



STRENGTHENING SOUTH AFRICA'S RESPONSE TO HIV AND HEALTH

CASE STUDY

Interview with SANAC CEO, Dr Fareed Abdullah

December 2012

Dr Fareed Abdullah took up the post of Chief Executive Officer of the South African National AIDS Council Secretariat in February 2012. His ten-year experience of pioneering the Western Cape's AIDS programmes and three-year stints at the International HIV/AIDS Alliance in the UK and the Global Fund in Geneva have prepared him well for this new role.



Dr Fareed Abdullah with (R to L) Deputy President Kgalema Motlanthe, Health Minister Aaron Motsoaledi, SANAC Deputy Chair Mark Heywood at the July 2012 SANAC Plenary.

Since taking office Abdullah has overseen important changes in SANAC, which have been long in the making. The challenge now is to achieve the ambitious goals of the country's new National Strategic Plan for HIV, AIDS, STIs and TB (2012—2016).

In October 2012 Abdullah spoke to SARRAH about the role of SANAC and the challenges that lie ahead for the organisation and for South Africa's HIV response.

SANAC and the HIV response

"SANAC has four distinct roles," says Abdullah, "the first is to bring all sectors of South African society together to build a consensus about how we should tackle HIV, TB and sexually transmitted infections. Now that sounds pretty bland, except that the history of South Africa has been that we have been so divided that it has become a specific task that we bring people together on an ongoing basis. Going forward there are many new HIV technologies coming on stream and we need a functioning forum to decide what the South African policy should be."

For Abdullah, SANAC's second key role is raising the resources that are needed to finance the fight against HIV and TB, and the third is in monitoring and evaluation of the HIV response. "SA spends, we think anywhere between R15 billion and R20 billion a year on HIV and it would be good to monitor our interventions and measure their impact," says Abdullah. Finally, and possibly the most important role for SANAC, is driving the implementation of programmes across all sectors.

A multisectoral partnership

"South Africa is now doing quite well on the health front, with respect to treatment and prevention of transmission of HIV from mother to child, testing and counselling", says Abdullah. "But what's really needed, in the new strategic plan is to reduce the number of new infections. In fact the target is 50%. And for that it requires a response beyond health functions."

The new National Strategic Plan is quite clear on this and includes a whole section that addresses the structural drivers of the epidemic, human rights issues, stigma and discrimination and gender inequity. "I would go as far as saying that SANAC exists precisely because of the multisectoral response that is needed," he says. "The main purpose of SANAC is to bring all sectors together in a multisectoral response. Not just government sectors but also civil society and the private sector."

Abdullah believes that despite the country's 20-year history of multisectoral effort, progress has been slow and the task enormous. "We have a dual challenge of scaling up the multisectoral response and focussing it more so that it yields results, but also coordinating it better," he says. "For example there is a large national programme being run by the Department of Basic Education which needs better co-ordination, with the NGOs for instance, and this is all being done through the SANAC structures that have now been created."

Progress and challenges

Abdullah is upbeat about the progress that has been made in rolling out antiretroviral treatment, with over 1.9 million people now on treatment in the public and private sector. "This has had an impact on adult mortality and we have now seen a decline in adult mortality over the past three years and an increase in life expectancy," he says. The recent rapid mortality surveillance report by the Medical Research Council has shown that life expectancy increased from 56.5 years to 60 years between 2009 and 2011. "On the second front we have made good progress on dealing with HIV among children through the PMTCT programme. We now have a recorded transmission rate of 2.7% amongst pregnant women [down from 12%]. It's staggering, KwaZulu-Natal is at 2.1% and the Western Cape is at 1.9%. These are remarkable results. What the MRC study showed was a 25% decline in Under Five mortality over two years. So that's great progress"

On the other hand, after 20 years of investment in programmes to change behaviour, there has been little progress in preventing new infections. "We still don't have anywhere near the levels we should have in consistent condom use and we still have a major problem with intergenerational sex and gender-based violence—these are all drivers of the epidemic," he says. There are, however, some encouraging signs of behaviour change among younger people, with 68% saying they use a condom on first sexual encounter with a new partner; and much progress with the male medical circumcision programme.

"That's where the focus of SANAC will be. We have an unwritten agreement between SANAC and the Health Department: they will focus on treatment and we will focus on prevention. Prevention is something the government can't do alone, by any stretch of the imagination. "

According to Abdullah there are several neglected areas in the national prevention effort, such as programmes for sex workers and their clients. "This is the highest priority in SANAC. We have been working feverishly to complete the national sex worker plan and to raise the resources for it." Other groups that need focussed programming are men who have sex with men, mineworkers, truck drivers and mobile populations and people in correctional services facilities. "There is a longer list but these are the gaping holes," says Abdullah, "and what we are trying to do is to segment the problem by geographic area, by key population group, so that we can target prevention programmes."

The other group that looms large are women and girls in the 15 to 24-year age group, which accounts for the lion's share of new infections. "They are exposed, vulnerable and poor, and older men who have access to money are driving infections in this younger group," says Abdullah. "Inter-age, transactional sex is the one overriding behaviour that is driving the epidemic. SANAC will stand or fail depending on whether it can genuinely tackle this problem."

Why past behaviour change programmes have failed, is a matter of grave concern for SANAC. "When I wake up in the middle of the night, that's the one issue that constantly goes through my mind. I don't think we know the answer to that. The starting point has to be to get a better analysis of why the programmes have not yielded results," says Abdullah. "Some people would argue that communication is not sufficient to counter structural drivers: you can tell a young woman to use condoms, but if she is poor and has to negotiate with someone ten years older than her, and she is likely to be beaten up if she negotiates too hard... It is a conundrum and we need to open it up and examine."

Abdullah agrees that despite the greater openness about HIV in the country, HIV-related stigma is still a big issue. "We will be mounting a specific programme to deal with stigma working with the PLHA sector of SANAC," he says. One of the most encouraging developments of the year has been a new harmony between organisations representing people living with HIV and AIDS (PLHA). For the first time all the PLHA organisations have come together and agreed to a common programme. One weekend in September the Treatment Action Campaign and the National Association of People Living with AIDS, long at loggerheads, worked together at the SANAC offices. "It was wonderful," says Abdullah.

New SANAC structure

The new structure of SANAC, agreed at the July 2012 plenary, has streamlined the organisation making it more fit for the purpose of achieving the ambitious goals of the new NSP.

"The most important change is that provinces are now part of SANAC, and represented on all the committees of SANAC", says Abdullah. As key implementing partners, the provincial and district AIDS councils will be strongly supported by the Secretariat. "The overriding philosophy is that we have a good policy now: all our efforts must be focussed on implementation. And you can't implement without the implementers being there. That's why the provinces come front and centre in SANAC structures."

Another important change is the prominence that will be given to PLHA organisations. "We were paying lip service to them, but not doing anything. We had a good heart-to-heart with the sector and gave them a more prominent role". SANAC has already been able to support a PLHA summit with logistics, administrative support and funding. "It is wonderful to be fully functioning with our own bank accounts," says Abdullah.

Other important changes include increased representation of the private sector and an expanded role for scientists and researchers, to ensure that science will drive the HIV response.

"The structures are not dramatically different," says Abdullah. "There is more precision and they are more fit for purpose. The Plenary does the governance and leadership. The Programme Review Committee does the

policy reform, and the financing people raise the resources. We are trying to keep it all simple here.”

Strengthened secretariat

For many years the SANAC secretariat was dysfunctional. “All credit must go to Board that was established 18 months ago. Their most important decision was to create the Secretariat as an independent institution; before it was more like a division of the Department of Health.”

“There was nothing in place from a point of view of basic administration and functionality. SANAC did not have a budget or an organogram, or HR policies—we were not registered as an employer,” says Abdullah. “I’m glad to say we have been able to turn that around. The support we received from DFID was quite crucial,” he says. “It was not a large amount of money but it was available at the right time and there was a lot of support there.”

There is still a lot to do, but the Secretariat is now fully functional with a new and larger staff, and with financial, management and administrative systems in place. “There has been a sea change, he says. “I believe, though you should ask other people about this, we are a happy place, we are rowing in the same direction. I think that normality has returned to the SANAC Secretariat.”

Resource mobilisation

Great progress has also been made with raising funds for the HIV response, particularly in relation to the Global Fund grant. “We have been able to address all the bottlenecks in funding and to bring the right people together from Geneva and South Africa to make sure that the funding flows now.”

Eight people are working on grant proposals for the future with the aim of raising \$300 million from the Global Fund. The Secretariat also has a new agreement with the US government programme, PEPFAR, that they will co-manage funds. They will also house the secretariat for PEPFAR management. A new agreement with DFID is also on the cards, which will allow SANAC greater control over DFID funding. In the past HLSP’s SARRAH programme managed DFID funds on behalf of the Secretariat. “HLSP helped us to build the capacity we have here,” says Abdullah, “but now we can graduate to grantee status.”

“We have also started open negotiations with treasury for financing prevention programmes in the country. I put that as a very high priority—not for SANAC, but for the country. We must make sure that a large amount of funding flows from domestic and external sources to government departments, to NGOs and to the private sector.”

"These are early days. It's going to be a long haul. Our ambition is high because we want to really make a difference. These are just the first steps."

SARRAH is supporting the establishment and maintenance of a strengthened SANAC secretariat. Read more at:

<http://www.sarrahsouthafrica.org/SUPPORTFORHIVANDHEALTH/THE NATIONAL HIV RESPONSE/STRENGTHENING SANAC.aspx>



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