Monitoring Review

Progress Report on the Implementation of the Comprehensive HIV and AIDS Care, Management and Treatment Programme

Issue 1: September 2004

Cluster: Health Information, Evaluation and Research

Coordinated by:
Monitoring and Evaluation Unit

Department of Health
www.doh.gov.za

Table of Content

1. PREFACE

Implementation of the comprehensive HIV and AIDS Care, Management and Treatment Plan started in first quarter of the 2004. Some pre-implementation activities included the readiness assessment of service points by the national teams, implementation of short-term plans to strengthen the assessed service points, development of national treatment guidelines, advertisements for and recruitment drive of required personnel, training, nutrition and drug procurement and consultations and development of patient forms.

The expansion of access to HIV and AIDS comprehensive services through accreditation process in the provinces is ongoing. A total of 113 health facilities were identified by the provinces during the first two months of 2004. By the end of September 2004, 50 of the 53 health districts in South Africa have at least one service point providing services in the context of the Plan. The three health districts (Northern Free state, Kgalagadi and Bophirima) are due to meet the outstanding accreditation requirements of the Plan, which is mainly lack of adequate human resources.

Provinces are at varying stages of implementation. Gauteng was the first province to start with the implementation process on the 1st of April 2004. On the 12 August 2004, Limpopo became the last province to commence the implementation of the comprehensive Plan. By the end of September 2004, over 11 253 patients including children were put on treatment.

Capacity building and training of health professionals is ongoing. Most provinces have advertised posts. Due to low response, the Department devised mechanisms and competitive conditions to attract staff.

To date, the NHLS has provided efficient laboratory services. A total of twenty laboratories are performing CD4 tests and seven laboratories are performing viral load tests for the Plan.

A Monitoring and Evaluation framework and indicators for monitoring the implementation of the comprehensive HIV and AIDS Plan have been developed through a consultative process of different stakeholders. Indicators will be used to monitor both patient progress and programme performance. Similarly, a consultative process was used during the development of patient forms for data collection. The forms have been distributed to provinces. The plan emphasised importance of developing a uniform patient information system for the country. The development of patient information system is underway.

2. PROGRESS OVERVIEW

Since the commencement of the implementation process at the beginning of April 2004, a substantial progress has been made in implementing the comprehensive HIV and AIDS Plan. Current challenges include ensuring accredited service points operate 5 days per week, sufficient space for counselling and consultations and all health districts begin immediately. There are a number of challenges in implementation.

2.1 ACCREDITATION PROCESS AND STRENGHTENING PLANS

Teams comprising national and provincial health officials visited facilities nominated by provinces to assess the state of readiness of these facilities. A total of 113 facilities were identified by the provinces during the first two months of 2004. A specially designed tool was used during the reviews. A large majority of facilities were accredited on the first visit but those that did not qualify prepared strengthening plans and subsequently put facilities, personnel etc. in place ahead of a follow up accreditation process. Recommendations for accreditation of service points visited were made on the basis of criteria in the assessment tool. Areas that needed strengthening were highlighted and plans developed.

Strengthening plans included personnel issues; minor or major structural renovations to comply with certain requirements including pharmacy specifications; poor patient tracking mechanisms; poor data management and information systems; poor referral systems; and inadequate civic involvement. Follow-up visits by the review teams were made to assess the state of implementation of the strengthening plans.

2.2 HUMAN RESOURCES AND TRAINING

The provision of health services is labour intensive and a range of both clinical and management skills are required to deliver quality health services in an affordable and equitable manner. There is currently an imbalance in the distribution of health professionals between the public and the private health care sectors, with the majority of doctors, pharmacists, and dentists in particular placed in the private sector. In addition, the migration of health professionals to developed countries has contributed to the problem of recruiting and retaining health professionals in the public health sector.

The introduction of a scarce and rural allowance, the improvement of conditions of work in the public sector and the signing of memoranda of understanding with such countries as the UK are designed to manage the trends towards migration and contribute to retention of personnel. A comprehensive country human resource plan which elaborates these initiatives in detail is being developed and should be ready for implementation by early 2005. Other measures to increase capacity for implementing the Plan include the provision of conditional grants to provinces to enable them to employ personnel to assist in implementation, enhancing recruitment of health providers in general

and fast track the recruitment of foreign qualified doctors and pharmacists in particular and the employment of private health practitioners to augment human resources capacity and capabilities.

The availability of appropriately trained and placed personnel is of critical importance to the implementation of health programmes. The approach currently emphasizes key activities undertaken to date include: training of existing personnel and the recruitment of personnel needed to implement the Plan.

A series of challenges can be highlighted with respect to training of personnel. These include: lack of uniformity in provincial protocols; need for mentoring for doctors and nurses; poor accommodation during training results in participants not completing the training; and delays in the development of training manuals.

Contractual agreements are being entered into by some facilities with private practitioners in order to augment human resource capacity and capabilities and to facilitate a more rapid and successful implementation of the Plan. This is in the form of part time sessions provided by such practitioners in public health facilities.

Key challenges experienced in hiring of personnel include: provinces (Eastern Cape, Mpumalanga, Limpopo, North West) are making use of existing personnel and having staff seconded to the program which results in depleting other services; migration of health personnel is a critical challenge in the health system; shortage of staff especially in rural and remote areas; lack of skilled personnel to run the service; lack of pharmacists applying for posts; lengthy and time consuming process from the time of identification of need to the filling of posts; and foreign doctors struggling with registration with the Health Professional Council of South Africa.

2.3 NUTRITION RELATED INTERVENTIONS

The public health system provides nutritional supplementation for all patients who need it. An amount of R7 million was made available for purchasing nutrition supplements in the 2003/2004 financial year. This was in line with a tender previously issued to distribute enriched nutritional product of up to 100% of the Recommended Daily Allowance (RDA) of all vitamins, minerals and trace elements in one or two servings in all provinces.

A videotape covering all aspects of counselling the mother/caregiver regarding feeding an HIV-infected infant has been produced. The current tender has ended and new tender has been issued and should be adjudicated during November. In addition a tender for multivitamins will be issued by the end of the year.

The following challenges should be noted:

- There is a shortage of dieticians and nutritionists

- Need to strengthen the referral system between the Department of Health and the Department of Social Development for those patients who are food insecure

Evidence on breast-feeding and HIV infection in mothers is still inconclusive. This presents a challenge in terms of recommendations that should be made in implementing HIV programmes whilst research is ongoing.

2.4 DRUG PROCUREMENT AND DISTRIBUTION

2.4.1 DRUG PROCUREMENT

An expression of interest on the supply of antiretroviral drugs to the State was published in the Government Gazette and national media newspapers during the week of 13 to 27 February 2004. Thereafter, a briefing session was held with 41 bidders on 09 March 2004.

The Request for Information (RFI) was advertised in the Government Gazette on 5 March 2004. Information on 21 possible bidders was received and this information was evaluated on 14 March 2004. Based on the information supplied in the RFI ten bidders were selected to make presentations to the Drug Negotiation Task Team on 9 and 10 June 2004.
Ten (10) bidders were pre-qualified and invited to submit a Request for Proposal (RFP). The RFP was sent to the 10 pre-qualified bidders on 23 July 2004 with a closing date of 6 August 2004.

The first of two Evaluation Meetings was held on 18 August 2004 and a matrix report containing information of all proposals was made available to the task team members. A second evaluation meeting was held on 28 September 2004, and the final short list of companies was discussed and finalised. Only those companies which met all of the criteria listed in the RFP qualified for further negotiations with a view to supply ARV drugs to the State.

A tender has been advertised and is in the process of being awarded. The main aim of this tender is to guarantee sustainable drug supply to support the implementation of the Plan. In the meantime, provinces have secured drugs and other commodities needed for the implementation of the Plan.

2.4.2 DRUG DISTRIBUTION

As part of the Department's endeavour to minimise drug losses, a tender will be advertised for a drug tracking system whereby the movement of drugs can be traced from the original suppliers through the depots to the facilities and finally to the patients. SITA is working with the Department to finalise this tender, which is a module of the tender for a new computerised warehousing system for the Department.

2.5 LABORATORY SERVICES

2.5.1 Expanding laboratory services

To expand specific capabilities to perform the CD4 and viral load tests, the National Health Laboratory Service has 250 certified laboratories in the country. The choice of the laboratory sites selected for CD4 and viral load testing depends on the following considerations: accredited service points; transport logistics; turn around times; maximizing specimen load in order to fully utilize each site and equipment in order to ensure best cost savings; quality assurance; and laboratory infrastructure.

A total of 20 laboratories have been selected to perform CD4 tests and seven laboratories to perform viral load tests. All these laboratories are performing the CD4 and viral load testing with the necessary level of proficiency.

Since the implementation of the comprehensive plan, all selected laboratories have been well stocked and there have been no service interruptions. Suppliers of CD4 and viral load tests have sufficient stocks in the country. The National Health Laboratory Services (NHLS) are generally of a good standard and the specimen collection system has improved in the last few months.

2.5.2 Laboratory Outcomes

Preliminary statistics of testing performed within the NHLS are impressive considering the short time within which significant of volume of testing has been done. The second report will be able to provide the collated statistics.

All of the CD4 machines are fully installed and staff has been trained in all nine provinces. The service points have begun operating routine services offering CD4 testing in support of the comprehensive plan and other state health activities. Instrument specific training has taken place and is ongoing for viral load assay. Additional molecular techniques courses will be offered during the year for people involved in the viral load testing.

Viral load training has taken place in response to the needs of individual laboratories. Evaluation of an automated nucleic acid extraction process will be done in the last quarter of 2004 to facilitate turn around times and improve staff efficiencies. Each viral load laboratory has been equipped with a -70 degrees Celsius freezer to store aliquot of plasma and extracted RNA for subsequent work on resistance testing. The development of policies is underway to ensure that the quality of the specimens is maintained.

2.6 PATIENT INFORMATION SYSTEM

The department is currently developing one national health information system in collaboration the State Information Technology Agency (SITA). The important component to this system would be the patient information system based on the Patient Master Index. In the interim, however, the first phase of implementing the patient information system involved developing a programme specific data entry, capture and reporting and management system (MS Access database system).

The MS Access database enables to obtain full patient profiles by geographic location, gender, age, population group, regimen etc. This system has paper-based back-ups of patient records. The paper-based forms are Patient Demographic Form, ART Staging and Assessment Form, ART Follow-up Form and ART Transfer-out Form. The forms have been designed to collect the minimum information that would be useful for both clinical management of the patient and measurement of programme indicators.

The patient information system infrastructure that has been developed with SITA allows for operability in admissions discharge and transfers, appointment scheduling, maintaining of full patient records, diagnostic and procedure coding, pharmacy and patient billing. A National Patient Master Index (which allocates each patient with a unique number which can be used universally in health and other sectors such as Home Affairs and Department of Social Development) enables patients tracking across provinces. This will also allow interface with the laboratories as well as drug procurement and distribution systems.

Apart from having to manage issues related to unwillingness to change from one IT system to another, the main challenge is to integrate existing IT infrastructure which is of valuable quality. It will be a costly exercise to put an integrated national health information system in place.

2.7 RESEARCH PROGRAMME

The plan calls for a research programme that focuses on practical questions that are necessary for the better understanding and improving the provision of the comprehensive HIV and AIDS care and treatment programme. The research programme aims to answer crucial questions that will inform improvement in the quality and efficacy of the programme. A governance framework for the research programme has been developed. It also outlines the research review and funding mechanisms and further describes the necessary components that will be developed to ensure good governance. These include issues pertaining to, amongst others, ethical conduct, good clinical practice, intellectual property and research applications procedures. The Medical Research Council (MRC), which is a key partner in the development of the research programme, will render support to the programme in a number of areas. An approval to transfer payments to the MRC by the National Treasury has been granted.

Besides the Research Governance Framework, relevant documents to support the coordination of research for the comprehensive HIV and AIDS plan have been developed. These documents include, a document on proposal routing procedures which outlines the processes for tracking and progress monitoring of all registered research proposals initiated for the comprehensive HIV and AIDS plan and Research Application Form, which summarizes the information contained in each proposal and is completed and submitted together with the research protocol to the research coordination office.

A number of research proposals that align with the research questions identified in the Comprehensive Plan are being peer reviewed by the MRC and academic institutions for funding.

2.7.1 Research priorities

Research areas being addressed by these proposals are around the following research priorities:

- Health systems/policy research;
- Behavioural/social research;
- HIV/TB co-infection;
- Drug resistance;
- Optimal efficacy and toxicity monitoring approaches in South Africa;
- Behavioural/social issues that affect success of treatment efforts;
- Optimal ARV regimens and treatment strategies;
- The role of nutrition in health maintenance in HIV infected persons.

2.7.2 Research into the safety and efficacy of traditional medicines

The Medical Research Council's Traditional Medicine Unit has embarked on a study to establish safety and efficacy of three traditional products. The Unit has been funded by the Department of Health to the amount of R4,5 million.

The National Reference Centre for African Traditional Medicines has been launched. This Centre will assist in identifying expertise and centres of excellence for research to be conducted and monitored on behalf of the Comprehensive HIV and AIDS Plan.

2.8 MONITORING AND EVALUATION

A publication known as "Monitoring Review" has been introduced to provide quarterly monitoring reports on progress in relation to the Plan. A Monitoring and Evaluation framework that comprises of indicators, along with their numerators, denominators and data sources for patient monitoring and overall programmatic monitoring has been developed for standardization in monitoring.

The process of developing a set of key indicators started after the announcement of the approval of the Comprehensive HIV and AIDS plan. The process began by organising internal meetings and discussions with colleagues in various clusters and directorates of the National Department of Health. At these meetings and discussions, indicators and their numerators and denominators were defined, tools and mechanisms to be used for data collection were identified, and data storage systems were devised. The internal process resulted in the production of the draft set of indicators.

A minimum set of patient and programme indicators were agreed upon at a national consensus workshop that was held on the 19-20 May 2004 in Johannesburg.
The workshop gave participants an opportunity to contributing in developing the M&E Framework of the Plan and made recommendations on a minimum set of indicators to be considered, tools to be used to collect data and frequency of data collection.

The agreed minimum set of indicators takes into consideration the principles of universal access and equitable implementation, quality of services, continuum of care, efficiency, sustainability, affordability, compliance, safe use of medicines, integration and strengthening of health systems. The indicators can be subdivided into two broad arms, namely operational outputs and patient outcome indicators.

Data sources for these indicators will include Patient Information System, National Health laboratory Services' DISA, district health information systems, Basic Accounting Systems and programme and impact evaluation research. Patient data will be stored in a Master Patient Index whereas programmatic indicator data will be kept on M&E database. Agreed upon data management protocols are a necessary requirement at service point, district, provincial and national level.

2.9 PHARMACOVIGILANCE

With the acknowledgement of the fact that reporting of adverse events has been a challenge over the years, mechanisms are being put in place to improve the present adverse reporting system in anticipation of increase in adverse events as the programme gains momentum. These are done to ensure that health professionals in this programme report adverse events for appropriate interventions. This data is fed back to the providers for action and processes are being coordinated by the national Department of Health.

The three pharmacovigilance centres are responsible to conduct adverse drug reaction monitoring. Sentinel surveillance sites will be selected from the accredited service points. The MEDUNSA Pharmacogivilance Centre, officially launched on the 7th September 2004, focuses on surveillance of adverse drugs reactions in adolescents and adults. The Bloemfontein centre located at University of Free State is focusing on pregnant women and infants. Spontaneous reporting continues to be done in Cape Town by the National Adverse Event Monitoring Centre (NAEMC) as part of regulatory reporting.

2.10 SOCIAL MOBILISATION AND COMMUNICATIONS

Social mobilization and communications strategy includes external information, education and communications (IEC) strategy linked with social mobilization component that together articulate the implementation goals. The specific aims of the communication strategy are to ensure that all relevant government programmes, health care providers, people living with HIV and AIDS (PLWHA), their families, care givers and stakeholders are fully knowledgeable about all the key provisions and requirements of the plan as well as their respective roles and responsibilities. It is the objective of this component to create a supportive and safe environment for PLWHA largely through educational programmes that address stigma and discrimination. Social mobilization will aim to reach a broad arrange of South African society to mobilize people and communities to action. The aim of social mobilization is to ensure that PLWA have access to care and treatment plan and adequate support structures in their local communities.

Communication and education on the comprehensive HIV and AIDS Plan are currently broadcast on television and radio and have been printed on local newspapers. A total of 11 million copies of a booklet on prevention, care and treatment have been distributed nationally, of which 500 000 with the *Sowetan* newspaper. The booklet is a component of the communications aspect of the Comprehensive Plan, which strives to educate all South Africans, whether they are HIV positive or not. This 49-page booklet is printed in all of the 11 official South African languages and contains detailed information on how HIV is transmitted and how it can be prevented; knowing your HIV status; and what is anti-retroviral treatment (ART) and when and how it should be taken by people living with AIDS and the holistic management of HIV and AIDS.

The Khomanani Social Mobilisation Campaign has successfully launched a new brand of condoms called Choice and has already seen increased distribution of the product.

Television is also playing a role in the mass mobilization campaign through partnership with the major broadcasting agencies as well as in the form of a recently launched closed channel called MINDSET. Eighty-four television sets have been installed in fifty-seven facilities to broadcast the Closed Health Broadcast Channel which provides information and education for both patients and health providers on a range of health topics.

2.11 HEALTH PROMOTION

The main priority for health promotion is the promotion of healthy lifestyles with community and stakeholder involvement. The activities involve the promotion of physical activity and proper nutrition and the creation and maintenance of healthy and supportive lifestyles and environments.

IEC materials on healthy lifestyles have been developed addressing good nutrition and the promotion of physical activity. Health promoters use these materials during their health education sessions with communities and patients.

An audit of health promotion activities and capacity in relation to the Plan has been completed. There is a shortage of health promotion personnel in all provinces and plans have been developed to address this shortage.

2.12 PREVENTION, CARE AND TREATMENT

2.12.1 Prevention

The multi-pronged approach towards prevention highlighted in the five year strategic Plan for HIV and AIDS includes Information, Education and Communication (IEC), Voluntary Counselling & Testing (VCT), treatment-related preventions e.g. treatment of sexually transmitted infections (STIs) the use of barrier methods, and interventions to reduce the risk of mother to child transmission (PMTCT).

In the context of the Plan, prevention activities have been significantly strengthened. The key elements of the IEC strategy are: Living Positively; Circles of Support (increasing support for orphans

and other vulnerable children); Youth campaign (Our Time, Our Choice, Our Future); Prevention campaigns. IEC interventions in the context of High Transmission Areas (HTAs) have been intensified in shebeens and taxi-ranks as well as on major roads (the N1, N2, N3 and N4) for truck drivers and commercial sex workers. Murals spreading the education message against HIV and AIDS are now becoming a common sight. This does not only promote education but also creates employment for artists.

Since part of the Plan's objective relates to keeping negative the majority of South Africans who are currently HIV-negative, an important initiative in the form of the branding of Government procured male condoms was embarked upon in June 2004. This campaign has resulted in the monthly uptake of male condoms since the launch of branded Choice condoms increasing from 33 million units to 45 million since June this year.

Furthermore, the Department of Health has increased funding for female condoms. The distribution points for female condoms has increased from 114 to 203 distribution points. This is expected to translate in an increase in the uptake of female condoms. Whilst previously the budget for the procurement of female condoms were provided by donors, since the 2004/05 financial year, the National Department of Health has allocated a budget of R10 million for female condoms. It is anticipated that the budget will increase to R 22 million in the next financial year.

Voluntary Counselling and Testing (VCT) is also one of the key prevention strategies used to slowdown the spread of HIV and AIDS and mitigate the impact of HIV and AIDS in South Africa. The number of service points available to provide VCT services countrywide was 3 072 by the end of September 2004 with service points recording an estimated 100% increase in uptake since the launch of the Plan. The total number of people tested during 2003/04 was 511 843 as compared to 247 287 in the previous financial year.

All public health facilities and a growing number of private health facilities are providing syndromic management of STIs. In addition, greater effort is being placed on partner notification – which is critical to prevention of transmission of STIs. Thus far the total number of STI cases treated is over 685 000 out of which slips for partner notification were issued in 595 000 cases (87%).

2.12.2 Care and treatment

Key strategies to improve care and provide treatment for those infected and affected with HIV and AIDS include: expanding the number of home and community based care service points, including hospices; training of community carers and health providers; provision of home-based care kits to community carers; treatment of opportunistic infections including TB; assessment, prescription and monitoring of patients on anti-retrovirals.

National Anti-retroviral Treatment Guidelines have been prepared and are being used to train both community members and health professionals. Ten thousands (10 000) copies of the Adult ART guidelines have been printed and distributed to all provinces. Paediatric ART guidelines have been finalised and are awaiting printing.

A 24-hour telephonic help line in all 11 official languages has been established and is staffed by a team of 70 people. On average the help line receives 5000 calls per day from community members, patients and health providers on any information related to HIV and AIDS.

A rapid response expert team is available for health professionals for consultation to assist in defining and finding solutions for emerging problems related to care and treatment.

2.12.3 Support

Support groups for people with chronic diseases of lifestyle have been established in 6 provinces. Plans are underway to expand these to the remaining three provinces. These groups are playing an important role to facilitate adherence to treatment. There are approximately 370 support groups in the country. Most of these are affiliated to NGOs. They are involved in home-based care, peer education, peer counselling, sharing of experiences, and HIV and AIDS education.

2.13 MANAGEMENT

The management of the Comprehensive Plan is co-ordinated by the senior management team at the national Department of Health. Regular meetings with and visits to provinces are made to support them in the implementation of the Plan. Management capacity is been strengthened at all levels especially at facility level.

3. PATIENT MONITORING

A snapshot of the number of patients assessed and currently on treatment is presented below. By September 2004, there were a cumulative total of 11253 patients (including children) who were receiving treatment. The majority of patients receiving treatment were in Gauteng and Western Cape provinces.

Table 3: Number of patients assessed and on ARV treatment by province.

	Number of Patients Assessed, cumulative		Number of Patients on Treatment, cumulative	
	End July 2004	**August/Sept 2004**	**End July 2004**	**August/Sept 2004**
Eastern Cape	*	*	618	986
Free State	272	458	114	139
Gauteng	14347	21326	4536	3244
KwaZulu-Natal	6441	17264	527	1556
Limpopo	1035	1705	9	63
Mpumalanga	970	1469	135	202
Northern Cape	259	560	95	108
North West	*	4910	255	631
Western Cape	*	*	3441	4324
Total	**33594**	**68978**	**9730**	**11253**

Source: Provincial Departments of Health.

* = Data not available or being verified

3.1 EASTERN CAPE

In the Eastern Cape, 21286 patients have been assessed for eligibility and 986 patients were on treatment in 10 accredited facilities in the 6 districts.

3.2 FREE STATE

Access to comprehensive HIV and AIDS services is available in Lejweleputsha and Motheo districts. A total of 458 patients were assessed of whom 139 patients have started treatment.

3.3 GAUTENG

Gauteng province has at least one functional accredited facility per health district. By September 2004, a total of 21326 adults and children were assessed and 3244 patients were on treatment.

3.4 KWAZULU-NATAL

In KwaZulu-Natal, all health districts with the exception of Amajuba, have started implementing the comprehensive HIV and AIDS plan. By September 2004, 17264 patients were assessed and 1556 were on treatment.

3.5 LIMPOPO

Limpopo is the last province to start implementing the comprehensive HIV and AIDS programme in the country. Assessment of patients has commenced in all the districts in nine facilities. A total of 1705 patients were assessed of whom 63 patients have started treatment.

3.6 MPUMALANGA

In Mpumalanga, at least 1 accredited facility per district is functional. By September 2004, 1469 patients were assessed and 202 patients were receiving treatment.

3.7 NORTHERN CAPE

In the Northern Cape, access to the comprehensive HIV and AIDS services is available in three districts. A total of 560 adults and children, mainly from Kimberly Hospital, were assessed and 108 patients were already on treatment.

3.8 NORTH WEST

In the North West province, three of the four districts have functional accredited facilities. A total of 631 adult patients were on treatment by September 2004.

3.9 WESTERN CAPE

In the Western Cape, 20 accredited facilities are functional in all health districts, with the exception of the West Coast. The available data from these facilities include the patients on donor-funded treatment programmes. By September 2004, the total number of patients on treatment was 4324.

4. CHALLENGES AND STRATEGIC ISSUES

The following issues and challenges have been identified for intervention:

- Human resources remain the key challenge together with sustainable drug procurement.
- The cost and implementation of one national Patient Management Information System is a major challenge.
- Transport of specimens still remains a challenge in some provinces.
- The turn around time for TB sputa results is longer than acceptable in some areas with the turn around of up to two weeks against a target of 6 days.
- Patient transport requirements especially in remote rural areas need to be addressed to prevent the problem of patients being lost to follow-up resulting in low levels of adherence to treatment.
- Resolving financial management issues such as journalisation and mis allocations of cost centres and utilisation of financial grants.
- Increased inter-departmental collaboration and co-operation, for example Department of Transport (road infra-structure and public transport), Department of Public Works (physical infrastructure), Department of Defense and Correctional Services (synergise treatment modalities), Department of Social Development (social assistance), Department of Agriculture (food security issues);
- Improvement in co-ordination between national government and provinces, in particular between the national Department of Health and provincial Departments of Health.

5. CONCLUSION

Substantial strides have been made in implementing the comprehensive HIV and AIDS care, management and treatment plan in South Africa since the beginning of April 2004. Access to comprehensive HIV and AIDS services in terms of accredited facilities has been achieved and sooner all health districts will have universal access in terms of at least one service point per health district. National ART Guidelines are used in all accredited service points. A number of patients on ART have started treatment and the target recipients are already receiving Philani Yabantwana and Philani for adults. Various tools have been developed including the patient forms for use at accredited service points.

Twenty (20) laboratories have been accredited to perform CD4 testing and seven (7) laboratories also are performing viral load testing. Training for laboratory personnel on performing CD4 and viral load testing has been conducted and further training has been scheduled for the last quarter of 2004. Short courses and recruitment of health staff is going ahead in all provinces. Three pharmacovigilance centres have been established. Similarly, the Information System is being developed with SITA. The research programme addresses priority research questions. The Medical Research Council is playing a critical role in implementing the research programme. The M&E Framework has been developed. A national consultative workshop held on the 19-20 May gave local and international experts and stakeholders an opportunity to contribute to the final development of the M&E Framework and indicators for monitoring the implementation of comprehensive HIV and AIDS plan.