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IIIIIIIIIIIIIIIIIIIIII
The People Shall Govern!

WORKING GROUP 1W9

Facilitator : Mr Bob Cooper

Rapporteur : Dr S S Abdul Camm

DELEGATES

Agenbach, T L

Cooper, 8

. Haiaij, F

Hegner, R G

Moloantoa, C M

SeMpe, B

Stockton, N

Van der Velde, P A

Webb, D

Zulu, T

Couper, M

Hudson, M

Couper, M

THEME FOR CONVENTION (Overall! (gnlnm)

- Broad statement with principles for combating AIDS
 - Develop National Strategy for AIDS In South Africa
 - Practical strategy that can be Implemented
 - AIDS everyone's problem
 - Presentation of a limited trend
 - Community commitment for a consensus on AIDS
 - Reduce number of AIDS deaths by 100%. Campaign to stop AIDS
- mmmcxmcossnooansn

From the above the two main themes were decided on:

t Adopt broad principles to combat AIDS In South Africa (Broad)(National)

" Community involvement In the prevention and combating of AIDS in South Africa - (Detailed)

- Thus broad National Strategy for the combatlng 01 AIDS in South Africa.

. QQEEQN QNE : HOW TO DEVELOP NATIONAL STRA'IEGY?

- Broad Policy Statement

- Ensure regional Involvement

- Determine budgetary requlements

. Establish loco! and regional structures and resources

- Identity target population

- Grassroots involvement upwards

- Strategles for Workplace

- Ensure the role of Central Govenmment - Education & Health

- Commitment of care (holistic - comprehensive care)

- Agricultural and rural community involvement

- Include STD/HIV strategy

. - TB Control

- Strategy to be a continuous process

- Operational plan and evaluatlon of National PJan/strategy

- Community Involvement In Primary Health Care

- Actual AIDS educational package for all ages

- Review of other/international NACP's (National Aids Control Programmes)

- Structured reglonal surveillance

- Commitment to human rights. Declaration

- Merging of African and Western medlcinee

- Socio-economic causes and impact of AIDS

- Comprehensive AIDS research programme (for tuture pIanning)

- Identification of network at local level

- Provision of tacllltles tor orphans

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- Upgrading 01 living conditions
- National Databases - tackle network
- Utilise all available resources
- Be culturally sensitive
- Appropriately trained personnel to ensure grassroots education
- Awareness campaign directed at foreign visitors

QUESTION TWO : WHAT NATIONAL REGIONAL STRUCTURES SHOULD THIS

PROGRAMME?

- Regional health co-ordinated committees with a specific AIDS committee - leading into a National Co-ordinating Committee.
- Horizontal programme and structures.
- District committees to feed into the regional committees. (All groups should be represented in district committees).
- Integration of health facilities nationally.
- Churches as one of the structures.
- Political organisation involvement.
- Greater emphasis on disadvantaged communities.
- Ensure regional representation on National Co-ordinating Committee (Include Unions, Civics, education, welfare, business, NGOs, all role-players, churches, people with AIDS).

QUESTION THREE : WHAT ARE THE POSSIBLE FUNDING SOURCES FOR SUCH A NATIONAL PROGRAMME?

- Central Government commitment.
 - NGOs and volunteer manpower from community.
 - "Big business" involvement.
 - Child contributes: "Week AIDS contribution".
 - National AIDS Trust Fund.
 - Donations from international sources/requests.
 - AIDS Foundations.
 - "Stamp Tax".
 - State Lottery.
- szmmchoosAxoomnep

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- Volunteer t 2 hours per week to local AIDS efforts.
- Locat government funding coming trom Rates and Taxes.
- Ensure cost-etlectlve educatlional system In which AIDS is given priority.
- Social marketing of condoms/AIDS memombllla.
- Redlrection of funding to homeucare.
- Means-test for hospitalisation to ensure fundlng at community level.
- Infrastructures must be made available, 0.9. buildings and Institutions.
- Creation of prom-making businesses where funds go to the AIDS Programme.
- Ensure payment for volunteer-co-ordlnating.
- Better utilisation of non-professionals.

QUESTION FOUR : ENSQHINO QOEMUNITY INVOLVEMENT

- Talk to one other person to ensure chain reacuOn.
- Consultation and accountability to ensure community participation.
- Work with existing community organintlons.
- Create awareness of networklng of existing community organisations.
- Include all community resources.
- Set up workshops In workplace on regular basis (church/schools etc).
- Educate via media.
- Appropriate educators.
- . - Empowerment of community via credlble educators.
- Monitoring and evaluatlon of the Programme in the community.
- Industry to adopt a community.

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CONCLUSION OF THE INTERIM CONFERENCE

The following conclusion was prepared by the rapporteur: and subcommittee to the Interim Conference. It was accepted.

FIRST RAPPORTER : DR TSHABALALA:

"It is clear from the feedback that a National AIDS Strategy requires a number of objectives relating to, inter alia prevention, care, youth, women, testing rights, surveillance and education. Once objectives have been outlined, a strategy for the attainment of these objectives can be formulated. The convention should be directed in accordance with this process. All objectives and needs should be clearly spelt out in such a way that all groups are reached, and both urban and rural needs met. This process needs to be carried out at a number of levels from the widest community involvement through to support from local, regional and national structures.

It is vital that ways be found to meet the objectives of the strategy through the utilisation and transformation of certain existing structures, and to ensure that these are accountable to communities. The old vertical patterns of control and planning must be reversed. Furthermore, there is a need for an overall co-ordinating structure. Its powers and relationship to government will be determined. General agreement should be reached on the development and change of policies through greater community participation.

Funding will come from a variety of sources but the major responsibility will be carried by the State. This will be supplemented by other forms of funding.

Funding is essential for intervention programmes, but also for care and counselling.

The Conference recognises that there are already active community groups and structures involved in this process. One should not start over, but should rather use existing national and International documents and WHO programmes.

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It is ioreeeen that the National AIDS Convention will approve these objectives. In this regard the Steering Committee has been mandated to draft strategies and programmes, which will be presented for discussion at the National AIDS Convention. The Convention will be asked to provide a mandate for the implementation oi these strategies.

The Convention will also include sessions dealing with socio-politlcel, gender, education and other Issues".

SECOND RAPPORTEUR : MS M CQRNELL

"The National AIDS Convention is viewed as a vital step towards the deveionment of a National Strategy.

The interim Centerence reached a broad consensus regarding the primary focal areas of a National AIDS Strategy. This consensus Is in accordance with the general perception that such a strategy should concentrate on education, prevention and care, and makes it possible to compile a drait strategy which can be presented to the National AIDS Convention. The distribution at the draft document prior to the Convention will provide participants with points at departure regarding their own concerns, ambitions and Ideas. This will ensure that the eight-hundred participants at the Convention will have a clear toundetlon on which to base the tormulatlon at a National AlDS Strategy. Such a structured approach will mean a divergence from the approach followed in the AIDS field thus far, which tended to emphasise ideals at the expense of strategy. This approach results from a tear oi acting without a mandate and oi alienating the community.

it is the task at the Steering Committee to change this by using current ideals to develop a strategy leading to actions and goals. This will prevent the next two years from being epent ln debating Issues already reeolved. Now is the time to direct the current broad commitment into the resolution of actual problems. It is important to provide the currently leaderiees Aids tratemlty with leadership. The Steering Committee should play this role up to the time of the coming National AIDS Convention".

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ngT OF PARTICIPANTS

Aphane 8 Mr TAAWU

Abdool Karim S 8 Dr Medical Research Council

Agenbach T L Mrs RHOSA (representing)

Bannister P Mr Hunt Lascarls TBWA

Bodlbe R Mr Township AIDS Project

Bungane M 8 Mr NPPHC Network

Cameron E Prof Gem tor Appiied Legak Studies: Wits

Carstons 3 E Dr ATIC : Port Elizabeth

Collier F Rev Church AIDS Programme

Cooper w Mr

Camel! M Ma AIDS Conaonlum

Crewe M Ma ATIC : Johannesburg

Damster G Mr MASA

Dare 0 Dr Hospice Association ofSouth Africa

Fleming C Ms Suppon for AIDS Famllles and
Orphans

Fourle I J v H Dr Chamber 0! Mlnes/SACCOLA
(Steering Commllttee)

Goldsteln Susan Dr PPASA

Graham E Ms J Bestbler PR

Greene G M8 True Love Magazine

Joubert R 3 Ms ATICC : Pretoria

Hajaij F Mrs Central Islamic Trust

Hanokom H A Dr Medical Associatlon of South Africa

Hegnor R G Mrs ATIC : East London

Hudson M Mlss Die Burger

Lomax B Ms AFL-CIO

Mathleuon J Mr Medicines Du Mondo

Maahlo E T Mr NAFCOC : Steering Committee

Manuela E Mr NACTU

Makelenl Themba Mr CCV News

Mashlgo 8 Ms T & AWU

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Mathlbe
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Ngcobo
Reznlk
Sethupa
Seemola
Sithole
Smith
Stockton
Tallls
Tshabalala
Van der Velde
Van der Heevor
Qulnlan
Webb
Watson
Winter
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Ms
Mrs
Dr

SACC : Steering Committee
SA Red Cross
ANC Health Deck : Steering
Committee
NACTU
DNHPD : Steering Committee
SA Catholic Bishops Conference
COSATU (Steering Committee)
SACCAWU
NACTU : Steering Committee
SABSWA
SAIMR
SAIMR
Hum Lascaris TBWA
National Health Committee of the
South Afrlcan Communlst Party
GLOW
Union of Orthodox Synoguos
TAWUSA
NACTU
ATIC : Pletorsburg
DNHPD : Steering Committee
ATIC : Durban
ANc : Steering Commute:
ATIC : Cape Town
Hunt Lascaria TBWA
Natal Witness
Universny 01 London
Dally Dispatch
Dutch Reformed Church
ANC : Steering Committee

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ANNEXURE A : PROPOSED PARTICIPANTS AT NATIONAL CONVEAn
EMPLOYEE BODIES . EMPLQYERS

COSATU, NACTU. NEHAWU, Chamber of Mines. Chambers of
NUMSA, Management of Escort Commerce, SACOB, FAacos,
Agencies, SABTA SACCOLA, NAPCOC, lnyanda,
Tongaat/Hulott

CHQROH GROUPS . EDUCATION GROU

SACBC, Methodist Church. NECC, Teachers Association,
Salvation Army, National Council Education Authorities, Panont
of Churches, ZCC, Scripture Unlon, Bodies, Scholars, Unlons-COSAS,
Church of the Nazarene, YMCA, SANSCO (NUSAS), ANC Youth
Rhema, League, Voonrekkm/Boy Scouts
Dutch Reformed Church, Churches
AIDS Programme, Union of Orthodox
Synogues, Central Islamic Trust,
Hlndu Organication.

SPORTS ANQ CULTURAL GROUPS . WQEWS GROUPS

COSAW, Academy of Music, Major ANC Womews League, Alliance for
Sporting bodies - NSL, NOCSA. Women's Chaner, Woman's
COSAS, etc. Coalltton, Women for Sou'ch Africa,
Inkatha Women's Brigade

SELF-GOVEHNI . HEAL!!! GARE WORKERS

gTATES

SAMDC. MASA, SANA, PPHC,

AIDS Committees. NAMDA, SARWCO, NEHAWU.

Ministers at Health. SAMOA. Dentists, General

Committees represented on task Practitioners, Academy of Family
force, Practice. PPHO, Pharmacists,

Representatives at rural SABSWA, Social Workers

communities. Association, Dispensing Doctors

Associatlon, HWU, Planned

Parenthood Organisation

Psychological Association of South . GASA, ACT UP, HOSPICE. Hod
Africa, Deans of Social Science Cross, Life Line. Townshlp AIDS.
faculties, Academic lnstltutlons, ATICS, Puppets against AIDS,
Research Organisations Baragwanath/Sowoto AIDS
committee, AIDS Consortium,

International Red Cross. Tradnlonai
healers.

Aciuarlal society 0! BSA . CODESA

Lite Officers Auoclnlton,

Institute for Personnel Management

Local government authorities

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