



South African

CitiesNetwork

South African Cities and

HIV/AIDS:

Challenges & Responses

Executive Summary

In late 2003, the SACN commissioned a review of the HIV/AIDS strategies of South Africa's nine largest cities. These cities, listed below, form the membership of the SACN and are composed of six category A municipalities and three "aspiring metros":

1. Buffalo City Municipality (East London)
2. City of Cape Town
3. City of Johannesburg
4. City of Tshwane Metropolitan Municipality (Pretoria)
5. Ekurhuleni Metropolitan Municipality (East Rand)
6. eThekweni Municipality (Durban)
7. Mangaung Local Municipality (Bloemfontein)
8. Msunduzi Municipality (Pietermaritzburg)
9. Nelson Mandela Metropolitan Municipality (Port Elizabeth)

The purpose of the review was to identify the challenges that these urban centres have encountered as they have attempted to address the changing needs of large populations infected and affected by the HIV/AIDS epidemic. This study is intended to provide a basis of discussion for local government, particularly within large urban centres, on the challenges of managing the epidemic and emerging good practice in the management of the epidemic. The report is not intended to provide a scorecard for South African cities as to how they are dealing with HIV/AIDS, but rather to share innovative plans developed and implemented in a South African context that may yield benefits for all municipalities. SACN seeks to enrich the existing body of knowledge on responses to HIV/AIDS at a city level through shared learning and information exchange.

Key findings

There is universal acknowledgement among the nine SACN member cities of the urgent need to address HIV/AIDS. However, there are two major structural barriers to establishing an effective HIV/AIDS response at this level. The first is the need for capacity. As a direct result of the process of transformation, many municipalities have undergone a process of amalgamation and restructuring. This response to the legacy of apartheid's unequal distribution of services has been necessary and costly. It has resulted in delays in appointments, key posts remaining vacant, and insufficiently capacitated staff being tasked with a great workload. The second is the lack of strategic planning around the impact of HIV/AIDS and its long-term consequences, both for communities and local authorities. This, coupled with financial and technical constraints, has severely hampered the ability of municipalities to adopt a proactive approach to the epidemic. The creation of this set of circumstances is not entirely the doing of local government authorities. However, as the sphere of government closest to the public, the responsibility falls largely on its shoulders to develop strategies for dealing with HIV/AIDS within its communities.

All of the SACN cities have begun developing HIV/AIDS programmes. However, progress to date shows that the most effective programmes have been those that succeeded in transcending the gap between policy development and consistent implementation. The following seven elements were found to be critical success factors in HIV/AIDS programmes at a city level:

1. Political leadership
2. Community mobilisation and capacity building
3. Partnerships
4. Co-ordination
5. Multi-sectoral focus
6. Effective use of information
7. Integration of the above six elements

None of the nine SACN cities had incorporated all the critical success factors into their local HIV/AIDS programmes. The most progressive models were found in cities with constructive inter-governmental relations and innovative partnerships with civil society organisations (CSOs). Among the nine cities there were also outstanding examples of pioneering approaches towards building the capacity and extending the reach of HIV/AIDS service-delivery organisations. These cases are described in the report.

Recommendations

The challenges highlighted in the study are likely to become more acute in the near future. Local government will continue to be the delivery agent for national and provincial government, while it will also remain a key agent for socio-political transformation and local development. With this in mind, cities are well positioned to adopt the following key strategies in the development of a comprehensive response to the HIV/AIDS pandemic:

1. Take stock of current HIV/AIDS programmes that are functioning within the municipality. As the accountable authority at local level, municipalities are well positioned to cultivate relationships with stakeholders in other sectors who have embarked on innovative approaches to mobilise funding, human resources and public support. Local authorities can identify possible links with municipal programmes or they can explore ways in which the municipality can assist these programmes to expand and become more effective.
2. Link HIV/AIDS programming to other developmental issues, such as poverty alleviation.
3. Develop clear guidelines for the mainstreaming of HIV/AIDS so that all municipal departments can identify and prioritise mainstreaming activities directly related to their core functions. Such guidelines can be included in an overall mainstreaming policy.
4. Develop stronger intergovernmental relations with provincial and national government counterparts to strengthen and improve the implementation of the national policy on HIV/AIDS.

Based on the above recommendations, the SACN will aim to support member cities through the following activities, particularly in as far as they apply to the management of HIV/AIDS:

- Promoting a shared-learning partnership between different spheres of government to support the governance of South African cities.
- Collecting, analysing and disseminating the experience of large city government in a South African context.
- Promoting innovative and strategic thinking between cities and other spheres of government.
- Fostering cooperation and exchange of good practice.

Through strategic alliances, the SACN will continue to encourage good practices in urban development and city management.