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SANAC & Cabinet approve NSP

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- www.tac.org.za/nl20070504.htmlCabinet and SANAC have approved the HIV/AIDS National Strategic Plan (NSP) Cabinet and SANAC have approved the HIV/AIDS National Strategic Plan (NSP)
    - **Draft 10 of the plan (the approved version) is available at: http://www.tac.org.za/documents/NSP-Draft10-2007-2011.pdf**
    - **The costing annexure of the plan is available at: http://www.tac.org.za/documents/NSPCostingFinal.doc**
    - SANAC approved the NSP on 30 April 2007.
    - Cabinet approved the NSP on 3 May 2007.

    - Below is a statement by the SANAC Law and Human Rights Sector Working Group, 2 May 2007.
    - Also see pages 26-28 in Equal Treatment (May 2007), TAC's magazine.

- Equal Treatment May 2007 (Issue 22) is available at: http://www.tac.org.za/documents/et22.pdf
    - Topics covered include:
        - The National Strategic Plan
        - Cervical Cancer Vaccine
        - HIV education

        - AIDS and the Media
        - Tenofovir
        - And much more!
    - If you received the November 2006 issue in the post, you should receive this issue within the next two weeks inside South Africa and within the next month outside South Africa. If you are not yet a subscriber, email et@tac.org.za to request a copy.

    - Also available at Exclusive Books from next week

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SANAC LAW AND HUMAN RIGHTS SECTOR WORKING GROUP:

PRESS STATEMENT, 2nd May 2007

NATIONAL STRATEGIC PLAN ON HIV AND AIDS (2007-2011) Ð A NEW OPPORTUNITY FOR A FAIRER SOUTH AFRICA

The South African National AIDS Council (SANAC) Law and Human Rights Sector working committee Ð which includes representation from the AIDS Law Project, the Lesbian and Gay Equality Project, the Legal Resources Centre, the South African Human Rights Commission, the South African Medical Association, the Legal Aid Board, Tshwaranang Legal Advocacy Centre and the private legal profession Ð welcomes SANAC's endorsement of the national HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 ("the NSP").

In particular, we welcome the leadership provided for this process by Deputy President Phumzile Mlambo-Ngcuka, Deputy Minister of Health Nozizwe Madlala-Routledge and Dr Nomonde Xundu, chief director of HIV & AIDS, TB and STIs in the national Department of Health.

The development, finalisation and adoption of the NSP can ensure the end of a period of confusion, conflict and recrimination regarding HIV/AIDS policy. It marks the beginning of a new chapter of national consensus in respect of the objectives of HIV prevention and treatment programmes as well as the strategies, policies and laws that are required to reach these objectives. If fully and robustly implemented, the NSP will provide an opportunity for the country to strengthen its ethical, social and legal fabric and to draw significant additional public and private sector funding to meeting the needs of the poor and vulnerable.

Unambiguous commitments

In relation to HIV/AIDS in particular, we note and endorse the NSP's unambiguous commitment to:

Strengthen co-ordination among all sectors of civil society involved in treatment, care and support activities. (Page 51)

Ensure the effective implementation of policies and strategies to mitigate the impacts of HIV, in particular on orphans and vulnerable children, youth headed households, and on the health and educational system as well as support to older people.(Page 59)

Addressing HIV and AIDS as a human rights issue and the identification of a range of activities to improve access to justice, in order that people can challenge human rights violations immediately and directly. (Page 60).

Creating a culture of self-knowledge regarding HIV status that is firmly situated within a human rights commitment to the rights to privacy and non-discrimination. *The plan proposes that by 2011, 70% of people in South Africa should have tested voluntarily for HIV.* (Page 83)

The implementation of a policy that will see HIV testing services being routinely offered by health care providers, particularly to users of health services who may be at higher risk of HIV infection. *The plan proposes that by 2011, 95% of all public and private facilities in South Africa will routinely offer HIV testing services.* (Page 82)

The provision of appropriate and quality care for all people with HIV, including antiretroviral (ARV) treatment at the

point where it becomes clinically necessary. *The plan proposes that by 2011, 80% of adults needing ARV treatment should be receiving it.* According to the Plan's targets, this means that ± 1.625 million adults should have been initiated on ARV treatment by 2011. (Page 85)

Bringing down the prices and ensuring the sustainability of supply of all HIV-related medicines, including ARVs, with recognition of the need to ensure that our laws permit the compulsory licensing of medicines Ð to ensure access to generics Ð if and when this is deemed necessary. (Page 147)

- Developing and implement a monitoring and evaluation framework which consists of two interlinked set of indicators. The first set of indicators is **primary or core list of indicators** that will be used to measure the outcomes of the NSP as a whole. The primary indicators are a minimum set covering all priority areas of the NSP. The second set of M&E framework indicators will comprise a **comprehensive set of indicators** covering all goals, objectives and interventions of the NSP for detailed ongoing monitoring and evaluation. (Page 132)

Costing of the plan.

We welcome the preliminary costing of the NSP Ð done with the direct involvement of the Treasury. This is a first for the provision of health care in South Africa and is an example that should be followed in respect of all other health care services that our country is constitutionally required to provide. In particular, we note that the NSP has been costed by first identifying the HIV-related services that need to be provided, rather than by working within already allocated budgets. (Page 144)

The costing of R45 billion Ð for an initial five years and largely in respect of the main components of the NSP Ð provides a major challenge to our country. If indeed allocated to implementing the NSP, this amount will represent a massive additional investment in care and social support. But, as the Deputy President has correctly said, the first challenge is to ensure that existing budgetary allocations are fully utilized. This is not just a challenge for government but for all of civil society.

Keep up the Momentum

The Law and Human Rights sector of SANAC, calls on all people in South Africa Ð and indeed throughout the world Ð carefully to study the NSP and to understand its challenges and implications. We call on all providers of legal services in South Africa to identify the roles they can and should play in its implementation, as well as to recognize the potential of the NSP to act as a catalyst in ensuring much greater access to, and the availability and affordability of, legal services.

The NSP provides government with a challenge, as well as an opportunity Ð once and for all Ð to move beyond the conflict of the past. We call on Cabinet to act swiftly in respect of the policy decisions identified by the NSP and the national Department of Health to move rapidly on those areas that are squarely within its jurisdiction. Significant momentum and commitment has been established under the leadership of the Deputy President and Deputy Minister of Health in the last six months. This momentum must be strengthened and sustained.

For further information:

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- HIV/AIDS National Strategic Plan

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