



# **HIV/AIDS in the Nelson Mandela Metropolitan Area**

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# HIV/AIDS IN THE NELSON MANDELA METROPOLITAN AREA – A CASE STUDY

*By Mirjam van Donk, August 2002*

## Basic socio-economic profile of the Nelson Mandela Metropolitan area

The Nelson Mandela Metropolitan area has an estimated population of 1.2 million people. Just over half (52%) of the population is female. The area has a young population: 38% of the population is younger than 20 years old. Annual population growth has been estimated at 2.8%, but with the impact of HIV/AIDS, it is anticipated that the annual population growth rate will not exceed 1.9%.

There are about 220,000 households in the metropolitan area, of which 40% are considered indigent. The unemployment rate in the area has declined since 1994, but with 34.5% it still stands above the national average. Currently, 70,000 households (32%) does not have adequate housing. Most households have access to a basic level of water supply, with 25% of households dependent on communal standpipes. Just over 10% (23,000 households) relies on the bucket system for sanitation. Informal settlements do not have electrification.

## HIV/AIDS in the Nelson Mandela Metropolitan Area

Based on locally collected data (see below), it is estimated that there is a 26% HIV prevalence rate in the area. In comparison, rural areas in the Western Region of the Eastern Cape Province are estimated to have a 7% HIV prevalence rate. This means that the HIV prevalence rate in the Nelson Mandela metropolitan area is higher than the provincial HIV prevalence rate of 21.7% and even the national HIV prevalence rate of 24.8% (in 2001). Graph 1 shows the trend of the HIV/AIDS epidemic since 1989 in the Western Region of the Eastern Cape (which encompasses the metropolitan area), reflecting new HIV cases and the number of AIDS deaths per annum. Based on this data, the cumulative number of people infected with HIV in that period amounts to 41,180 and the total number of AIDS deaths since 1989 is 4,739. Disregarding potential movement patterns of people infected with HIV to and from the metropolitan area, this means that the area currently hosts at least 36,441 people living with HIV/AIDS. The data also indicates that HIV continues to spread with an annual growth rate of 11%.

Graph 1. HIV/AIDS Statistics of the Western Region, Eastern Cape, 1989-2001

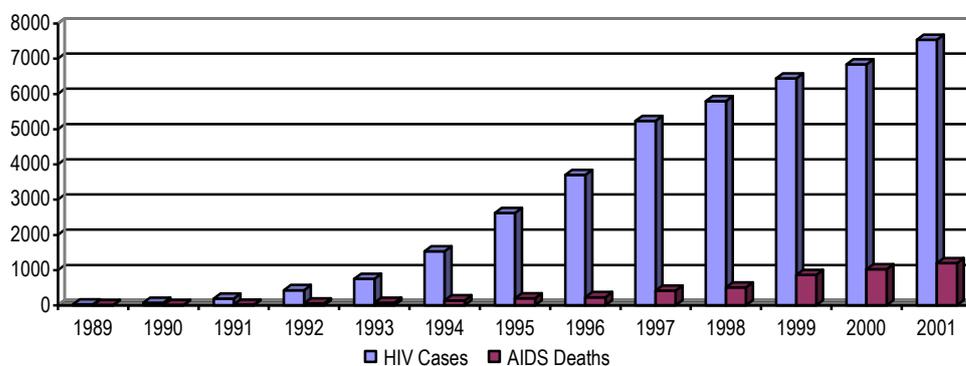


Table 1 reflects the population breakdown of new HIV infections in 2001. It indicates that the majority of new infections occurred among African women (55% of total infections among adults and 52% of total infections), followed by African men (33% of total new infections among adults and 30% of total infections). It is therefore unsurprising that the vast majority of paediatric cases of HIV infection (91%) concerns African children. It is

clear that the African population is disproportionately affected: whilst the African population makes up 56% of the population of Port Elizabeth, 88% of all recorded new HIV infections in 2001 occurred among the African population. The Coloured population accounts for 12% of new infections, yet makes up 24% of the total population of Port Elizabeth.

**Table 1. New cases of HIV infection in 2001 in the Western Region of the Eastern Cape**

	African	Coloured	White	Asian	Total	% of total
Male	2,232	300	10	2	2,544	33.7%
Female	3,884	540	2	3	4,429	58.9%
Unknown	71	13	0	0	84	1.1%
<i>Sub-total adults</i>	<i>6,187</i>	<i>853</i>	<i>12</i>	<i>5</i>	<i>7,057</i>	<i>93.7%</i>
Paediatric	438	42	0	0	480	6.3%
<b>Total cases</b>	<b>6,625</b>	<b>895</b>	<b>12</b>	<b>5</b>	<b>7,537</b>	<b>100%</b>
<i>% of total</i>	<i>88%</i>	<i>12%</i>	<i>0%</i>	<i>0%</i>	<i>100%</i>	

Source: AIDS Training, Information and Counselling Centre (ATICC), Western Region of the Eastern Cape (2002)

Two thirds (66%) of the new cases of HIV infection in 2001 were recorded in the Port Elizabeth area, with the remaining 34% being recorded outside Port Elizabeth. Since 1989, it is estimated that 80% of all cases of HIV infection have been recorded in the Port Elizabeth area. How many of these people were actually living in Port Elizabeth, or are still living in the metropolitan area, is unclear. It is anticipated that a significant number of people may have come to hospitals in the urban area to access specialised services, but have subsequently returned to rural areas, especially during late-stage illness. It was noted that 50% of all patients at Livingstone Hospital and Dora Nginza Hospital show symptoms of HIV/AIDS-related illnesses. As a result, there is a drastic shortage of medical beds and health workers. Although Home Based Care is made available through St Francis Hospice and St Johns Ambulance, due to the high levels of poverty and unemployment in the metropolitan area, many patients do not want to be discharged from hospitals.

In 2001, 1,200 AIDS deaths were recorded, of which 18% occurred among children under the age of 13 years. The average age at death was 29.4 years. With on average three AIDS-related deaths each day, the mortuaries in the metropolitan area are full and the number of pauper's funerals has increased significantly. Churches are increasingly called upon to ensure a dignified burial for those who are too poor to afford it through collections and by conducting the funeral service.

Unemployment and poverty are seen to be among the core drivers of the epidemic. These factors link to lack of food security and nutrition and therefore accelerate ill health and death. Transportation, coupled with a commercial sex industry, also contributes to the spread of HIV/AIDS. In light of this, it is interesting to observe that the new development at Koega is met with some trepidation. The anticipated increase in the number of (single male) migrants and traffic are likely to further enhance vulnerability of local communities, in particular Motherwell, to the spread of HIV.

## **Review of the response to HIV/AIDS in the Port Elizabeth Municipal Area**

### *The AIDS Training, Information and Counselling Centre (ATICC)*

The first official response to HIV/AIDS in the area came with the establishment of the AIDS Training, Information and Counselling Centre (ATICC) in Port Elizabeth in 1989. It currently services the Western Region in the Eastern Cape. Although its funding comes from the provincial Department of Health, local government (now the Nelson Mandela Metropolitan Municipality – NMMM) acts as the agent in the execution of the funds. In addition to the provision of training, HIV/AIDS counselling and education services, the ATICC keeps a database on new HIV cases and AIDS deaths in the Western Region.

Newly identified cases of HIV infection and AIDS-related deaths have been recorded since 1989, which enables relevant actors in the area to identify trends over time. Although the statistics are not based on epidemiological data, such as the national antenatal survey, the findings are considered statistically accurate and sound. Over time, the data has been used effectively to formulate appropriate strategies. It has also proven to be a very powerful advocacy tool, which has been used effectively in the past few years to encourage stakeholders like the private sector and other actors to develop appropriate responses to the epidemic.

In October 1998, the then Deputy President, Mr Thabo Mbeki, announced the Partnership against AIDS. In Port Elizabeth, this political milestone led to the establishment of the Intersectoral Forum on World AIDS Day in 1999. In recognition of the important role of local government (and in particular of the municipal Health Department) in responding to the HIV/AIDS epidemic, the Health Department in the Municipality of Port Elizabeth was given overall responsibility for managing the affairs of the Intersectoral Forum, with the ATICC playing a coordinating and implementing role. The role and function of the Intersectoral Forum will be discussed below. One of the implications for the ATICC was that its ambit broadened from a health focus to a multidisciplinary focus. Despite the wider scope of its work and the growing number of HIV cases and increasing demand for support to people and communities infected/affected by HIV/AIDS, the staff complement of the ATICC has not increased since 1992. Currently, two of its four positions for professionals are vacant, which puts significant pressure on current staff.

#### *The Intersectoral Forum and the Local AIDS Council*

Prior to the establishment of the Intersectoral Forum, NACOSA<sup>1</sup> played an important role in coordinating HIV/AIDS-related activities between different actors. However, there was clearly a need for more structured coordination and collaboration. In December 1999, the Intersectoral Forum was launched to address this need. From its inception, the Forum included representatives from 9 government departments, 2 local authorities (at that time, Port Elizabeth TLC and Western District Council), the business sector (13 representatives), 2 trade unions, 10 NGOs, the health sector (9 representatives), 4 tertiary institutions, 1 student body and 2 political bodies. However, its membership is open to all interested parties and currently about 75 organisations are part of the Forum. Over 50 people, representing more than 40 organisations, attended the last meeting in August 2002. This illustrates the level of interest and commitment to work collectively in the face of the epidemic. Of interest is that there is strong representation from the business sector on the Forum (currently over 20% of all representatives), which highlights the prospect of public-private-community partnerships in HIV/AIDS programmes. However, there is still a need to bring more local businesses on board.

The Intersectoral Forum organises a number of events collectively: Condom Week (in February), Candlelight Memorial Day (which is coordinated by the religious sector and has expanded to a week, with community-based activities taking place in the week leading up to Candlelight Memorial Day in May), School AIDS Week (in September) and World AIDS Day (in December). It also uses special days like Youth Day and Women's Day to raise awareness about HIV/AIDS. Representatives of the Intersectoral Forum were unanimous in their appreciation of the Forum. They felt that it served an important purpose of sharing information and learning and that it helped to facilitate collaboration between the different organisations seeking to address the HIV/AIDS epidemic. Such collaboration does not only happen around collective events, but also at other moments where it is appropriate. It was also commented that the Forum plays an important role in raising awareness of the multi-faceted nature of HIV/AIDS at community level. If communities are more knowledgeable, there will be more openings for people infected with and affected by HIV/AIDS to disclose their status and ask for support.

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<sup>1</sup> NACOSA stands for the National AIDS Coordinating Committee of South Africa, which was launched in 1992 and formulated an AIDS policy between late 1992 and early 1994. This policy laid the foundation for the National AIDS Plan.

The Local AIDS Council was initially launched on 1 December 2000, which was just a few days before the municipal elections. It was subsequently relaunched on World AIDS Day in 2001 under the leadership of the Executive Mayor of the Nelson Mandela Metropolitan Council. It serves as an overarching structure for HIV/AIDS management at local level, with the Intersectoral Forum as the technical/support implementation structure. The Local AIDS Council consists of representatives from the different sectors involved in the Intersectoral Forum (based on proportional representation) and is chaired by the Executive Mayor. Interestingly, all Members of the Mayoral Committee serve on the Local AIDS Council.

#### *Initiatives from government departments*

Through local offices and structures, various national and provincial government departments have embarked on HIV/AIDS initiatives. Each of these initiatives seems to have benefited significantly from the relationships established through the Intersectoral Forum. Many of these initiatives are concentrated in Motherwell, which has been identified as a high HIV prevalence area by, amongst others, the Truckers Association. These include the High Transmission Area Programme of ATICC, the PMTCT site (Health) and the site for implementing the HIV/AIDS Integrated Plan, which is a coordinated response of the departments of Education, Health and Social Development. These last two initiatives will be briefly elaborated on below. Motherwell is also a Presidential site for the Urban Renewal Programme. The Department of Housing bears main implementation responsibility for these sites. Although not specifically focussed on HIV/AIDS, it is recognised as a significant initiative that can make an important contribution to the local response to HIV/AIDS.

#### Department of Health

It is obvious that health care services are faced with the immediate consequences of HIV/AIDS. Hospitals and clinics play an important role in providing treatment and care and have increasingly become centres for a more comprehensive approach to infected and affected households/individuals (see below for a discussion of the AIDS Response Centres). In May 2002, the Department of Health launched a Prevention of Mother-to-Child Transmission (PMTCT) site at Dora Nginza Hospital, with the hospital becoming a supplier to feeder clinics and hospitals in the metropolitan area. There is already a PMTCT site in Motherwell since last year and another site has been set up at Port Elizabeth Technikon/University. The new site was given very short notice to prepare (2 weeks), which was made possible thanks to the support from the ATICC, which provided training to health workers, and the Nelson Mandela Metropolitan Municipality (NMMM). The initiative also experienced some teething problems, most notably among these is the fact that the drugs were only received by the end of June and a delay in receiving the kits for Voluntary Testing and Counselling from the provincial government. There is also a need to provide training for other hospitals and clinics.

#### Department of Welfare

The HIV/AIDS Programme of the national Department of Social Development has identified children, and especially orphans, as a particularly vulnerable group in the context of the HIV/AIDS epidemic. As the main implementing agency, the provincial Department of Welfare seeks to find placements for AIDS orphans in the community and with relatives, but given the scale of poverty and the stigma associated with AIDS, there is great reluctance to fulfil this role. Thanks to a partnership with the church, some women have come forward to become caregivers for these orphans. However, the Department has also recognised that the slow processing of grant applications hampers community involvement and is seeking to speed up the application process. A number of organisations have organised fundraising events for AIDS orphans, the proceeds of which have gone to pay for school fees, uniforms and food parcels.

In terms of social security provisions, the Department does not have a specific HIV/AIDS grant, but people infected with HIV/AIDS may qualify for a disability grant, if they have a

medical certificate that proves they are unfit to work. In addition, the Department aims to provide social relief to communities and households affected by HIV/AIDS by establishing contracts with local shops.

Significantly, the Department of Social Development is responsible for coordinating the HIV/AIDS Integrated Plan, which serves to link the interventions of health, education and welfare. In the Nelson Mandela Metropolitan area, two AIDS Response Centres have been set up at Dora Nginza Hospital and in Motherwell. These centres are managed by the Department of Welfare and aim to provide a comprehensive service, which includes a nutrition programme for children, Home Based Care programmes and income generating projects. The centres seek to involve people living with HIV/AIDS. The intention is that the AIDS Response Centres help to identify orphans and vulnerable children. Because many of these children do not have birth certificates, it has become increasingly important to involve the Department of Home Affairs in the initiative.

#### *The Nelson Mandela Metropolitan Municipality's response to HIV/AIDS*

In 2000, the predecessor of NMMM was one of the South African municipalities that signed AMICAALL (the Alliance of Mayors' Initiative for Community Action on AIDS at the Local Level). As the implementation agency for ATICC, the coordinator of the Intersectoral Forum and the convenor of the Local AIDS Council, the NMMM (and its precursor, the Port Elizabeth Transitional Local Council) has been centrally involved in the local response to HIV/AIDS. Whereas initially this involvement was confined to specific actors and structures within the municipality (most notably the Department of Health), in the last two years there are signs of much broader awareness and involvement. There is clear evidence of strong political commitment and leadership with respect to HIV/AIDS, particularly after the municipal elections in 2000. The more recent political shift at national government level has also facilitated a more concerted local effort to stem the epidemic. Although HIV/AIDS is brought under the Council portfolio of Environment and Health, since 2001 all Members of the Mayoral Committee serve on the Local AIDS Council. This demonstrates not only political support, but also shows recognition of HIV/AIDS as a crosscutting issue.

The Council recognises both the internal and external impacts of HIV/AIDS. The Council has adopted a workplace policy on HIV/AIDS, which is being used to encourage other local stakeholders, such as the business sector, to adopt a similar policy. Because of the issue of confidentiality and the stigma associated with HIV/AIDS, the Council does not know how many of the 7,000 employees are currently infected with HIV. Prior to the enactment of the Employment Equity Act, the Port Elizabeth TLC did pre-employment testing of prospective employees. The results did not influence whether or not the person would be employed, but did influence the benefits that the person could qualify for. Once there are uniform Conditions of the Service in the NMMM, the previous categorisation of having 'chronic disease' due to HIV status may have to be revised or withdrawn. Currently, discussions are taking place about the possibility of multi-skilling of employees to ensure consistency in service provision when staff members fall ill or die due to HIV/AIDS.

In terms of the external impacts of HIV/AIDS, the Council recently set up a Task Team to look at the issue of non-payment of services and identify instances of non-recoverable costs, where the indigence policy would be applicable.

Within the administration, it appears that awareness of HIV/AIDS and the potential impact on service delivery and institutional capacity is only slowly emerging. The first interdepartmental discussion on HIV/AIDS within the NMMM took place in November 2001. Whereas some departments were already feeling the impact of HIV/AIDS (for example, waste management reported an excess death rate among its staff members, which was assumed to be linked to HIV/AIDS), for other departments the issue was not yet obvious (e.g. Treasury). The discussion proved to be very effective in increasing

awareness about the epidemic and its implications for local government. However, since then, no follow up has taken place.

In terms of service delivery, some interventions to respond to HIV/AIDS have taken place. For example, the NMMM makes so-called 'metro houses' available to people living with HIV/AIDS. These houses have certain adaptations for late stage illness (e.g. wider doors for wheelchair access) and are therefore more costly to the municipality. In recognition of the threat of secondary infection in unhygienic conditions, which affect the health status of a person living with HIV/AIDS, the provision of water and sanitation facilities in the home has been given another impetus. However, these initiatives have been ad hoc in nature. Significantly, the new Integrated Development Plan (2002-2006), adopted in August 2002, highlights that an Integrated HIV and AIDS Plan will be developed, based on an in-depth assessment of the scale, nature and specific impacts of HIV/AIDS on population growth, economic and industrial productivity, delivery requirements in the metropolitan area and other social delivery impacts. The intention is that this assessment will be conducted before the end of 2002. A comprehensive Integrated HIV and AIDS Plan will be developed on the basis of the findings to overcome the ad hoc nature of current interventions. The IDP has been formulated under strong political direction from the Mayor and Mayoral Committee.

### **Key lessons and recommendations**

The following lessons and recommendations can be drawn from the summary description of HIV/AIDS and the response to the epidemic in the Nelson Mandela Metropolitan area:

1. Local data suggests that HIV/AIDS is concentrated in the metropolitan area, where HIV prevalence rates are significantly higher compared to surrounding areas. Although there is no research that confirms this, there is a strong suspicion that a reasonable number of people come from surrounding areas to the metropolitan area to access local services.
2. The local database on HIV infections and AIDS deaths managed by the ATICC has been instrumental in the formulation of appropriate strategies. It serves as an early warning system and a critical advocacy tool in mobilising the efforts and resources of various stakeholders. The fact that the data is disaggregated on the basis of age, gender and race is particularly useful to inform policy and programme development. It is an indication of visionary leadership at the time to set up appropriate systems for data collection.
3. In addition to data on new HIV cases and AIDS deaths and anecdotal evidence from hospitals, clinics, welfare facilities and other organisations concerning the impact of HIV/AIDS, there is a need for detailed assessments of the current and envisaged impact of HIV/AIDS on service provision and institutional capacity. The current IDP is laying the foundation for a more comprehensive and integrated response to HIV/AIDS (which will be both reactive and proactive) by making provision for such an assessment.
4. Political support and political leadership on HIV/AIDS are of critical importance. The fact that Members of Mayoral Committee serve on the Local AIDS Council, which is chaired by the Mayor of the NMMM, gives political weight to initiatives to respond to HIV/AIDS and facilitates a multisectoral perspective on HIV/AIDS. Due to the strong influence of the politicians (through consultations with community representatives and other stakeholders) on the newly formulated IDP, HIV/AIDS has been incorporated as posing a core challenge to local development.
5. Dynamic leadership from within government departments at local, provincial and national level is equally important to involve other stakeholders and direct the local response to HIV/AIDS. The endorsement of and involvement in HIV/AIDS initiatives (both workplace based and service related) from senior management is seen as

critical to overcome stigma, discrimination and ignorance on HIV/AIDS. Management support could also allow for more openness among employees to disclose their HIV status.

6. An integrated, multi-sectoral response is required to deal with the complex, multi-faceted nature of HIV/AIDS. Appropriate structures for coordination, collective action and networking are central to a comprehensive response. Such structures may be required at different levels, e.g. within the municipality (to coordinate the activities of the various departments) and between the multiple stakeholders involved in urban development. Experience from the NMMM shows that local government can play an instrumental role in this regard. With local offices from national and provincial departments being more removed from their political leadership, local Councils can give the necessary political direction and support to these offices.
7. Collective action and cooperation can be an important strategy to mobilise resources, especially in light of the scale of the epidemic and the multiple impacts. However, coordinating structures and events also need resources and adequate personnel. In the Nelson Mandela Metropolitan area, the central role played by the ATICC was widely appreciated. Yet, the fact that the office is faced with serious human resource constraints was clearly identified as an issue of concern.
8. At this stage, there is no HIV/AIDS policy for Councillors. Yet, Councillors themselves could be infected or affected by the epidemic. They could even potentially facilitate the spread the virus, given their position of power in the community. This seems to be an issue for SALGA to consider.
9. The process of sharing learning and information concerning local responses to HIV/AIDS between different stakeholders and between different cities can be very beneficial. Whereas other municipalities may not have the benefit of an ATICC or a database that serves as an early warning system, experiences from NMMM could assist other municipalities in developing similar, yet locally appropriate, responses to the HIV/AIDS epidemic. In turn, the NMMM feels it could benefit from the lessons and experiences in other municipalities.

**List of respondents***Nelson Mandela Metropolitan Municipality:*

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Ms D. Jackson, ATICC

Mr Mazosiwe, ATICC

Mrs V.V. Benmazwi, HIV/AIDS Metropolitan Coordinator

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