pandemic progresses 	DCS SPU ISF ATIC AD	Start Sept 2005
Support the development of FACES program	<ul style="list-style-type: none"> ● Identify areas in which existing FACES programme can be developed and play enabling/supportive role in development ● Encourage disclosure by supporting education and awareness programmes, and disclosure and acceptance campaigns 	DCS SPU ATIC	Current and ongoing

7.4 Mainstreaming

Goal 5: To embed all HIV/AIDS responses into BCM's operations as a service provider and an employer

IDP alignment CC3: Buffalo City Council must be prepared to deal with HIV/AIDS internally and externally

IDP alignment CC5: Active internal and external involvement in HIV/AIDS programmes

Objectives	Selected Strategies	Dir/Org	Time Frame
Develop and implement appropriate HIV/AIDS policies in all BCM departments	<ul style="list-style-type: none"> ● Review existing internal policies with the intention of mainstreaming ● Develop new policies aligned to national and provincial frameworks ● Uphold present non-discriminatory recruitment policy 	DCS SPU IDF AD	March 2005
Capacitate and facilitate effective management of mainstreaming process	<ul style="list-style-type: none"> ● Develop measurable indicators for mainstreaming for each directorate and committee ● Include KPI's and KPA's for all departments relating to HIV/AIDS mainstreaming ● Commit a standing budget and human resources to HIV/AIDS mainstreaming in each department ● Include HIV/AIDS as a standing item on the agenda for senior management meetings ● Include HIV/AIDS on the institutional scorecard ● Present HIV/AIDS related objectives for inclusion in IDP review process 	CM DCS SPU HR AD IDF	June 2005
Develop an information management system for HIV/AIDS planning and resource allocation, and ongoing monitoring and evaluation	<ul style="list-style-type: none"> ● Research impact of HIV/AIDS on revenue base on BCM ● Research impact of HIV/AIDS on service delivery ● Develop and implement a system for effective information management ● Ensure new council projects include HIV/AIDS impact analysis ● Disseminate regular monitoring and evaluation reports 	AD CFO DCS IDF	March 2005
Initiate and give visible support to HIV/AIDS programmes and initiatives	<ul style="list-style-type: none"> ● Develop peer educator program ● Develop non-discriminatory environment by managers leading through example ● Actively encourage employees to participate in HIV/AIDS awareness and information activities ● Develop recruitment and succession planning for employees and non-discriminatory incapacity policy 	AD IDF	April 2005

8 HIV/AIDS action plan for 2004-2005

Framework for Delivery		
Action	Detail	Who and when
1. Assess HIV/AIDS prevalence amongst BCM workforce	<ul style="list-style-type: none"> ● Obtain Council approval for prevalence study ● Obtain union and management support for study ● Select service provider ● Conduct information campaign ● Provide testing ● Report back to BCM Council and employees 	SPU HR AD MRC August 2004
2. Draft BCM HIV/AIDS strategy	<ul style="list-style-type: none"> ● Hold consultative workshop to draft two-year HIV/AIDS strategy for BCM based upon broad stakeholder input and locally relevant data. ● Submit strategy and action plan for approval 	SPU Stakeholders September 2004
3. Develop a framework for a comprehensive HIV/AIDS workplace package	<ul style="list-style-type: none"> ● Research workplace best practices and develop and maintain a management information system ● Research, identify and appoint service providers aimed at ensuring equitable health care packages for all staff ● Develop and review policies for employee wellness and benefits together with PLWHAs ● Develop HIV/AIDS/STI/TB education and healthy lifestyle education, awareness and training programme ● Involve PLWHA's in development of workplace programmes ● Develop new policies aligned to national and provincial frameworks ● Uphold present non-discriminatory recruitment policy 	CM DCS CFO DDP DES November 2004
4. Initiate the promotion of HIV/AIDS awareness and education in the workplace as part of employee wellness	<ul style="list-style-type: none"> ● Involve high-profile BCM officials in programmes ● Promote voluntary disclosure of HIV status within a safe work environment ● Create awareness on STIs in all departments 	CM DCS SPU HR AD IDF December 2004
5. Support the development of FACES programme	<ul style="list-style-type: none"> ● Identify areas in which existing FACES programme can be developed and play enabling/supportive role in development ● Encourage disclosure by supporting education and awareness programmes, and disclosure and acceptance campaigns 	DCS SPU ATIC November 2004

Action	Detail	Who and When
6. Ensure effective STI and opportunistic infections prevention and treatment	<ul style="list-style-type: none"> ● Advocate and improve access to male condoms in all departments ● Provide female condoms at all Primary and Occupational Health Clinics ● Outreach education sessions focusing on taverns and commercial sex industry in HTAs 	DCS DSS ATIC EAP AD January 2005
7. Implement programmes focusing on mitigation activities of a HIV/AIDS workplace programmes	<ul style="list-style-type: none"> ● Develop links with organisations involved in wellness management including support groups for infected employees ● Create support groups for PLWHA'S 	DCS SPU EAP ISF ATIC January 2005
8. Establish partnerships to develop One-Stop Centres for the provision of social and health support services for HIV/AIDS to BCM communities	<ul style="list-style-type: none"> ● Identify existing buildings for renovation or sites for new buildings (4 centres: 2 rural, 2 urban) ● Identify and commission service provider for construction ● Recruit and train staff for One-Stop Centres ● Establish partnerships with local service organisations such as Lifeline, nutrition support groups etc. which will operate from the centre 	CM ISF ATIC SPU LED AD February 2005
9. Initiate capacity building activities for mainstreaming and facilitate adoption of mainstreaming in all BCM departments	<ul style="list-style-type: none"> ● Identify existing internal policies with intention of mainstreaming. ● Develop measurable indicators for mainstreaming for each directorate and committee ● Include KPI's and KPAs for all departments relating to HIV/AIDS mainstreaming ● Plan to commit a standing budget and human resources to HIV/AIDS mainstreaming in each department ● Include HIV/AIDS as a standing item on the agenda for senior management meetings ● Present HIV/AIDS related objectives for inclusion in IDP review process 	CM DCS SPU HR AD IDF December 2004
10. Treat opportunistic infections and occupation exposures according to national guidelines	<ul style="list-style-type: none"> ● Manage occupational exposure to body fluid contamination and the provision of post exposure prophylaxis ● Provide treatment and prevention of opportunistic infections according to national guidelines 	ATIC DCS EAP DCS OHC DCS ISF March 2005

Action	Detail	Who and When
11. Develop an information management system for HIV/AIDS planning and resource allocation, and ongoing monitoring and evaluation	<ul style="list-style-type: none"> ● Research impact of HIV/AIDS on revenue base on BCM ● Research impact of HIV/AIDS on service delivery 	AD CFO DCS IDF March 2005
12. Initiate and give visible support to HIV/AIDS programmes and initiatives	<ul style="list-style-type: none"> ● Develop peer educator program ● Develop non-discriminatory environment by managers leading through example ● Actively encourage employees to participate in HIV/AIDS awareness and information activities ● Develop recruitment and succession planning for employees and non-discriminatory incapacity policy 	AD IDF April 2005
13. Standardise MTCT programme for all pregnant mothers seen at BCM clinics	<ul style="list-style-type: none"> ● Standardise a full roll-out plan for PMTCT ● Train staff on VCT and follow-up of HIV positive mothers and babies 	DSS ATIC ISF DOH March 2005
14. Monitor, evaluate and review BCM HIV strategy	<ul style="list-style-type: none"> ● Develop and implement a system for effective information management ● Ensure new council projects include HIV/AIDS impact analysis ● Disseminate regular monitoring and evaluation reports 	IDF ISF SPU April 2005

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11 Foot notes

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