Preface

The intensity of HIV/AIDS and its socio-economic implications are immense in South Africa and India. Poverty, illiteracy, gender bias, discrimination and stigma have all contributed in the advancement of AIDS epidemic. Many people suffering from AIDS cannot afford anti-retroviral drugs for their treatment. Population pressure, resource crunch, social norms and religious beliefs are some of the important factors that unfold the prospect of HIV/AIDS epidemic.

Monitoring and evaluation is essential for the success of National AIDS control programme, updating the HIV policy initiatives at regular interval of time and evidence based planning are crucial for the success of HIV/AIDS programmes, these are made possible if monitoring and evaluation system are effectively constituted.

For judicious decisions and proper maneuver, uninterrupted reports and information on the course and direction of the HIV/AIDS is important, because it significantly helps and guides the administrator, policy makers, health professionals, HIV personnels and workers. It also helps interventions at the peripheral levels to identify bottlenecks and take corrective action.

The vibrancy of HIV/AIDS pandemic in the world has been 20 years now, with negligible developments in the vaccination programmes and relatively few effective and sustainable prevention policies. Though numerous programmes and policies were mounted in India and South Africa from the very beginning when AIDS cases were first reported in 1986 and 1982 respectively, the epidemic is neither tamed nor restricted. Over 2.5 million and 5.7 million are respectively living with HIV/AIDS in India and South Africa. Global statistic show that more than 65 million people have been infected by HIV/AIDS, of which over 25 million were died of AIDS and AIDS related infections by the end of the year 2006. More than 14,000 people are infected by HIV/AIDS every day in the world, of which 95 per cent occur in the developing countries. Reports indicate that the rate of HIV infections are declining in the richer developed countries, but it continues
to soar in the poor developing countries. HIV/AIDS is the leading cause of death in many African countries and it is the fourth largest killer in the world. More than 22 per cent of the population aged between 15-49 years in Sub-Saharan Africa is infected by HIV/AIDS. Africa accounts for nearly 83 per cent of all AIDS death in the world today. In South Africa AIDS deaths are so rampant and widespread that children are playing a new game called *Funerals*, because most of the times they get to see funeral rites taking place.

AIDS relatively came slow in India, however by 1980s, it became one of the important HIV/AIDS centre in Asia. Not much was done during the initial years of HIV/AIDS in India, HIV prevalence rate dangerously cross the limits and was most common among the commercial sex workers, injecting drug users and truck drivers. Today the incidence of HIV/AIDS is not particularly confine among these high-risk groups but are found everywhere in India.

The affects of HIV/AIDS is much more than it infects. It impoverishes families; individuals continuously face discrimination, stigma, ostracisms and banishment, leaves behind orphans and reverse many painstaking development gains of a country.

India and South Africa are battling hard to control the menace, but at the same time they are not able to judiciously use the available strategies and resources for preventing HIV/AIDS, this certainly is because of geographical extent, population pressure, language barrier, social norms and various religious beliefs as well as poverty, poor education, low status of women and the stigma attached to the disease. Concrete solution to cure AIDS is not yet found in the world, the available options to treat HIV/AIDS such as anti-retroviral therapy are still very costly and beyond the reach of those who earnestly require it. The basic strategy to tame the galloping pace of HIV/AIDS is to commit all the possible resources and weapon at it, but HIV/AIDS is a sensitive topic involving sex, stigma and death, the policies and strategies must therefore be initiated taking into consideration the sensitivity of HIV/AIDS, local reality, prevailing social norms and religious beliefs.
Pharmaceutical companies must respect the international rulings and support the governmental initiatives of HIV/AIDS prevention, the patent rights, price of the drugs must be properly regulated so that it can be within the reach of many poor HIV patients. The tug-of-war between the government and the drug companies can be a big blow to the HIV/AIDS prevention and treatment programme, if the availability of drugs at an affordable price is not affirmatively implemented.

Medical doctors (especially the professionals) should be given the front-runner responsibility in the prevention, treatment and care services of HIV/AIDS in India and South Africa, because they know the nature and morphology of HIV better than a commoner worker on HIV/AIDS. Medical personnels along with HIV personnels can educate and preach systemically and symptomatically about HIV/AIDS, hence the campaigns and awareness programmes must give an important space to the medical professionals.

The main theme deliberated in this thesis is the combination (synthesised) of critical lessons learned during the last few decades by India and South Africa regarding the efficacy of HIV/AIDS prevention programmes, as well as the policies and challenges, with a major emphasis on the role and responses shown by the respective governmental and non-governmental organisations in taming the HIV/AIDS epidemic.

Summary of the detailed study of the topic concern in this thesis can briefly be highlighted chapter-wise in the following pages:
Chapter I

Intensity of HIV/AIDS and Its Socio-Economic Implication in India and South Africa

This chapter has three parts: first, it opens with an introduction to the background and settings of HIV/AIDS. Conceptual and theoretical framework pertaining to health and disease as a concept and evolution as well as genesis of HIV/AIDS are examined here. Various theories are described along with the discussion on the beginning of HIV/AIDS in India and South Africa.

Secondly, it examines the intensity of HIV/AIDS, in doing so it categorises the intensity among men, women, children and youth in both urban and rural areas. Also the intensity among the high-risk groups such as, commercial sex workers, truck drivers, injecting drug users, men having sex with men, soldiers and migrant labours.

In the third part it analysis the economic and social implications of HIV/AIDS in India and South Africa. The economic effects of HIV/AIDS on households, agriculture, firms as well as macroeconomic effects such as loss of human resources, impact on the flow of business and trade. Imbalance sex ratio, problems of orphanage, discrimination and psychological disturbances are some of the social implications highlighted in this chapter.

Chapter II

HIV/AIDS Policies and Programmes of Government of India

This chapter analyses the programmes and policies initiated by the government of India on HIV/AIDS. Objectives and strategies of governments policies, the development of HIV policies, policy initiatives and the participation of NGOs, corporate and other community based organisations in framing the national AIDS control programmes are exclusively been examine in this chapter, along with issues ranging from social mobilisation and media programmes to the establishment of testing and counselling
facilities, as well as the HIV/AIDS infrastructure and the cooperation of international communities.

Chapter III

HIV/AIDS Policies and Programmes of South Africa

Like chapter second which discusses the policies and programmes of HIV/AIDS in India, chapter three analyses the HIV/AIDS policies and programmes of government of South Africa. Development of HIV policies and programmes, establishment of national AIDS council and the foundation of National AIDS Coordinating Committee of South Africa (NACOSA), as well as establishment of HIV/AIDS and STD directorate in South Africa are examined thoroughly. Prevention, treatment and care services, provincial AIDS coordinators, planning and implementation of national HIV policies are the other areas explored in this chapter. Regional cooperation, participation of NGOs/CBOs, international agencies and the cooperation of business sectors in the fight against HIV/AIDS in South Africa are progressively taken up in this chapter.

Chapter IV

NGOs Responses to HIV/AIDS Problems in India and South Africa

This chapter exclusively discusses the responses of NGOs in India and South Africa and forms the basis of this thesis. It has two parts, the first part deals with NGOs in India and the second with South Africa.

The chapter starts with an introduction and advances by discussing NGOs aims and objectives in dealing with HIV/AIDS problems. NGOs participation in government’s policy making as well as implementation of the policies are the core features, Networks of NGOs and other partnership forums, their association with state or provincial AIDS programmes are also highlighted. The difficulties, challenges and constraints face by the NGOs in India and South Africa are also discussed.
The participation and engagement of NGOs in South Africa has been exclusively discussed, the purpose of highlighting the major NGOs in South Africa is to bring out their role in combating HIV/AIDS in South Africa, because South African government in various count happen to sideline them despite South Africa having the largest number of AIDS in the world. Hence it was therefore necessary in this thesis to exclusively discuss the significant role played by a number of locally based NGOs in South Africa.

Chapter V

Emerging Challenges and Policy Projection on HIV/AIDS in India and South Africa

This chapter deals with a broad range of issues related to the emerging challenges and policy projection of HIV/AIDS epidemic in India and South Africa and the response at the National and State level to the trend of the epidemic. It brings out the track changes occurring over a period of time in key prevention and care areas, especially among the high-risk groups such as: Commercial sex workers; Injecting drug users; Truck drivers; Men Having Sex with Men (MSM); Migrant workers; and Soldiers. The challenges of prevention, treatment and care such as: Financing and Governance; Counselling and testing; Treatment of people living with HIV/AIDS; Helping people to meet programme requirements; Nutrition; Treatment for other Infections; Developments of HIV/AIDS infrastructure; Reliable supply chains; Trained staff; Moving towards universal access to health care services; Changing people’s mindsets; Stigma and discrimination as well as the challenges of HIV/AIDS to the national security of India and South Africa.

It also briefly examines the difficulties and overlapping in HIV/AIDS data in India and South Africa and then the chapter wraps up by discussing the policy projection on HIV/AIDS and its estimation process in India and South Africa. In doing so, it thoroughly analysed and examines the various methods use in deducing the statistic conclusion.
Finally, it would be worth mentioning and admitting here the fact that, due to various standards of enumeration, projections and localised calculation, HIV/AIDS data's become highly unreliable. A case may be worth noting here that, in May 2006, UNAIDS has projected India as the world's largest HIV/AIDS population at 5.7 million, far surpassing South Africa's 5.5 million. However, it was quickly summed up and declared that India's HIV/AIDS count was just 2.3 million by the end of the year 2006. Moreover data's are enumerated differently by both government and private institutions; they also differ within the administrative units. However, for the sake of the clarity and comprehensibility, this thesis depends on the government published projection in both India and South Africa.

Secondly, this thesis deals on a single theme (HIV/AIDS) based on two different administrative and geographical settings (India and South Africa). Both deductive and inductive methods have to be applied and discussions are maintained from a vantage point in order to arrive at the conclusion in every step in this thesis. Hence, this thesis suffers from maintaining continuity.

Thirdly, Help is taken from various as well as varied articles and reports on HIV/AIDS published in the leading newspaper of India. The published materials and books on HIV/AIDS from various libraries are consulted.

And most importantly, this thesis has heavily banked on internet sources, both primary and secondary sources posted in the government websites and web based journals, articles and literary available in the internet are used. These sources are periodically updated by changing internet URL's, pages and protocols and are either refreshed or hosted by other various websites. As a result, confusions might creep in and omissions are bound to take place in this thesis.

However, extreme carefulness and dexterity were always tried to maintain throughout the process of writing this thesis, and has become a sort of protocol for this thesis.