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**South Grasping the nettle:
facing the challenges of HIV/AIDS on service delivery and local
governance**

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1. INTRODUCTION

This paper is based on a study of HIV/AIDS and local government. The study focused on the challenge of HIV/AIDS as a governance issue, rather than simply a health issue, and gauged the challenges HIV/AIDS poses for local government. The Ekurhuleni metropolitan council (hereafter referred to as Ekurhuleni metro), formerly the East Rand, south east of Johannesburg, was chosen as the area for the study. It was chosen because it had a high concentration of migrant workers in its gold mines and sizable steel manufacturing sector. Also, high levels of unemployment in the area had an impact on the incidence of HIV/AIDS among inhabitants.

The enormity of the HIV/AIDS pandemic in the broader southern African region is a vast challenge to societies and the democratisation processes that are under way.

The enormity of the HIV/AIDS pandemic in the broader southern African region is a vast challenge to societies and the democratisation processes that are under way. In the early 1980s this epidemic caught governments and societies around the globe unaware and many actors and sectors have been slow to respond to the enormity of the crisis. Local government in South Africa, as an important sphere of governance, is one such sector that has been severely affected by the pandemic, yet has been very slow to respond to the challenge. Today, the local government sphere has to confront a multitude of challenges, including the health challenge, the implications for service delivery and more broadly, the consequences for governance.

Just as an example of how key a challenge this is, some questions, posed by interviewees went thus: who will sympathize with whom since each one of us has death in the family daily? Who will mourn whom? And who will bury whom? Who will feed whom, since the breadwinners are all dying? If HIV/AIDS is merely allowed to continue with its peril to our societies, then who is going to deliver and receive services, and who will maintain democratic governance? ¹

The paper is based on in-depth interviews with Ekurhuleni metro local councillors (part time, full time and proportional representational (PR) councillors) and council officials. The interviews sought to gauge and understand the views of the metro government on the impact of the epidemic on service delivery and democratic governance and to probe the responses to the pandemic at local level. Interviews also sought to understand councillors' roles as elected representatives charged with providing services, in relation to the extent of the epidemic within the metro. Efforts were made to ensure that the selection of local councillors would reflect the views of the major political parties represented in the Ekurhuleni metro. Time constraints and reluctance by some local councillors and council officials prevented us from gathering more

information and engaging more local councillors and officials in the interviews. Ironically, this reluctance to openly engage this issue is one of the factors that militate against an open discussion and resolution of the governance challenges brought on by this pandemic.

This paper is divided into four sections. Section one focuses on the importance of local government in combating the HIV/AIDS pandemic, while section two discusses the current policies on HIV/AIDS in South Africa. The third section addresses the impact of HIV/AIDS on local governance and service delivery. Finally, section four details the case study of the Ekurhuleni metro.

2. WHY LOCAL GOVERNMENT IS THE APPROPRIATE STRUCTURE TO DEAL WITH HIV/AIDS IN SOUTH AFRICA

With the support of national and provincial governments, municipalities have the right to govern, on their own initiative, their affairs and the affairs of their communities.

Before we can scrutinise the impact of HIV/AIDS on governance and service delivery, we should start with an understanding of the nature, role and powers of local government in South Africa. Between 1995 and 2000, municipalities in South Africa underwent a democratic transformation process that saw previously racially divided local authorities transformed into single and unified municipalities. This process involved the inclusion and introduction of policies and legislative reforms such as the Municipal Systems Act² that encouraged municipalities to promote democratic participation by citizens in the way they are governed. The purpose of this act, amongst others, is to enable municipalities to move progressively towards the social and economic upliftment of local communities, and ensure universal access to essential services that are affordable to all. The political reforms were also aimed at making local authorities democratically accountable to their citizens and efficient and effective in delivering services.³

South Africa's local government sector is mandated in terms of Part B of Schedules 4 and 5 of the Constitution, to administer local government matters. With the support of national and provincial governments,⁴ municipalities have the right to govern, on their own initiative, their affairs and the affairs of their communities; subject to national and provincial legislation as provided for in the Constitution. National or provincial governments may not compromise or impede a municipality's ability or right to exercise its powers or perform its functions.⁵

After 1994, the newly established municipalities in South Africa have been faced with an immense task as they came to serve much larger populations and communities with tremendous service backlogs. While the basic

requirement is to provide basic services to all the citizens, the quality of those services is also important. Many municipalities are still facing severe capacity constraints, inadequate managerial skills and lack of funds and technical expertise, which incapacitate service delivery. HIV/AIDS has become an additional problem confronting South African municipalities.

It is widely acknowledged that the local government sphere in South Africa is critical to the country's developmental processes and the delivery of services to communities. Local governments are tasked with a very difficult job: implementing and operationalising policies decided almost invariably not by local governments themselves, but by both provincial and national governments. The national and provincial policies do not always take account of the aforementioned problems confronting municipalities. The municipalities are, therefore, often burdened with tasks for which they have little capacity or resources.

HIV/AIDS increasingly poses potentially serious political and economic threats to local governments as more and more local communities and poor families bear the brunt of the pandemic.

HIV/AIDS increasingly poses potentially serious political and economic threats to local governments as more and more local communities and poor families bear the brunt of the pandemic. Because local government is the sphere of government closest to the people, it is required to be actively involved, not only in the fight against the spread of HIV/AIDS, but also to ensure the participation of local communities and citizens in such processes. Unless the intended beneficiaries are involved in this battle against HIV/AIDS (including the formulation and implementation stages of policy) efforts to combat the pandemic will have limited impact and success.

Local governments in South Africa have typically been slow, if not indifferent, in integrating their HIV/AIDS interventions and strategies into their good governance practices. This may ultimately impact on the success or failure of local intervention strategies and responses.

Municipalities in South Africa need strong political and administrative leaders in the form of local councillors and municipal officials who are accountable. These leaders have to have a clear understanding of HIV/AIDS and the ability to articulate the needs and problems of local communities and residents affected by the disease. The officials also need to respond by putting in place proper policies, intervention strategies and programmes to alleviate the plight of such communities. Therefore, administratively and politically, effective strategies and systems need to be put in place to encourage and manage partnerships between municipalities and the relevant stakeholders, in order to tackle the challenges posed by HIV/AIDS.⁶

3. BRIEF CONTEXT: HIV/AIDS AND CURRENT POLICIES IN SOUTH AFRICA

During the past two decades, there has been increased public awareness about the pandemic and its adverse effects on our society, including its likely negative effects on governance. Across the globe, it has already taken a terrible human toll, claimed millions of lives, inflicted pain and grief on millions of people and communities across the racial and gender divide. Life expectancy has been reduced as many people, especially in the 15-49 year age group, are affected and are now dying.⁷ The United Nations programme on HIV/AIDS (UNAIDS) and the World Health Organisation (WHO) have reported a 100% increase in people living with HIV from 1998 to 1997⁸, while UNICEF HIV/AIDS estimates that at the end of 2003, some 7.5% of adults (15-49 years) were living with HIV/AIDS in Sub-Saharan Africa.⁹ Although no rigorous research has been conducted on how the economy is affected by the pandemic, sector studies and anecdotal evidence suggest that the South African economy is being negatively affected by the pandemic. The cost of replacing and training skilled personnel that have succumbed to the pandemic is only one such economic consideration.

At the end of 2003, some 7.5% of all adults (15-49 years) were living with HIV/AIDS in Sub-Saharan Africa.

In South Africa the effects of the pandemic are acute, given the high infection rate. With more than 4 million people reportedly living with HIV, and a reported 5 000 people dying from the disease every week in South Africa¹⁰, AIDS has become the country's biggest killer, according to a report by South Africa's Medical Research Council.¹¹ According to the report 'Estimates of Provincial Mortality', HIV/AIDS in Gauteng accounted for 33% of all deaths in 2000, compared with 30% of all deaths nationwide.¹² The report shows that the overall mortality rates and causes of death differ from province to province, but HIV/AIDS is the leading killer across the board.¹³

Despite government's efforts to combat the pandemic, HIV infection rates have increased significantly over the past decade in South Africa. This has called for a renewed commitment from all South Africans. In this vein, President Thabo Mbeki has appealed to all citizens, as well as all sectors of society, to become actively involved in the fight against the pandemic. The president said:

The power to defeat the spread of HIV and AIDS lies in our partnership: as youth, as women and men, as business people, as workers, as religious people, as parents and teachers, as students, as healers, as farmers and farm workers, as the unemployed and the professionals, as the rich and the poor – in fact, all of us ...Every day, every night – whatever we are – we shall let our families, friends and peers know that they can save themselves and save the nation, by changing the way we live and how we love. We shall use every opportunity openly to discuss the issue of HIV/AIDS.¹⁴

3.1 The current HIV/AIDS policy framework in South Africa

Since the democratic government came to power in April 1994, some progress has been made in formulating policy to deal with the pandemic. The regulatory and policy framework has in fact undergone continuous development and change. Accordingly, in February 2000 the government introduced a 'Five Year Strategic Plan on HIV/AIDS'.¹⁵ Similarly, in 2003 it introduced the 'Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment'.¹⁶ These plans will be discussed below.

3.1.1 The strategic plan on HIV/AIDS

In February 2000, the 'Strategic Plan on HIV/AIDS' provided the framework within which interventions geared towards initiating and executing a comprehensive response to the epidemic, are undertaken. The plan identified four key areas of intervention: prevention; treatment, care and support; research, monitoring and surveillance; and legal and human rights. These four key areas are further expanded as follows:

In February 2000, the 'Strategic Plan on HIV/AIDS' provided the framework within which interventions geared towards initiating and executing a comprehensive response to the epidemic, are undertaken.

- **Prevention.**
At this stage, AIDS does not have a cure. The best way to deal with it is through prevention. Through this policy government aims to ensure that those not yet infected will take precautions, while those already infected are expected to prevent the spread of HIV. The government is encouraging the promotion of safe and healthy sexual behaviour, improving the management and control of sexually transmitted diseases (STDs), reducing mother-to-child HIV transmission (MTCT), addressing issues relating to blood transfusion and HIV, providing appropriate post exposure services, and improving access to voluntary testing and counselling.¹⁷
- **Treatment, care and support.**
Although AIDS is not curable, infected people cannot be isolated from the uninfected. Those who are HIV positive need to be given the opportunity to live like any other citizen of the country. Through this policy, government requires that HIV positive persons and those suffering from AIDS-related illnesses are provided with treatment, care and support services in health facilities and in their communities. Government is also developing and expanding the provision of care to children and orphans.¹⁸

- Research, monitoring and surveillance.

It is the duty of the government to make sure that citizens of the country are given the best basic services. In this key area the government has committed itself to ensure the development of an AIDS vaccine and the investigation of treatment and care options. Government also committed to conducting policy research and regular surveillance around the implementation of these.¹⁹

- Human rights.

The South African constitution guarantees the rights of all South African citizens, including HIV infected people. Due to the stigma attached to the pandemic, the government has attempted to create an appropriate environment by developing a 'National Intersectoral Campaign on Openness and Acceptance of people living with HIV/AIDS'.²⁰ This project aims to create a legal and policy environment that protects the rights of all such persons by 2005. It also aims to monitor human rights abuses and develop enforcement mechanisms for redress.

A number of institutions have been established to monitor the implementation of the policies discussed in the previous subsections.

It is important to note that because HIV/AIDS is not just a health issue the national strategic plan was designed to guide the country's response to the pandemic.²¹ Therefore, it was intended to inform the interventions of all sectors of society to combat the pandemic and cater for those living with the virus.

3.1.2 Operational plan for comprehensive HIV and AIDS care, management and treatment for South Africa

In November 2003, the government released the 'Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa'.²² Unlike the HIV/AIDS five-year strategic plan, this plan has various options for the care and treatment of HIV/AIDS and aims to accomplish two interrelated goals, namely:

- To provide comprehensive care and treatment for people living with HIV and AIDS; and
- To facilitate the strengthening of the national health system in South Africa.²³

The plan is guided by a long list of principles for its implementation, such as: quality of care; universal care and equitable implementation; strengthening the national health system; reinforcing the key government strategy of prevention; providing a comprehensive continuum of care and treatment; providing a sustainable programme; promotion of healthy lifestyles; promotion of individual choice of treatment; integration with government nutrition strategy; ensuring the safe use of medicines; meeting

world health organisation targets; treating multi-drug resistant tuberculosis; and local and regional integration.²⁴

3.2 Monitoring institutions

A number of institutions have been established to monitor the implementation of the policies discussed in the previous subsections. These include the National AIDS Council (NAC), provincial AIDS Councils within the provincial governments, metro AIDS Councils (these are councils run from the Mayor's offices of some metros) and many other local institutions.

The National AIDS Council is the highest body that advises government on all matters relating to HIV/AIDS. It advises it on HIV/AIDS/STD policy and advocates for the effective involvement of all sectors of society in implementing programmes and strategies. The council also monitors the implementation of the Strategic Plan in all sectors of society, creates and strengthens partnerships for an expanded national response among sectors, mobilises resources for the implementation of the AIDS programmes, and recommends appropriate research.²⁵ Like the National AIDS Council, the Provincial AIDS Councils were established to advise their provincial governments on HIV/AIDS while the Metro AIDS Councils normally advise the metropolitan governments on prevention, care, and support responses by civil society groups.

A worst case scenario is that the impact of HIV/AIDS will increasingly debilitate municipalities because of the loss of skilled and experienced staff.

3.3 Local strategies and guidelines on HIV/AIDS

Local communities, especially poor ones, are often most adversely infected and affected by the pandemic. Unfortunately they are also the ones expected to carry the heaviest social, health and financial burdens caused by HIV/AIDS. It is in these poor communities where people die in large numbers. These destitute communities have to carry the burden of unaffordable medical care and the heavy costs associated with burying the dead and caring for their families.

The pandemic has a profound impact on municipalities, constraining their capacity to effectively promote and advance a developmental agenda. The effect of HIV/AIDS is such that many people in municipalities are either infected or affected. As a result, no one, including councillors and council officials, is immune to the HIV/AIDS. Indeed, it is feared that the impact of the pandemic will undermine the capacity of municipalities to effectively and efficiently deliver services to local communities. In general, the HIV/AIDS pandemic is increasingly impacting on the services that municipalities are delivering to local communities and it is likely that the situation will deteriorate unless bold steps are taken.

A worst case scenario is that the impact of HIV/AIDS will increasingly debilitate municipalities because of the loss of skilled and experienced staff. This debilitation will inevitably result in a declining administrative capacity to manage local resources as well as deliver social services effectively to local communities with a resulting decline in both the quality and quantity of local service delivery. The following have been identified as the likely adverse effects of the pandemic on local government in South Africa:

- The loss of municipal employees with the adverse effect on the capacity of municipalities to deliver key services.
- Increases in the cost of recruiting, training and the providing of benefits to employees because of the loss of skilled staff.
- Declining economic growth as less disposable incomes restrict spending.
- Absenteeism with adverse effects on productivity in municipalities in particular and the economy in general.
- The inability of poor households to pay for local services, rents and rates.
- Increases in the number of people in need of care.
- Increases in the number of orphans.
- Pressure for more poverty-alleviation programmes.
- Increases in the need for health care services provided by municipalities.
- Expenditure meant for development may be diverted to health and social welfare expenditure.²⁶

It will behove municipalities to devise effective responses to mitigate these possible adverse effects.

It will behove municipalities to devise effective responses to mitigate these possible adverse effects. The National AIDS Policy allows municipalities to formulate and implement their own local strategies and guidelines in line with the national policy. Among others, the guidelines state that the municipalities need to “understand the terrain”, “analyse the incidence, impact, available resources and key interventions”, as well as “decide on priorities and activities”.²⁷ Critically, there is also an emphasis on municipalities and councillors taking a lead role in the fight against AIDS. The guidelines identify the following critical roles for municipalities:

- Coordination by bringing together stakeholders to develop strategies and coordinate the implementation.
- Facilitation by assisting civil society organisations in gaining access to resources, including government services and funding processes.
- Making council facilities available and using municipal communication facilities like newsletters and notice boards.

- Mayors and ward councillors should be role models for their communities and provide moral leadership on dealing with HIV/AIDS and people affected by the pandemic.
- Ensuring that the impact and consequences of HIV/AIDS are taken into account in long term planning around the Integrated Development Plans (IDPs).
- The use of clinics and public toilets for condom distribution.
- Developing clear poverty alleviation and indigent policies that target child-headed households and families that have lost breadwinners.²⁸

These strategies and guidelines need to be tailored to the needs of the communities they are aimed at. In designing and implementing HIV/AIDS related policies and programmes, municipalities are required to ensure the participation of citizens and local communities. The Municipal Systems Act of 2000, does not only require municipal councils to develop a culture of community participation but spells out detailed areas in which participation of local communities and stakeholders must take place. Towards this end, local governments are required to ensure community participation in the preparation, implementation and review of the Integrated Development Plan (IDP). In other words, local councils must encourage and create conditions for residents, communities and other stakeholders to participate in local municipal governance. This process enables local communities to identify and set their priorities (including challenges around HIV/AIDS), which have to be incorporated into the IDPs.

Councillors and municipal officials tend to argue that local citizens prioritised other issues such as housing and jobs over HIV/AIDS.

Unfortunately, HIV/AIDS has not received the attention it deserves. There are a number of reasons for this development. On the one hand, citizens and local communities point out that the lack of prioritisation of HIV/AIDS was due, in part, to the low awareness of politicians and local officials of the impact of the pandemic on their communities. On the other hand, councillors and municipal officials tend to argue that local citizens prioritised other issues such as housing and jobs over HIV/AIDS.²⁹

It, however, needs to be noted that South African municipalities have sought to respond to the HIV/AIDS pandemic long before the formal national policies on HIV/AIDS were developed. For example, in 1997 South Africa became one of the 17 African signatories to the 'African Mayor's Initiative for Community Action on AIDS at the Local Level' (AMICAALL).³⁰ The meeting's declaration states that leadership at the local government level (mayors and councillors) has a vital role to play by:

- Providing strong leadership on the issue
- Creating an openness to address issues such as stigma and discrimination

- Coordinating and bringing together community centred multisectoral actions
- Creating effective partnership between government and civil society
- The South African Local Government Association (SALGA) providing support to implement AMICAALL resolutions in South Africa.

4. HIV/AIDS, LOCAL GOVERNANCE AND SERVICE DELIVERY: THE CASE OF EKURHULENI METROPOLITAN COUNCIL

The Ekurhuleni Metropolitan Municipality has a total of 175 councillors: 88 ward and 87 proportional representation (PR) councillors. Ward councillors are elected for a specific demarcated area or ward on the basis of a simple majority, while the PR councillors are elected from a party list on the basis of the proportion of votes each party garnered in the elections. The African National Congress (ANC) has the majority of councillors. The Ekurhuleni metro is headed by an executive mayor and he presides over the Mayoral Committee (MC), which is the cabinet at the metro level. The Mayoral Committee consists of the Executive Mayor and 11 full time councillors. Nine of these councillors are the political heads of the nine municipal departments.

In responding to the HIV/AIDS pandemic, the Ekurhuleni metro has adopted its own local guidelines and initiated programmes to combat the pandemic.

The Ekurhuleni metro employs between 15 000 and 18 000 staff and serves an estimated 2.5 to 3 million inhabitants, including migrants.³¹ Ekurhuleni has the largest contingent of migrant workers from the rural villages of South Africa, as well as one of the largest populations in informal settlements, in the country.

Although no accurate figures are available, it is estimated that 27% of the inhabitants of Ekurhuleni metro are HIV positive³² – just above the national average of about 25%. The council itself has no official figures of HIV positive inhabitants. A number of factors account for this. Firstly, there is duplication of testing as there is no systemic mechanism to determine who has been previously tested.³³ Secondly, many people are reluctant to be tested.

It is, however, important to note that Council officials and councillors acknowledge the existence and the threat of HIV/AIDS in the Ekurhuleni metro. They further acknowledge that they are unable to measure the impact of HIV/AIDS on service delivery.³⁴ However, at the time of writing, the council had commissioned a study to determine the number of infected members of staff but they refuse to divulge the results of this to the public. Among other things, the study will enable the council to determine the

impact of HIV/AIDS on its capacity to function efficiently and effectively deliver services to its citizens.

In responding to the HIV/AIDS pandemic, the Ekurhuleni metro has adopted its own local guidelines and initiated programmes to combat the pandemic. In this regard, it has set up a specialised HIV/AIDS unit, which operates like other departments in the council, including having its own specific budget, which is allocated during the mayor's annual budget speech. For operational purposes, time frames have been set for the unit's activities. In terms of personnel, the unit has very few, since it is still in its initiation stages.

However, the council continues to experience problems in its efforts to combat the impact of the pandemic on its citizens. For example, the successful implementation of its programmes continues to be a challenge. This speaks to other issues; namely whether the metro has enough capacity, expertise and skills to implement these? Are councillors knowledgeable and capable enough to work with communities to implement these HIV/AIDS programmes? The answer to all of these is in the negative. In order to effectively combat the pandemic at this level, more needs to be done; especially as far as the councillors are concerned. They need more support, politically, financially and academically to come to terms with the strategies to fight the pandemic.

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4.1 The views of the implementers

This section highlights the common threads among councillors and council officials interviewed. The first and second parts focus on the responses of councillors and council officials respectively.

4.1.1 Councillors

The following positive points that can be deduced from interviews with councillors:

- Both ward and PR councillors from all political parties acknowledged that HIV/AIDS is a major challenge for their constituencies. They point to the increasing number of HIV/AIDS-related deaths in their constituencies.
- Ward and PR councillors from all political parties also recognised that the pandemic is one of the major priorities in their constituencies. However, it is not the main priority on their list, partly because their communities have prioritised other issues, such as jobs and housing.

- In line with the IDPs, councillors claimed to have ensured community participation in the formulation and implementation of HIV/AIDS programmes.³⁵

On the negative side, the following became clear:

- Most ward and PR councillors are unaware of just how HIV/AIDS is affecting service delivery.
- The majority of ward and PR councillors are unaware of any national, provincial or local policies on HIV/AIDS (this is in contrast to fulltime councillors and senior council officials). As a result, they are not aware of the basic principles in national policies on how councillors should behave in relation to HIV/AIDS.
- HIV/AIDS work is not integrated into the work of most councillors and they are unaware of the impact of the pandemic on their constituencies. HIV/AIDS is largely viewed as an issue for health professionals instead of the responsibility of every councillor and official. In fact, most councillors referred questions on HIV/AIDS to the councillors who served in the Health Portfolio Committee.
- There is a lack of commitment by councillors to form HIV/AIDS forums in their wards as required by the national guidelines on HIV/AIDS.
- Where forums exist, they are not sustained because of insufficient funds. The impact of HIV/AIDS forums has been limited because of the unwillingness of community members to participate without any immediate material benefits.
- The lack of participation in HIV/AIDS forums is compounded by the absence of community education on HIV/AIDS. It is important to note that AIDS forums are supposed to be the vehicle for HIV/AIDS awareness. Unfortunately, these forums had not been set up in the majority of wards at the time of writing.³⁶
- HIV positive people are allegedly victimised by health officials; especially nurses in clinics and hospitals. The result is that people tend to remain silent about their HIV status and are reluctant to participate in HIV/AIDS related activities.
- Council meetings do not include enough debate and discussion on HIV/AIDS issues. This is partly because in general, not enough time is allocated to council meetings – they meet once a month and councillors are not given enough time to prepare themselves. In addition, councillors tend to spend a lot of time in their offices attending to other problems rather than HIV/AIDS problems. The importance of this is that on average, councillors do not spend enough time dealing with HIV/AIDS related issues.
- There has been a marked politicisation of HIV/AIDS by councillors. Councillors from opposition parties complained that serious issues such

The business community is not forthcoming with resources for local communities to help councillors to carry out HIV/AIDS programmes.

as HIV/AIDS are being politicised in meetings instead of being taken seriously and debated on their own merits.

- The business community is not forthcoming with resources for local communities to help councillors to carry out HIV/AIDS programmes.
- The capacity of councillors to carry out HIV/AIDS programmes is further constrained because of conflicts between them and non-governmental organisations (NGOs). It is alleged that some NGOs are involved to further their own financial interests rather than from a genuine commitment to work with councillors and communities to combat the pandemic.³⁷

4.1.2 Council officials

This section highlights the main views of council's officials. Council officials tend to be the most knowledgeable group within the metro on most issues affecting municipalities, including HIV/AIDS. In fact, these full time council officials are regarded as the driving force for policy formulation and implementation within the municipality. Consequently, they have a final say on service delivery programmes and are held responsible for the implementation of government policies, including HIV/AIDS policies and programmes. These officials acknowledged that HIV/AIDS is a problem within the Ekurhuleni metropolitan council.

The necessary political will to mainstream HIV/AIDS issues into the council's activities is lacking.

While most council officials in the metro do not know the exact impact of the pandemic on service delivery, they point to the death of a number of their staff, with adverse effects on the council's capacity to efficiently deliver services. In addition, they observed that HIV/AIDS related deaths have increased the cost for the council. Not only does the council have to pay benefits to deceased families but they also have to recruit new officials.³⁸ As one council official puts it, "it is costly to replace such members and that it is derailing the service delivery process".³⁹ The productivity of council officials has also been adversely affected as increasingly officials are taking time off from work to attend memorial services of their colleagues who have died from AIDS related illnesses.

There are not many council officials that remain in denial about the impact of the pandemic on service delivery and governance in the Ekurhuleni metropolitan council. However, the necessary political will to mainstream HIV/AIDS issues into the council's activities is lacking. It is, therefore, not surprising that HIV/AIDS programmes have been ghettoised into the health sphere in the council.

5. CONCLUSION

The high prevalence of HIV/AIDS in South Africa in general and the Ekurhuleni metropolitan council in particular, has significant governance and developmental challenges for the country and council. While some policies and programmes are in place, a lot more needs to be done, especially by the metropolitan government, to limit the impact of the pandemic on its service delivery capacity. In this regard, the council has to recognise that HIV/AIDS is both a development and governance problem and not merely a health problem. Consequently, it needs to mainstream HIV/AIDS in all its programmes. Similarly, both councillors and officials need to prioritise the pandemic in their activities, including time allocated to discuss HIV/AIDS in the council's meetings. In addition, more resources, including personnel and funds has to be devoted by the council to minimise the impact of the pandemic on council work as well as on local communities. Furthermore, the Ekurhuleni metropolitan council needs to urgently bridge the gap between it and communities by ensuring greater citizen participation in all HIV/AIDS related programmes and activities. These programmes and activities will contribute to enhancing the council's capacity to limit the spread of the pandemic and care for people living with the virus.

ENDNOTES

- ¹ Interview with a member of mayoral Committee (MMC) - Ekurhuleni metro - 2004
- ² Local Government. 'Municipal Systems Act 32 of 2000'.
- ³ Rapoo T et al. 'Alternative service delivery arrangements at municipal level in South Africa: assessing the impact of electricity service delivery and customer satisfaction in Johannesburg.' Research report. Centre for Policy Studies, September 2003; 102.
- ⁴ The Constitution of the Republic of South Africa, Act 108 of 1996, section 154 (1).
- ⁵ The Constitution of the Republic of South Africa, Act 108 of 1996, section 151 (3) and (4).
- ⁶ Mathoho M. 'HIV/AIDS and local interventions in South Africa: exploring governance issues and lessons for Ekurhuleni municipality.' Policy Brief. Centre for Policy Studies, January 2005; 36.
- ⁷ Department of Health. 'HIV/AIDS strategic plan for South Africa 2000-2005'.

- ⁸ Ibid.
- ⁹ http://www.unicef.org/aids/files/SOWC06_Table4.pdf
- ¹⁰ Mathoho 2.
- ¹¹ *The Star* 17 May, 2005. Accessed at http://www.iol.co.za/index.php?set_id=1&click_id=79&art_id=vn20050517070105896C775362&newslett=1&em=14927a1a20050517ah
- ¹² Ibid.
- ¹³ Ibid.
- ¹⁴ Barnett T, Whiteside A. 'AIDS in the Twenty-First Century: Disease and Globalisation.' New York: Palgrave, Macmillan, 2002; 297.
- ¹⁵ Department of Health. 'HIV/AIDS strategic plan for South Africa 2000-2005'.
- ¹⁶ Department of Health. 'Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa.' November 2003.
- ¹⁷ Department of Health. 'HIV/AIDS strategic plan for South Africa 2000-2005'.
- ¹⁸ Ibid.
- ¹⁹ Ibid.
- ²⁰ Ibid.
- ²¹ Ibid.
- ²² Department of Health. 'Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa.' November 2003.
- ²³ Ibid
- ²⁴ Ibid
- ²⁵ Department of Health. 'HIV/AIDS strategic plan for South Africa 2000-2005'.
- ²⁶ Education and Training Unit. 'HIV/AIDS and Municipalities.' Accessed at <http://www.etu.org.za>
- ²⁷ Mathoho.

- ²⁸ Mathoho.
- ²⁹ Interview with councillors from Ekurhuleni metro.
- ³⁰ Education and Training Unit. 'HIV/AIDS and Municipalities.' Accessed at <http://www.etu.org.za>
- ³¹ Interview with council officials.
- ³² Interview with council officials and full time councillors, Ekurhuleni metro.
- ³³ Ibid.
- ³⁴ Interview with council officials.
- ³⁵ Interview with councillors, Ekurhuleni metro, 2004.
- ³⁶ Ibid.
- ³⁷ Ibid.
- ³⁸ Interview with council officials, Ekurhuleni metro, 2004.
- ³⁹ Interview with councillors, Ekurhuleni metro, 2004.