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MANAGING THE HIV/AIDS DISASTER BEYOND 2000

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1. INTRODUCTION

Since the early discovery of the HI virus, the number of people who are infected has grown at a rapid pace worldwide. The affects of this deadly disease has not escaped the South African society. In fact, it has grown to the extent that all South African are either infected or affected by the devastating and increasing statistics that are reported to the nation on an annual basis by, amongst others, the Department of Health.

Different policies, plans, programmes and strategies have been announced and partially implemented by Government. Yet, the successful management of the HIV/AIDS epidemic is still not eminent on the horizon of our young democracy. In the absence of a successful medical solution for the disease, the latest initiative of Government was to join in the fight against HIV/AIDS by launching and supporting the Partnership Against AIDS Campaign. The HIV/AIDS infections in South Africa is the fastest-growing epidemic in the world. Moreover, South Africa is behind other countries in successfully managing this silent, creeping and deadly disease.

The question has now for a long time remained unanswered and that is what can we do more to prevent more HI infections in this country? The answer is unfortunately not an easy one as the solution is a highly complicated matter. No wonder the previous President of South Africa, Nelson Mandela not long ago expressed the following words of wisdom: "The vision which fueled our struggle for freedom; the deployment of energies and resources; the unity and commitment to common goals – all these are needed if we are to bring AIDS under control. Future generations will judge us on the adequacy of our response". This statement capture the enormous responsibility that each of us have on our shoulders.

In my research for my doctorate, I have chosen the topic “A National Policy Framework for Disaster Management with Reference to AIDS in South Africa” as a possible solution to health managers and disaster managers in the successful management of the HIV/AIDS disaster. The findings of this research suggests a way forward in managing the HIV/AIDS disaster beyond 2000.

In this paper, the aim is to explain what disaster and disaster management is all about and to argue that HIV as a threatening hazard is causing serious disruptions in all aspects of South African society. It causes widespread losses in our society and as a result of the underlying causes, such as poverty and unemployment, it exceeds the ability of those who are affected to assist themselves. The end result is that Government and other sectors must take responsibility to manage the HIV hazard to ensure that an AIDS disaster is prevented. In this paper, I would therefore argue that HIV/AIDS must be viewed by government as a slow-onset disaster. In addition to this, the amendment of the current health policies will be advocated in order for the HIV/AIDS disaster to be managed according to disaster management principles.

Before the HIV/AIDS epidemic in South Africa can be put into perspective, it would be meaningful to conceptualise disaster and disaster management.

2. DISASTER AND DISASTER MANAGEMENT IN PERSPECTIVE: A BRIEF OVERVIEW

Disaster can take on many forms in a society. Disaster could impact in many different ways and affect families, communities, a society as a whole and it can even threaten a whole country; its government, public services and moreover the ability to respond effectively. Disaster can be associated with major losses of life, the destruction of resources, the intervention of a government to assist the affected communities and many different actions that are undertaken by different role-players in society.

The question therefore arises as to how can a disaster be best described. There are many different descriptions of what a disaster is, but the most comprehensive definition of a disaster was developed by the UN Disaster Management Training Programme (1992:4) where a disaster is described as a serious disruption of the functioning of a society and it causes widespread human, material or environmental losses which exceeds the ability of the affected community to deal with the disaster by means of its own resources.

One of the most significant aspects of this description is the fact that the affected community does not have the capacity to deal effectively with the disaster. The question then arises as to who is responsible for effectively managing disasters. According to Carter (1992:xviii), the management of a disaster is an ongoing national priority. In other words, the management of disaster is, in the first instance, a government responsibility.

To illustrate that government is taking its responsibility to manage disaster seriously, the following sections in the Constitution of the Republic of South Africa of 1996 encapsulate this responsibility:

- Preamble of the Constitution
- Sections 6, 10, 11, 24, 26, 27, 28 ©, 41 (1b) and (h), 195
- Schedule 4

According to the Annual General Meeting of the Disaster Management Association of Southern Africa (1998), the Constitution lays the foundation for an effective disaster management national policy. The first foundation in terms of a national policy for disaster management was the acceptance of the White Paper for Disaster Management. The next step would be to ensure disaster management legislation so that there is a legal responsibility on Government to manage disasters.

The management of disaster is not only a national responsibility, but the effects of disasters can be reduced if the government, together with executive government departments at all spheres, can manage disasters in a proactive manner. A reactive approach in managing disaster can actually multiply the affects of disaster nationally.

When is an event seen to be a disaster? The answer to this question is when government declares an event a disaster. Another aspect which is related to disaster is a hazard. What is a hazard? A hazard is a rare or extreme event in the environment that impacts unfavorably on human life, property or activity to the extent that it can cause disaster. Hazards can be classified as follows:

- Geological hazards, e.g. earthquakes
- Climatological hazards, e.g. tropical cyclones
- Environmental hazards, e.g. environmental pollution
- Epidemics, e.g. HIV/AIDS
- Industrial accidents (UN Disaster Management Training Programme, 1992:4)

Disaster management actually means to manage hazards effectively to reduce the risk of a disaster from occurring. In this way, a proactive approach in managing disaster is embraced.

The question arises as to what causes a disaster to happen. According to Blaikie, Canon, Davis and Wisner (1994:22), the underlying causes of disaster can be explained in terms of the progression in vulnerability in a society. The progression in vulnerability in a society can be described in terms of three factors in the society, namely:

- Unsafe conditions, e.g. fragile physical environment, unstable economy of a country and low income per household;
- Dynamic pressures, which entail a conversion of negative aspects in the society into unsafe conditions, e.g. a lack of basic services in the community; and
- Hazards (also known as causal factors), e.g. HIV/AIDS.

The underlying factors to unsafe conditions, dynamic pressures and hazards are deep-rooted phenomena, which together form and maintain vulnerability. The following underlying factors in a society, together with the above three factors, can cause disaster

- Poverty;
- Population growth;
- Rapid urbanisation;
- Transition in cultural practices;
- Environmental degradation;
- Lack of awareness and information;
- War and civil strife; and
- Misuse of modern technology (UNDP/UNDRO Disaster Management Training Programme, 1992:5-9).

In other words, the progression in vulnerability (unsafe conditions, dynamic pressures and hazards) + causal factors of disaster = disaster.

There are different types of disaster. The different types of disaster are explained in terms of the spread of a disaster, namely rapid-onset disasters and slow-onset disasters. These phases can be distinguished but not separated from one another. Rapid-onset disasters occur over a relative short space of time and the following phases can be identified:

- Mitigation phase;
- Rehabilitation phase;
- Reconstruction phase;
- Relief phase; and
- Preparedness phase.

Slow-onset disasters occur over a relative long period and the following phases can be identified:

- Early warning phase;
- Emergency phase; and
- Rehabilitation phase;

An explanation was given in terms of the key aspects and principles of disaster. It was constantly mentioned that it is, in the first place, the responsibility of government and executive government departments at all spheres, to manage disasters successfully. The question arises as to what is disaster management.

The management of disaster is a dynamic, comprehensive and ongoing activity, which entails the classical management functions (Carter, 1992:xxiii). Management functions can be grouped as follows:

- Planning;
- Leading; and
- Controlling.

The above list is not exhaustive, but indicates some of the main classical management functions. According to the UN Disaster Management Training Programme (1992:11), disaster management is a body of administrative decisions and operational activities that involve all the different phases of disaster. Therefore disasters are managed within an administrative framework

which includes the classical management functions. The management of disaster involves all phases of disaster. This supports the view that the management of disaster integrates all the above aspects.

The administrative framework within which disasters are managed, entail the generic administrative enabling functions, such as:

- Disaster management policy-making;
- Disaster management financing;
- Human resource management;
- Organisational arrangements for disaster management;
- Arrangements for adequate procedures and methods; and
- Control measures.

The generic administrative enabling functions ensure that the objectives of disaster management are met successfully. It is within this administrative framework that disasters are being managed.

The occurrence and meaning of disaster and disaster management have been explained. The underlying causes of disaster have been illustrated in terms of the progression in vulnerability in a society. It has been indicated that epidemics are regarded as hazards. I have also argued that a proactive approach to disaster management is to manage hazards effectively in society. The fact that epidemics are regarded as an important role-player in causing disaster and the underlying philosophy of managing disaster beg the question whether the government in all its effort until now realise that the solution to the HIV/AIDS epidemic might be found in managing it according to disaster management principles. Sunter (1996:35) has already warned that HIV/AIDS has been since the death of Apartheid, the single most significant hazard to threaten South African society.

Bearing what was described and explained about disaster and disaster management in mind, it is appropriate to put HIV/AIDS into perspective.

3. HIV/AIDS: A SLOW ONSET DISASTER

It was already indicated that epidemics are regarded as a hazard in any society. HIV/AIDS is regarded as an epidemic in South Africa. The argument that HIV/AIDS can be regarded as a slow onset disaster can be explained in terms of the origin, nature and extent of the epidemic in South Africa.

3.1 Origin and description of HIV/AIDS

The origins of HIV/AIDS can be traced back to a report that was compiled during 1981 by Dr. Gottlieb of the University of California in Los Angeles. In this report Dr. Gottlieb refers to a rare form of lung infection that occurred amongst homosexual men. Approximately during the same time, other reports referred to a rare form of cancer that occurred amongst homosexual men (Fan, Connor & Villarreal, 1998:2. Cf. also Wendell, Hoffman & Grenz, 1990:35-62).

This illness was eventually called the Acquired Immuniodefficiency Syndrome as the symptoms consequently related to the damaging of the immune system of previously healthy individuals. During this time, it became clear that this illness was not inborn or inherited. It became clear that this illness was an acquired illness (Fan. *et al.* 1998:2-3. Cf. Also Wendell, *et al.* 1990:35-62). The question then is, what is AIDS? AIDS is an acronym which means **Acquired** (which means that it is something that a person has that the person did not have before), **Immunity** (it has to do with the ability of the body to fight the illness), **Deficiency** (a shortage of) and **Syndrome** (which implies how the patient is feeling) (Questions on AIDS, 20 March 1998).

AIDS is caused through an infection by a virus called the **Human Immunodeficiency Virus** (HIV). The HI virus was for the first time isolated by French and American researchers during 1984 (Fan, *et al.* 1998:2-3. Cf. Wendell, *et al.* 1990:35-62). The HI virus selectively infects a specific subdivision of the white bloodcells and can cause considerable damage to the immunity of a system (Questions on AIDS, 20 March 1998. Cf. Also Mays, Albee & Schneider, 1998:72-74).

The nature of AIDS is a complex affair which can be associated with various infections and different types of cancer. The HI virus can also affect the mind of a patient. These aspects as well as the fact that AIDS is considered to be an epidemic will be next be taken under scrutiny.

3.2 The nature of HIV/AIDS

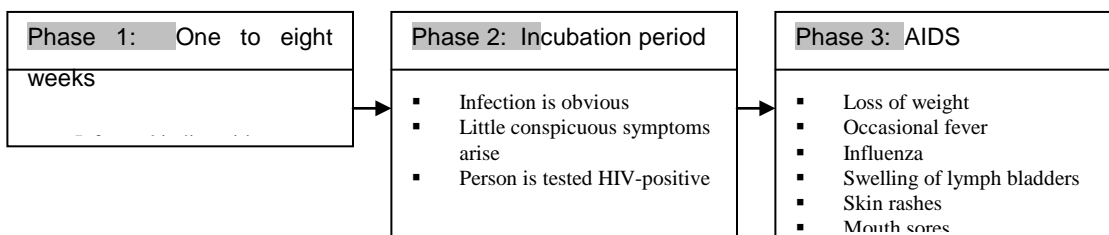
HIV/AIDS is a communicable disease which infects the South African population. It is for this reason that AIDS is called an epidemic. The word *epidemic* is derived from Greek which means “in one place amongst people” (Fan, *et al.* 1998:8. Cf. also US Department of Health and Human Services, 1992:2). According to Mulumba (1999) an illness is regarded an epidemic when 10% of the population of a particular country has the illness.

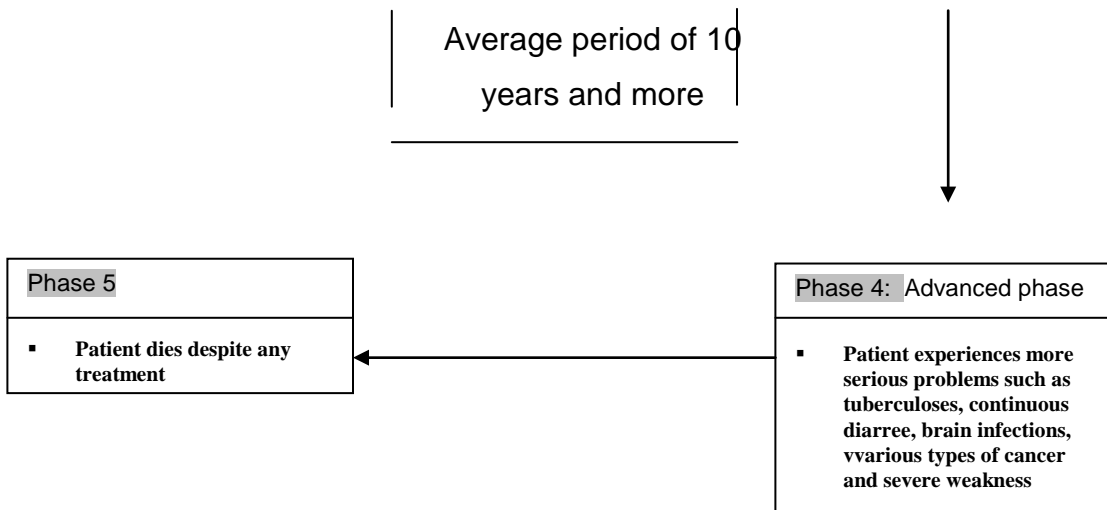
Although AIDS can be primarily ascribed to the HI virus, it is also associated with other secondary infections. These secondary infections are generally caused by different bacteria, protozoa, fungi and other viruses. It is these secondary infections that cause the AIDS patient to die. Over and above these secondary infections, AIDS patients frequently develop different types of cancer such as *lymphomas* and a rare cancer called *Kaposi's sarcoma*. The HIV infection can also damage the brain cells which can lead to the demolition of the mind of the patient and this is called *AIDS dementia* (Fan, *et al.* 1998:3).

When there is an indication that a person is HIV positive, it means that the person is almost certain to develop AIDS and that such a person will die as a result of the illness. The reason for this is that until today no medical cure has been found for AIDS (Questions on AIDS, 20 March 1998). Thus AIDS is an illness which can be associated with death and can not be cured. As a result of the nature of the symptoms, the HI virus causes illness in an prowling manner.

During the first two to eight weeks possible one to two-week influenza indisposition as well as swelling of the lymph glands could occur. During the next phase, the infection is not obtrusive and there is little conspicuous symptoms. The infected person can appear to be healthy and can function normally during this period. This period is also known as the Incubation period and is the time when the person is tested as HIV positive. During the incubation period the infected person can transfer the infection. The way in which this transfer takes place will be discussed at a later stage in this unit. The incubation period can vary in its duration for a relative long period (an average of ten years or more). During the next phase the person encounters minor problems such as the loss of weight, occasional temperature, swelling of the lymph bladders, skin rashes and mouth sores. During the advanced stage the person can expect more serious problems such as tuberculosis, continuous diarrhea, brain infections, different types of cancer and severe weakness (Fan, *et al.* 1998:3-4. Cf. also Questions on AIDS, 20 March 1998. Cf. also World Health Organisation, 1990:326-327). The period from which a person is HIV positive until the person has full-blown AIDS can be illustrated as follows:

PERIOD FROM HIV-POSITIVE TO FULLBLOWN AIDS





Source: Derived from Fan, *et al.* 1998:3-4. Cf. also Questions on AIDS, 20 March 1998)

Medical researchers know to a great extent how AIDS is spread amongst the population. HIV transfer takes place as a result of narrow contact and the infection can take place as a result of three reasons, namely:

- Blood;
- Birth; and
- Sex (Fan, *et al.* 1998:4. Cf. also World Health Organisation, 1990:326).

It is clear that HIV/AIDS is a relative young disease worldwide and in South Africa. Yet, in South Africa it is the fastest growing epidemic compared to other countries in the world. The period since HIV infection until a person dies of AIDS takes an average of 10 years. Therefore it can be argued that AIDS is a slow onset disaster.

The HIV/AIDS epidemic contains all the ingredients to endorse the principles of a disaster and therefore I wish to argue that HIV/AIDS needs to be managed

according to disaster management principles and objectives and especially according to slow-onset disaster means. The positive aspect that brings optimism amongst the proponents of a disaster management philosophy is that a number of initiatives from Government and the Department of Health point in the direction of a disaster management approach.

3.3 The extent of the epidemic

AIDS is regarded as a creeping disease as the period between HIV infection and full-blown AIDS covers an average period of ten years and more. Whilst there is, to date, no successful antidote against AIDS, the epidemic is spreading rapidly in Africa and especially South Africa. The extent of the epidemic sheds light on the devastating effects of this deadly disease on, amongst other, the development initiatives and economy of this country. The following statistics are of particular significance:

- Three million South Africans are currently HIV positive;
- 1 500 people are infected daily;
- During the year 2000 20% of South Africa's workforce will be HIV-positive;
- 10% of the world's 16 000 new infections occur in South Africa;
- The majority of infected people are between the ages 20 and 29, which is a major part of the economically active individuals of our society;
- 200 000 children are orphaned by the disease; and
- 150 000 of South Africa's one million civil servants are currently HIV-. positive (Compare Baleta, 1998:1; Taitz, 1998:16; Swanepoel, 1998).

The following transparencies also illustrate the disaster we are about to face in this country:

Transparency 1

This transparency indicates the percentage of a random sample regarding the difference in AIDS cases in urban and non-urban areas in Africa (Sunter, 1996:36).

Transparency 2

This transparency indicates the number of people in the world (excluding the USA) with full-blown AIDS from the late seventies to the early eighties until the middle of 1996 (Sunter, 1996:38).

Transparency 3

This transparency indicates the growth in HIV amongst those individuals who visit antenatal clinics from 1990 to 1995 (Sunter, 1996:40).

Transparency 4

This situation can be illustrated per province as was the case during 1995 (Sunter, 1996:41). It is clear from this transparency that KwaZulu-Natal is the forerunner with 18,2% and Mpumalanga is placed second with 16,2%. The Western Cape showed 1,7% only, which is the lowest percentage.

Transparency 5

HIV prevalence amongst different age groups is illustrated by this transparency. Those individuals aged 20 – 24 show the highest percentage of 13,1% whilst the age group between 40 and 44 indicates the smallest percentage of 4,4% (Sunter, 1996:42).

Transparency 6

This transparency indicates the HIV prevalence amongst persons between 15 to 59 years and is projected until 2010. A distinction is also made between males and females, and it clearly shows that the percentage is higher amongst women.

People living with HIV/AIDS, like any other individuals, are protected by the Constitution and the Bill of Rights. The rights of people living with HIV/AIDS are also protected in terms of the new White Paper for the Transformation of the Health System in South Africa (1997:chapter 9). Therefore HIV-infected people are not forced by law to report that they are infected by the HI virus. One of the most significant problems of this situation is that statistics cannot be viewed as accurate. This situation makes the existence of this epidemic an even larger threatfull danger to South African society.

Transparency 7

This transparency illustrates those HIV/AIDS cases that have been reported between 1982 and 1995. The total number of reports for this period is only 8784 (Sunter, 1996:42).

The question arises as to what will the statistics be in the new millennium.

Transparency 8

This transparency illustrates that by the year 2010, 600 000 South Africans will be HIV- positive. This means that currently only a few people have full-blown AIDS and the full impact of the disease will be experienced from the year 2000 (Sunter, 1996:44).

Transparency 9

At the beginning of this epidemic, HIV/AIDS was viewed mainly as homosexual disease. This scenario has changed where the disease now occurs more often in heterosexual individuals (Sunter, 1996:45).

The question can be asked as to what will the impact of this epidemic be on the South African society. If one investigates selected aspects of South African society that will be affected, the answer is frankly disastrous.

South Africa is in the midst of a serious AIDS epidemic. The impact on the following selected aspects of South African society is going to affect us all:

- Economic impact;
- Impact on population growth and community life;
- Impact on medical aids and the insurance industry; and
- Impact on health and social welfare public services.

The economic impact of HIV/AIDS is not evident in South African society, as it is still a young disease. HIV/AIDS will make every South African poorer. In the years to come, the epidemic will decrease the size of most markets for mass goods and the spending patterns of consumers will change.

According to Bisseker (1997:40), the disposable income of infected individuals will decrease because money will be allocated to the payment of health services. Even healthy people's disposable income will decrease by approximately 20% as a result of higher medical aid contributions and income tax. A vicious circle emanates from these arguments, as the infected person's disposable income decreases, medical costs increase, the person also becomes poorer and eventually cannot afford medical treatment. The middle-income group is the most vulnerable group to be infected with HIV.

The population growth and community life of South African society will be affected severely by the epidemic. According to Whiteside and Green-Thompson (1997:40), AIDS will only have a negative impact on population growth, if the national adult HIV prevalence increases between 30 – 50%.

Therefore the prevalence needs to be managed under the 30% level under with regard to adult HIV-prevalence rates.

HIV/AIDS has an impact on community life as breadwinners will die and the income of such families will be channeled to medical and funeral costs. The social welfare will be tested to its limits as a complete breakdown in family lives are expected. This will result in an increasing number of AIDS orphans and street children (Sunter, 1996:50). The impact of HIV/AIDS on the medical aids and insurance companies is also continuously monitored by these companies.

It is the responsibility of government to render health services to the community. Sunter (1997:47-48) emphasises that if South Africa wants to be a world-class country, it is the duty of government to ensure excellent health services within which the total society can feel safe and upon which it can rely. It deserves to be mentioned that the Department of Health functions within the framework of various legislation on which health services are based. The Department of Health must deliver health services to the communities based on the health needs of the communities.

The health needs of the community will always exceed the available resources of the Department of Health. Although there are scarce resources, the needs of HIV/AIDS people in the communities have increased. It is therefore impossible for the Department of Health, within the new transformed primary health-care system, to manage the HIV/AIDS epidemic alone. According to Badenhorst (1998:19), the AIDS epidemic is not a matter for the Department of Health alone, but a matter of national concern for all sectors of society. According to Booyens (1996:4), the challenge is to render affordable health services to all, yet the treatment costs for HIV/AIDS patients are immense. The country, unfortunately cannot afford not to manage the epidemic in a preventative manner.

One of the most significant shortcomings of government's way of dealing with the HIV/AIDS epidemic, apart from not managing it according to slow-onset disaster principles, is the complete absence of legislation that makes it possible to

manage HIV/AIDS and the health-care system in a legitimate way. HIV/AIDS services are delivered to the communities in terms of the aims and objectives of the National AIDS Plan for South Africa, which was developed by the National AIDS Convention of South Africa (NACOSA) during '1994. This plan is a presidential lead project under the Reconstruction and Development Programme and is a direct result of an initiative taken by the Minister of Health. The only policy document that legitimises this plan and to be put into action, is the White Paper for the Transformation of the Health System in South Africa (1997:chapter 9). The implementation of the National AIDS Plan for South Africa is factually unlawful, as there is no legislative framework according to which this plan can be implemented. A positive aspect of the National AIDS Plan for South Africa and the White Paper for the Transformation of the Health System in South Africa is that it contains a number of preventative measures in the strive of government and the Department of Health to decrease the occurrence and spread of the virus.

The question at this stage is what are the underlying factors that cause HIV/AIDS in South Africa. I would like to single out two underlying causes. They are notably poverty and unemployment. Poverty and unemployment also find themselves manifesting in a vicious circle, as these two aspects are intimately related to each other.

The relation between poverty and unemployment and its causal effects on HIV/AIDS can be illustrated by means of a case study. A breadwinner must, as result of poverty in the rural area where he lives, find work in an urban area. This person is therefore separated from his family. This person buys sex from another person in the city, who in turn also needs money to make a living. In this way, the HI virus is acquired and as the breadwinner returns home, his wife is also infected. The relationship between poverty and HIV/AIDS can be further summed up as follows:

- AIDS affect rich and poor people, but poor relationships increase the spread, and high levels of poverty increase the impact of the disease;
- Poor people tend to be infected with HIV more often and die quickly as a result of a lack of the provision of health services and a healthy environment;
- Social welfare services are normally not available for poor AIDS patients and their families, and they are in turn not in a position to care for the orphans;
- Where economically productive adults are infected, food production can decrease, and malnutrition and the spread of communicable diseases amongst children to increase;
- The spread of AIDS increases the spread of communicable diseases in poor communities; and
- The economic impact is also visible as the local economy is disrupted as a result of the death of the most economically active age group, which in turn necessitates migration from rural to urban areas where the disease is further acquired (Kimani, 1996:31).

Therefore, it can be argued that a combination of poverty, unemployment and social disruption, together with HIV infection, can result in an AIDS disaster in South Africa. HIV/AIDS increases the risk of a household and an individual to become poor and it decreases the level of health in communities as the disease has a close relationship with other communicable diseases such as tuberculosis.

4. WHAT DOES THE FUTURE HOLD FOR THE SUCCESSFUL MANAGEMENT OF THE HIV/AIDS DISASTER IN SOUTH AFRICA?

It is my view that the only solution for the successful management of HIV/AIDS in South Africa lies in the revision of the National Policy on HIV/AIDS so that this policy can be brought into line with the National Disaster Management Policy.

The necessity for the revision of the National Policy for HIV/AIDS can, amongst others, be argued in terms of the increasing extent and spread of disease in South Africa. The increase of the statistics regarding the disease is a clear indication that the Government has not succeeded in the successful management of the disease. There are also inherent shortcomings in the National Policy for HIV/AIDS. The management of the HIV/AIDS disaster can be illustrated according to an integrated disaster management model for HIV/AIDS which was developed by Burger (1999).

4.1 The increase in the extent of HIV/AIDS in South Africa

According to the World Health Organisation (1998:9) and the Minister of Health of South Africa (1998:7) the most significant increase in the disease occurs in South Africa. The increase in the extent of the HIV/AIDS epidemic is viewed by the Zimbabwe Scientific Association (1989:49) as one of the top ten devastating diseases by 1995. The afore-mentioned prediction became a reality in South Africa with the publication of the 1998 HIV/AIDS statistics. According to *Beeld* (1998:6) these statistics are as follows:

- ✎ By the end of 1998 3,6 million South Africans were infected by the HI virus;
- ✎ There is an increase of 65% HIV cases amongst pregnant teenagers;
- ✎ 22,8% pregnant woman who attend antenatal clinics countrywide, were infected by the HI virus towards the end of 1998;
- ✎ The most significant increase in HIV infections occur amongst 15 – 19 year old people, namely 12,7% to 21%;
- ✎ 26,1% of woman in the age groups between 20 to 24 had the virus and 26,9% of woman between 25 to 29 years old; and
- ✎ The HIV prevalence per province is as follows:

STATISTICS PER PROVINCE FOR 1998

PROVINCEE	STATISTICS
KwaZulu-Natal	32,5%
Mpumalanga	30,0%
Free State	22,8%
Gauteng	22,5%
North West	21,3%
Eastern Cape	15,9%
Northern Province	11,5%
Northern Cape	9,9%
Western Cape	5,2%

Source: Derived from *Beeld*, (1999:6)

Thus, the increase in the extent and spread of the HIV/AIDS epidemic illustrates that Government has not succeeded in the efficient and effective management of the epidemic.

Stuart (1999:3) is of the opinion that the HIV/AIDS prevalence amongst teenagers will increase with 65,4% during 1998. According to Du Plessis and Evian (1994:38) the current statistics on HIV/AIDS sends a clear message to Government and policy makers that amendments to the National Policy on HIV/AIDS is a necessity. Amendments to the current National HIV/AIDS policy is necessary so that those who are responsible for managing the epidemic can

prove that the prevalence of the epidemic indicates a downward trend. A downward trend in the HIV/AIDS statistics will convince the public that the Government is achieving success in the management of HIV/AIDS.

4.2 Inherent shortcomings of the National Policy on HIV/AIDS

Swanepoel (1998:8) indicates that the way in which South Africa manages the HIV/AIDS epidemic indicates a substantial backlog compared to the way in which other countries manage the epidemic. Moreover Thom (1998:6) rightfully argues that HIV/AIDS is a serious national concern that threatens the development of South Africa.

The current Government is of the opinion (Sowetan, 1999:8) that the unacceptable manner in which the HIV/AIDS matter was managed can be ascribed to the previous Government. Notwithstanding the mentioned accusations of the current Government against the previous Government, the realities of the HIV/AIDS epidemic pose critical and serious management challenges to all sectors of our society and in particular to the government sector (Evian, 1991:7. Cf. also Thom, 1998:8. Cf. also Badenhorst, 1998:19. Cf. also *Department of Welfare*, 1998:1).

In addition, an analysis of the current White Paper on Disaster Management leads to the following conclusions:

- ✎ The current proposed legislation on health ought to be amended to align itself with the stipulations of the National Disaster Management Policy;
- ✎ The HIV/AIDS epidemic ought to be stipulated as a threatening hazard and guidelines ought to be provided to the Department of health so epidemic can be managed according to disaster management principles; and
- ✎ National Disaster Management Legislation ought to contain a stipulation whereby the Department of Health can be monitored as to the extent that it is

successful in managing the HIV/AIDS epidemic according to disaster management principles.

The focus therefore ought to be to on the challenges that are posed to the policy makers to amend the suggested National Health Policy to adopt to the principle that HIV/AIDS ought to be managed according to disaster management principles. **A policy framework for the efficient and effective management of the HIV/AIDS epidemic ought to be the result of the establishment of an integrated, multisectoral disaster management model for HIV/AIDS in South Africa.**

5. THE MANAGEMENT OF HIV/AIDS ACCORDING TO DISASTER MANAGEMENT PRINCIPLES BY MEANS OF AN INTEGRATED DISASTER MANAGEMENT MODEL

According to Burger (1999:198 – 209) the following steps can be followed in order to manage the HIV/AIDS epidemic according to disaster management principles:

Step 1

The first step in the establishment of a national disaster management policy for HIV/AIDS is to define and describe the HIV/AIDS epidemic as a slow onset disaster. The complexity and uniqueness of the HIV/AIDS epidemic could complicate the definition and description of the epidemic. However, the HI virus ought to be viewed as a threatening hazard and the pro-active management of disasters require that threatening hazards in the society be managed. The management of hazards in the society ought to timeously eliminate the occurrence of a disaster. As was already argued, AIDS ought to be regarded as a disaster.

The focus must therefore be placed on defining AIDS, whilst the HI virus must be described as a hazard. AIDS must therefore be described as an occurrence that must be regarded something that has the potential to encourage a great amount of loss of life for South Africa. When the AIDS disaster occur, a substantial amount of natural and human made resources as well as essential services will be disrupted. AIDS will exceed the ability of the affected community to deal with the aftermath's of mass deaths. Hereafter HIV ought to be described as a threatening hazard for the South African community. In this regard HIV can be described as an event that exists within the society that will affect human lives, property and human activities severely to the extent that HIV can cause an AIDS disaster.

Therefore the Government's responsibility to manage the HIV hazard and the AIDS disaster ought to be explained and should be aligned with the stipulations of the Constitution of the Republic of South Africa, 108 of 1996. At the same time the aftermath's of the AIDS disaster must be described in that the AIDS disaster will in the first place result in the loss of lives; secondly that AIDS is related to sexual related diseases; thirdly AIDS result into massive damages to all sectors of society; fourthly AIDS affect lifestyles and disrupt essential services; fifthly AIDS disrupt the national infrastructure and government systems and lead to national economic losses; sixthly the AIDS disaster have sociological and psychological aftermath's. The aftermath's of the AIDS disaster can be reduced by a pro-active approach by Government as a reactive approach will multiply the consequences of this disaster in South Africa.

Step 2

Step 2 is the establishment of a national disaster management policy for HIV/AIDS ought to identify and illustrate the underlying causes of the HIV/AIDS epidemic. The causes of the HIV/AIDS epidemic can be illustrated according to the progression in vulnerability of the society: Firstly the vulnerability of the South African society to the AIDS disaster is increased by unsafe conditions in the society such as, amongst others, migration of workers, violence, high prevalence of sexually transmitted diseases, prostitution and undesired socio-economic circumstances of woman, intolerance and ignorance and the brake down of the moral fabric of society. Secondly dynamic pressures result an increase in the vulnerability of the society to AIDS through, amongst others, insufficient health services, education, lack of sport- and recreation facilities and investments. Thirdly the vulnerability of the South African society is increased by hazards such as the HI virus. The progression in the vulnerability of the society towards HIV infection is enhanced through, amongst others, poverty, unemployment and limited access to health services.

The sum total of unsafe conditions, dynamic pressures, hazards and the underlying factors ought to be illustrated to the extent that the AIDS disaster is the result of the mentioned aspects.

Step 3

Step 3 in the establishment of a national disaster management policy for HIV/AIDS ought to describe and emphasise multisectoral collaboration and that the AIDS disaster ought to be managed holistically. In this regard, the multitude of the different international and national agencies, intergovernmental institutions and non-governmental institutions that are involved with disaster management ought to be taken into consideration. The roles and responsibilities of such institutions must be clarified.

Regional collaboration regarding the total spectrum of disaster management activities in relation to HIV/AIDS and other countries must be mentioned. Lessons learned from these countries, notably Uganda, must be incorporated in the policy. The establishment of an Interministerial Committee for Disaster Management comprising out of different executive government departments emphasise the importance of multisectoral collaboration regarding the management of disasters. Multisectoral collaboration between different international, regional and national sectors ought to be comprehensively described in a national policy for HIV/AIDS.

Step 4

Step 4 in the establishment of a national disaster management policy for HIV/AIDS ought to describe AIDS as a slow onset disaster. Slow onset disasters imply that the disaster takes a relative long period to occur.

Slow onset disaster consist out of three phases that can be distinguished from one another but cannot be separated from one another, namely the early warning phase, the emergency phase and the rehabilitation phase. The early warning phase ought to focus on that part of the community who is most vulnerable for HIV infection and where the threat of AIDS is the highest. These parts of the community ought to be monitored and the monitoring actions and processes ought to be described explicitly in the National HIV/AIDS Policy. The aim of the early warning phase is to combat AIDS timeously through the proactive management of the HIV hazard.

The National Policy for HIV/AIDS ought to simultaneously describe the emergency phase as well as the type of extraordinary measures that ought to be taken during mass deaths as a result of AIDS. The possibility of special

emergency procedures ought to be addressed so as to combat the AIDS disaster timeously.

This phase is time consuming. The rehabilitation phase ought to entail extensive programmes and processes in terms of actions that must be taken after an AIDS disaster.

Steps 5 and 6

Steps 5 and 6 in the establishment of a national disaster management policy for HIV/AIDS ought to explain the generic administrative enabling functions and concurrent management activities according to which the HIV/AIDS epidemic must be managed.

The Department of Health is predominantly responsible for the management of HIV/AIDS. The thought processes and actions that are necessary to ensure the attainment of disaster management objectives with respect to HIV/AIDS and the related functions ought to be grouped together and ought to receive extensive attention in a national policy for HIV/AIDS. Simultaneously the effective utilisation of human and material resources to realise the objectives of the management of the AIDS disaster ought to receive attention in a national policy for HIV/AIDS.

Generic administrative functions such as policy, financing, organising, personnel provision and utilisation, procedures and methods and control ought to be explained in detail in a national policy for HIV/AIDS. The generic administrative enabling functions and the management functions together form the administrative framework in which the HIV/AIDS disaster ought to be managed effectively and efficiently.

Steps 7,8 and 9

Steps 7,8 and 9 in the establishment of a national disaster management policy for HIV/AIDS ought to comprehensively describe each phase of the disaster management continuum. The management of HIV/AIDS ought to receive attention on all spheres of government. The relatedness between HIV/AIDS and development in South Africa must receive special attention in a national policy for HIV/AIDS.

The disaster management continuum consist out of the following phases, namely: impact, reaction, recovery, development, mitigation, prevention and preparedness. A national policy for HIV/AIDS ought to comprehensively explain the HIV/AIDS epidemic in terms of each of the mentioned phases of the disaster management continuum.

Therefore, a national policy for HIV/AIDS ought to explain precisely the interrelatedness between the generic administrative enabling functions, the management functions, the different sectors involved with the management of the HIV/AIDS epidemic as well as the management of the epidemic on all spheres of government and according to all the phases of the disaster management continuum. A holistic, integrated disaster management approach to the HIV/AIDS epidemic ought to be encouraged in a national policy for HIV/AIDS.

Step 10

Step 10 in the establishment of a national policy for HIV/AIDS ought to make mention and must clearly indicate the relatedness between a disaster management policy for HIV/AIDS and other national policies. The National Policy for HIV/AIDS ought to illustrate clearly how it is aligned with and linked to the National Disaster Management Policy.

Steps 1 to 10 therefore illustrates how a national policy framework for the effective and efficient management of the HIV/AIDS epidemic can be developed. A guideline model according to which the HIV/AIDS epidemic can be managed in terms of disaster management principles on an integrated and multisectoral basis can thus be illustrated as follows: (see Annexure A).

6. CONCLUSION

In conclusion I would like to state that the HIV/AIDS disaster is not something that happens to others. It is a matter of not being infected yet. Therefore all of us who are dedicated disaster managers and health managers must get into implementation mode. There is not much time left to develop new policies and plans. We must implement our policies. I sincerely believe that the management of HIV/AIDS according to disaster management principles can go a long way in ensuring that no new infections will occur in our society. I do not believe that this is a dream, I believe it is within our reach.

However, government needs to take one step further. South Africa needs a legislative framework for managing the slow-onset disaster, AIDS, and an acknowledgement that AIDS is in fact a disaster.

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