



NEW GOVERNANCE STRUCTURES FOR THE SOUTH AFRICAN NATIONAL AIDS COUNCIL

**AS APPROVED BY THE SANAC
SECTOR LEADERS FORUM HELD ON
17 AUGUST 2012**

Background

The South African National AIDS Council (SANAC) has been the driving force behind the sea-change observed in this country's response to HIV over the last five years. The invigoration of SANAC in 2007 and the agreement reached in the SANAC plenary meetings in those heady days of change is perhaps the main reason that we can claim the world's largest national antiretroviral treatment programme and a true recent decline in HIV-related mortality.

Whereas the NSP of the last five years (2007 – 2011) was aimed at addressing the urgent need to scale up treatment, the new NSP (2012 – 2016) is focussed on prevention of new infections. The new NSP tackles the structural drivers of the epidemic over a 20 year horizon and calls for a major investment in prevention programmes to roll back the epidemic where the majority of new infections are being generated (i.e. in young women; most at risk and marginalised populations; multiple concurrent partnerships; alcohol and substance abuse; informal settlements; road networks and in prisons). It also highlights human rights and access to justice as key ingredients to a successful response. Crucially, it explains that TB and HIV are so inter-related that the two diseases cannot be dealt with separately.

The new NSP was the announcement that the South African response to HIV and TB will be all-encompassing and multi-sector in nature. This does not diminish the increasingly complex task of increasing the number of people on antiretroviral treatment from its current figure to more than 3 million by 2016 (80% of those who need treatment; asymptomatic patients to start treatment if the CD4 count falls below 350). This is not only needed for each individual person's health and longevity, but even the high levels of treatment coverage are increasingly being framed as a public health secondary prevention measure with some arguing, that it is likely to be the most effective prevention measure.

The new NSP (as described in broad terms above) has direct implications for the governance of SANAC. It is imperative that the SANAC Plenary, its various committees, the Provincial and

District Councils on AIDS and the Secretariats at National, Provincial, District and Local levels are reformed in a way that facilitates the work of implementing the new NSP in an unfettered way.

This general finding (the need to improve and align the SANAC structures to the requirements of the new NSP) is well documented in the mid-term review (MTR) of the previous NSP. The MTR dealt extensively with the need to make SANAC more efficient and fit-for-purpose and also identified the need to significantly strengthen the SANAC Secretariat as a well-functioning independent institution that could fulfil its mandate arising out of the SANAC Plenary and its committees. It also explained the need to expand the work of SANAC to the provincial and district levels where true implementation of the SANAC programme was going to take place.

The Sector Audits brought into public display the serious challenges in the SANAC sectors, with no more than three of the nineteen sectors passing muster. Whilst the sectors were critical in helping build consensus in a country divided by HIV it is abundantly clear, that new forms of civil society formation need to take place in the SANAC space. Whilst the civil society sectors have made a sterling contribution to the work of SANAC, there were key actors of civil society without any connectivity to the SANAC project. The time has come for the Secretariat to actively support those sectors that are struggling so that they can realise their full potential.

In the course of crafting the NSP, one of the stated objectives is the reform of the governance arrangements of SANAC and the strengthening of the Secretariat. With this in mind, the Deputy President appointed an Ad-hoc Governance Task Team of wise and experienced advisors to make recommendations in this important area. The recommendations of the Ad-hoc Governance Task Team are attached to this report.

In addition, there have been a number of reviews of the SANAC Secretariat over the last few years.

All these reports and further consultations with civil society (see report of the workshops with civil society and provincial aids council secretariats) have been taken into consideration in the finalisation of this report as has been the discussions at the SANAC Plenary of 16 March 2012 and the 1st June 2012.

Future Directions

All the advice in the reports and consultations mentioned above point in the same direction; jealously guard the consensus that has been built over the last five years whilst introducing changes that support a major shift to implementation. It is almost universally accepted that the new NSP provides the country with the best possible framework with which to proceed and contains the most up to date policies for addressing both HIV and TB. What is needed is implementation!

In this regard, the SANAC structures need to be more 'streamlined' and fit-for-purpose and there needs to be greater precision in defining the various roles and responsibilities.

In the case of the Plenary it is proposed that there be an Extended Plenary and a Plenary. The Plenary will meet 3 times in each year. It will be chaired by the Deputy President and Co-chaired by a senior leader from civil society, who will be elected by the non-government component of the Plenary. It is recommended that there should be 22 Ministers attending including Health; Finance; Basic Education; Social Development; Women and Children and People with Disabilities; Correctional Services; Higher Education and Training; Justice and Constitutional Development; Public Service and Administration; Transport; Minerals and Energy; Corporative Governance and Traditional Affairs; Agriculture; Rural Development; State Enterprises; Sports and Recreation; Science and Technology; Trade and Industry; Human Settlements; Arts and Culture, Performance Monitoring and Evaluation and National Planning Commission. Further there will be 1 representative per civil society sector as endorsed by the Civil Society Forum. These will be elected to the Plenary by the Civil Society Forum (as agreed in the consultations workshop with civil society – each sector will elect its own Plenary delegate). Crucially, it is recommended that the Plenary should have the, t h e MECs for Health and a civil society counterpart representing each of the provinces. This brings the provinces front and centre in the Plenary and encapsulates the shift to implementation.

The Plenary will also be strengthened in respect of the participation of the private sector (5 seats), 5 labour representatives and the technical experts and professions (5 seats). There will also be five (5) seats for the PLHIV sector. This will strongly reinforce the GIPA principle. The Co-chairs of the two main supporting committees and the Secretariat bring up the rear of the Plenary.

The Extended Plenary will meet once a year and will have the highest levels of participation from government, civil society and all other sectors. In addition to the plenary it is recommended that the 9 provincial premiers are invited to the Extended Plenary. The Extended Plenary will be chaired by the Deputy President This approach represents both progress going forward and continuity looking back. This will be the ‘broad church’ that SANAC must be and the ‘home for all’ that SANAC must become.

The Plenary will be responsible for governance and leadership and continue to be the ultimate decision making place of the high level strategy that the country collectively determines to be the best for the time. It will commission a mid-term review and take annual reports on progress with the NSP. They will also resolve major policy issue that are appropriate for this level and it will oversee the preparation of and approve the next NSP. The Plenary will retain its two main committees though it is proposed that the membership and terms of reference as well as the names of the two committees be amended to suit the new NSP requirements for a stronger focus on implementation.

The Programme Review Committee (PRC) will replace the Programme Implementation Committee (PIC). In the past the PIC, had the same representation as the Plenary. Going forward it will bring together all the key national actors involved in programme implementation. This is the group that has the practical knowledge and know-how to improve programmes that have already commenced. It will bring its collective wisdom to bear on prioritising some programmes above others and when there needs to be amendments to policies that do not require a fundamental overhaul of the NSP. It will be delegated the authority to address technological advances in the course of implementation of the NSP. As with the PIC, it will continue to be chaired by the DG of the National Department of Health and a civil society co-chair. The PRC will be strengthened by

a major injection of implementers into its membership including all nine PCA Secretariats and 9 of the largest donor funded national NGOs. Continuity will be through the election of (3) civil society representatives to the PRC and one representative from the PLHIV sector and one representative from labour and three representatives from the private sector. The PRC will also have both co-chairs of the 4 programmatic Technical Task Teams (TTTs) in attendance.

In the past the TTTs reported directly into the PIC, it is proposed that the TTTs become part of the structure of the Secretariat. The Secretariat will be able to provide logistical and financial support to the TTTs and also work with the TTTs to set out their agenda. There will be four TTTs – one for each of the Strategic Objectives of the NSP. These are Structural and Social Drivers, Prevention, Health and Wellness, Human Rights and Access to Justice. The TTTs will be the ‘brains trust’ of SANAC. They will contain all the country experts in the four areas of the NSP and will guide SANAC through the latest evidence and international best practice. It will also drive innovation; key to the new NSP.

The NSP Financing Committee (FC) will replace the Resource Mobilisation Committee (RMC). For the last few years, the RMC has focussed almost entirely on the Global Fund grants. The RMC has been criticised by the Inspector-General of the Global Fund (see attached report of the Office of the Inspector-General) for falling foul of its conflict of interest policy and for not being fit for purpose. It has also been criticised internally for not focussing on the much higher level task to identify and close the funding gap for the implementation of the NSP. Going forward, it is proposed that there will be two committees. A ‘higher level’ NSP FC that is powered to estimate the funding needed for the NSP and to swing into action to mobilise resources from domestic and international sources (including negotiations with international donors such as PEPFAR and the EU). New sources of international and local funding (private sector, local philanthropy and giving) will also have to be explored. The second committee will be the Global Fund CCM. This is a requirement of the Global Fund and will be established in terms of the guidelines of the Global Fund.

The NSP Financing Committee will be chaired by the Minister of Health. It will continue to have 7 Deputy Ministers. This gives it the necessary political clout. It will continue to be co-chaired by civil society. Continuity will be expressed by retaining (3) members of civil society (elected by the Civil Society Forum), 1 member of labour and 3 members of the private sector as this is potentially a growth area. It will also have a representative of the PLHIV sector. A Costing TTT will be established that brings together the country’s experts in this critical area. The two co- chairs of the Costing TTT will join this committee as members.

The GF CCM will continue to have 5 members from civil society and 5 from the government sector. It will be chaired by the Secretariat. Due to the Global Fund’s conflict of interest policy, this will exclude the Secretariat from becoming a principal or sub-recipient of Global Fund grants. The co-chair of the GF CCM will be elected from any of the government, civil society or private sectors. Crucially, the partners (Us Government, EU and the UN) will participate in the same way that they currently participate in the RMC. This is also a requirement of the Global Fund and it may prove to be the Committee which also deals with PEPFAR and EU funding partnerships.

The IMC will continue to exist in its current form. It will also meet 4 times per year prior to the meetings of the Plenary in the event that government needs to consult internally prior to

making commitments in the Plenary.

A Civil Society Forum will be established. Due to the weaknesses described in a number of civil society sectors in the sector audit, it is proposed that a Civil Society Forum bringing together all sectors meets 4 times per year to strengthen sector participation and share resources and information. The current 19 sectors will be retained and will come together in the form of the Civil Society Forum. It will be up to the Civil Society Forum to remove or add sectors or to group them. The establishment of the Civil Society Forum will allow for 'streamlining' the sectors and for greater accountability amongst the sectors. The Secretariat will provide financial and logistical support to the Civil Society Forum.

The Secretariat will also provide logistical and financial support to the PLHIV sector with a view to strengthening the GIPA principle. The PLHIV sector will be the only sector that will be represented on all committees, sub-committees and the TTTs of SANAC.

As the private sector is seen as an area of new growth both from a fundraising and implementation point of view, the Secretariat will also provide seed funding and logistical support to the private sector coordination.

A major shift towards implementation will be the integration of the National, Provincial, District and Local AIDS Council Secretariats into a well-functioning and streamlined institutional arrangement. On condition of approval of funding, the proposal going forward is to create a truly national institution with the provincial, district and local levels being the main sites of implementation of the NSP. Leadership and governance of the PCAs, DACs and LACs will remain with the elected government and civil society (and other constituencies) representatives. A detailed proposal describing the structures of the Secretariats at provincial, district and local levels will be investigated and costed by the Secretariat.

It is proposed that the South African National AIDS Trust continues to be the legal basis for the existence of the Secretariat. The number of Trustees should be expanded to between 9 and 11. The Chairperson and Deputy Chairperson should be from government and civil society (alternating every two years). There will also be two representatives of the PLHIV Sector on the Trust. There should be representation on the Trust from the Plenary (3 – 1 government, 1 business, 1 civil society) and (1 representative) from each of the two main committees. The appointment of the Trustees should be the decision of the Deputy President and the Deputy Chairperson of the SANAC Plenary. It is also proposed that between 3 and 5 'experts' be appointed to the Trust. These experts should have expertise and experience in the areas of finance, law, management and fundraising. The Trust Board should have at least a Finance Committee and an Audit and Ethics Committee for effective corporate governance. The 'experts' should be appointed to the SANAC Plenary in an ex-officio capacity. This will align the Trust Board with the SANAC Plenary. The proposed structures are shown in Figure 1 below.

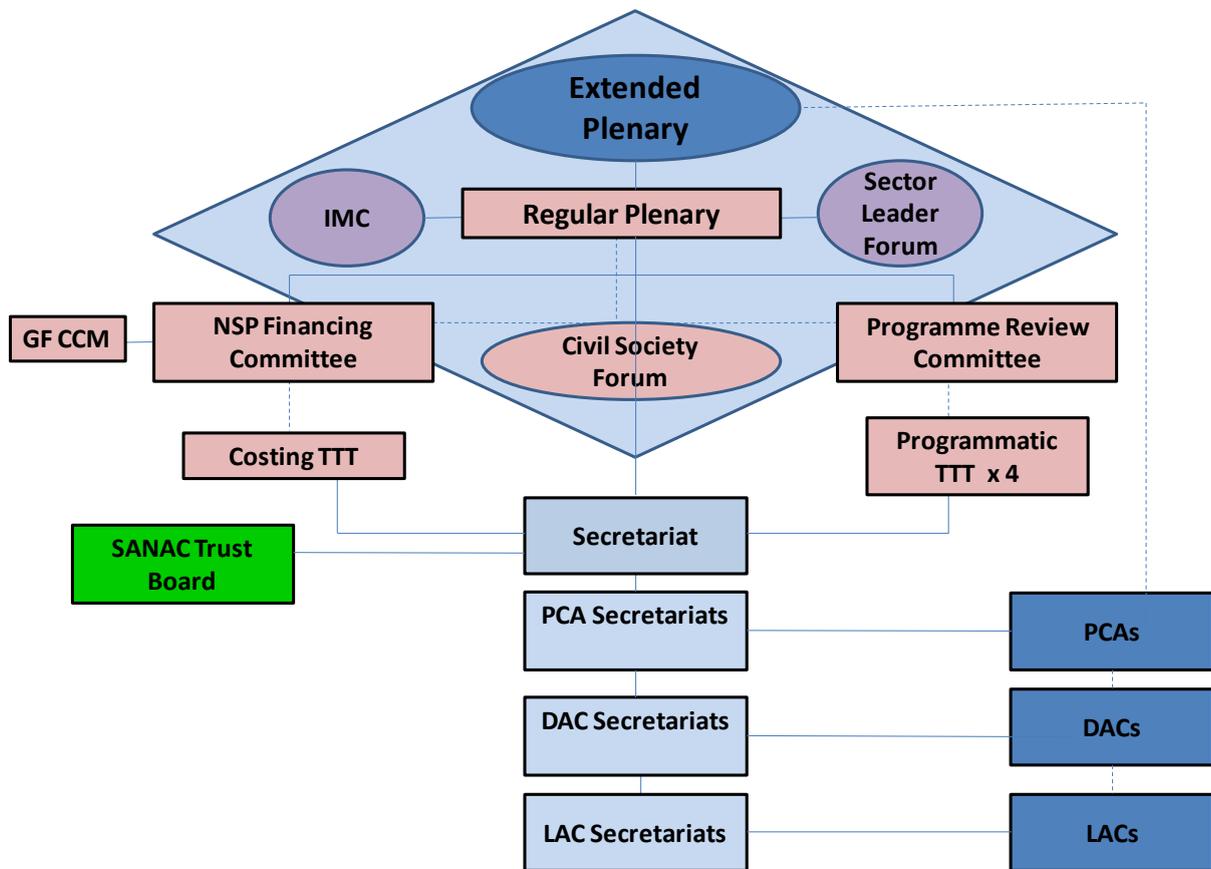


Figure1. Approved New SANAC Structure

Recommendations

It is recommended that the following structures be approved by the Plenary for implementation by the Secretariat:

- The establishment of the Extended and Regular Plenary as per Attachment A1 and A2.
- The establishment of the Programme Review Committee as per Attachment B.
- The establishment of the NSP Financing Committee as per Attachment C.
- The establishment of the Global Fund Country Co-ordinating Mechanism as per Attachment D.
- The extension of the Inter-Ministerial Committee from 14 to 22 Departments.

Next Steps

Once approval for these recommendations has been finalised, the SANAC Secretariat will support the process for the nomination or election of members of the Plenary and all committees. This would be through the convening of appropriate forums (such as the Civil Society Forum) or elections within each sector. Election of the Civil Society Deputy Chairperson of the Plenary and its representatives on the Extended Plenary, the PRC, the NSP FC, the GF CCM and the Trust Board will be done by the 30st of September. The Secretariat will implement these processes under the direction of the Chairperson and Deputy Chairperson of SANAC.

The election and/or appointment of the Plenary will be concluded first with the aim of convening the first new Plenary on 5th October 2012. The election and/or nomination of members of the various committees will be undertaken simultaneously with a view to having all newly established committees convened for their first meetings before the end of October 2012. This includes the Trust Board.

Recommended by:

Dr Fareed Abdullah
Chief Executive Officer
South African National AIDS Council
Date:

Approved by:

Mr Kgalema Motlanthe
Deputy President of the Republic of South Africa
Chairperson
South African National AIDS Council
Date: