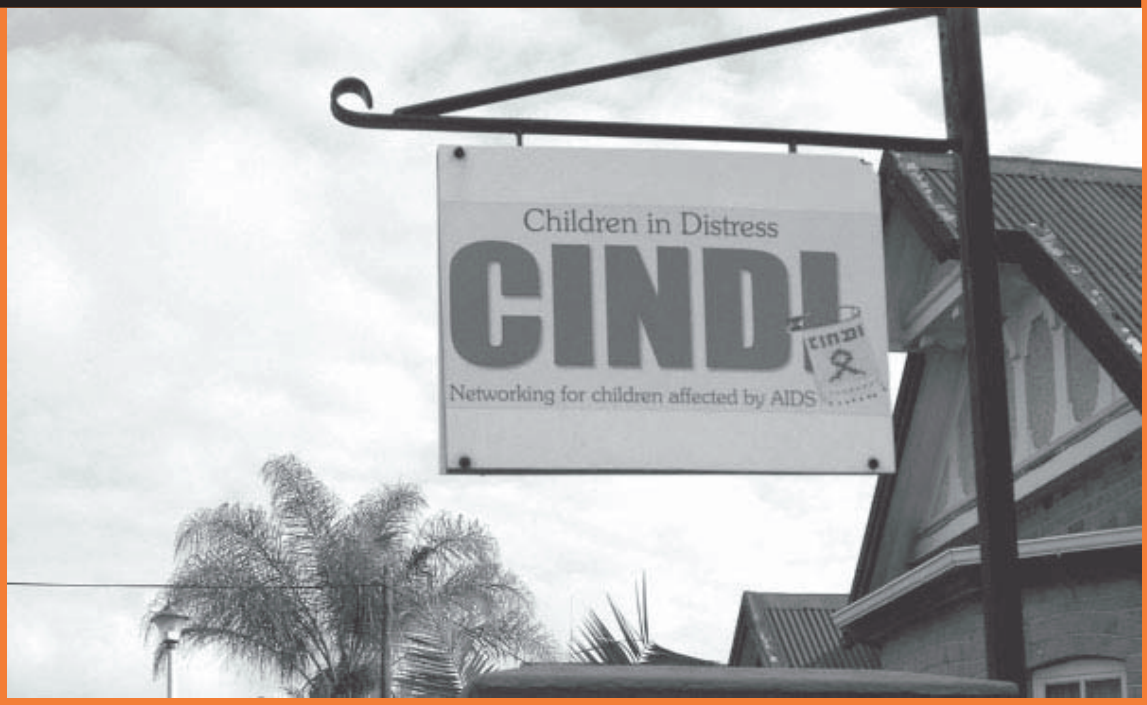
Leadership In a Time of HIV/AIDS

By Stacey-Leigh Joseph, Isandla Institute

Local government, widely regarded as the most direct provider of services and "closest to the people" has been identified as ideally placed to play a central role in the response to South Africa's HIV/AIDS[1] epidemic (dplg 2007).



Picture by: Katharine McKenzie

ALTHOUGH local government has equal power and authority to the other three spheres of government, it is often seen as the implementer of provincial and national policy. As a result, the absence of an appropriate national HIV/AIDS policy prior to 2007 forced local government to operate in a policy vacuum that provided little guidance on how municipalities should respond to the HIV/AIDS epidemic and its consequences. Taking a clear stance on how to respond to HIV/AIDS at local level was thus extremely difficult and challenging.

The introduction of the National Strategic Plan for HIV and AIDS and STI (2007 – 2011) heralded a significant improvement, clearly defining HIV/AIDS as a challenge that requires not just an effective bio-medical strategy but also a developmental response. The former Department of Provincial and Local Government (now the Department of Cooperative Governance and Traditional Affairs – CoGTA) introduced the framework for an Integrated Local Government Response to HIV and AIDS in 2007. These developments have highlighted the importance of local government in responding to the epidemic and opened up the space for local government to fulfil a more pro-active and much needed leadership role on HIV/AIDS.

The effect of South Africa's HIV/AIDS epidemic has been most acutely felt at the local level where communities and households have had to shoulder the burden associated with HIV/AIDS. The developmental mandate assigned to local government means that it carries a direct responsibility for the fundamental development and service concerns which increase vulnerability to HIV/AIDS. While municipalities are becoming increasingly aware of their role in response to the HIV/AIDS epidemic this has not necessarily translated into effective action.

This paper takes cognisance of the difficulties for local leaders to exercise their own discretion. However, it will also put forward an argument that in the absence of national and provincial leadership on HIV/AIDS (or perhaps better put, in the presence of negative leadership), municipalities have the scope and discretion to develop and implement an effective HIV/AIDS response. To provide a context and structure for how effective leadership can take place, the paper will draw from four leadership typologies:

- *Political leadership*: Local government leadership is often regarded as vested in politicians, councillors, executive committees and the mayor. This formal notion of elected political leadership is of course essential for a municipality in order to map and pursue a specific development path and implement the mandate granted by local citizens. In addition, buy-in from politicians and political leaders is essential for any effective HIV/AIDS response.
- *Public leadership*: The paper will borrow the notion of "public leadership" developed by Schwella (2008:27) who defines it as 'action taken through a dynamic and transparent process involving the leader with relevant others in the inclusive setting and effective realisation of legitimate, legal and useful goals and objectives… aimed at improving the quality of lives of the people and citizens'.
- *Champions:* While it may seem fairly self-evident, it is worthwhile highlighting the critical role played by champions, people who are passionate, committed and have the foresight to recognise their role and champion a relevant cause; in this instance, the importance for local government to mobilise around HIV/AIDS. Champions are generally understood to be people in authoritative positions with the power to make decisions and influence plans but they can also be ordinary municipal staff who display a commitment to HIV/AIDS, are able to influence and find appropriate avenues to encourage action and slowly bring about change in the institutional response to the epidemic.
- *Civil society leadership*: Communities and civil society, in general, have a critical leadership role to play. Communities should push from the "bottom" and hold elected leaders accountable for their actions. This engagement is essential and ensures strong and ongoing interaction between government and its constituents.

Why is HIV/AIDS an issue of leadership, more especially local government leadership?

Need for a paradigm shift

Despite the move towards seeing HIV/AIDS as a development issue, the epidemic is still largely treated as a health concern, with prevention campaigns focussing on the responsibility of individuals to remain free of infection. Much of the national and international responses to HIV/AIDS to date have focused on encouraging behaviour change through abstinence, staying faithful to one's partner and condom use (the ABC message). Both the ABC message and the provision of treatment are essential components of effective HIV/AIDS responses, but these are not the only components. The context within which people have to consider and make decisions about their sexual behaviour needs to be recognised and understood. Other factors that increase vulnerability to HIV/AIDS include overcrowding, lack of privacy to conduct private and intimate relations, violence against women and young children as well as the level of gender inequality and relative vulnerability (See Van Donk 2006, Zulu, Nii-Amoo Dodoo and Ezeh 2004, Joseph and Van Donk, 2008; Parker and Hajiyannis 2008).

It is not suggested that there is a direct correlation between HIV/AIDS and people's living conditions. Instead the argument made is that in a resource-poor context, where much of day-to-day life is about survival, there are not many options available. What might be considered irrational behaviour or decisions are based on trade-offs (see for example the research by Parker and Hijiyannis (2008) which explores the sexual choices of young people).

The burden of this epidemic has mostly fallen directly on individuals, households and communities. But as the escalating infection rates and the devastating impacts of the epidemic begin to show that HIV/AIDS affects everyone, local government has to realise that there are critical economic and institutional consequences, particularly an increase in the demand for and types of services (Van Donk 2008). Local government officials themselves are infected and affected by HIV/AIDS and this has consequences for productivity within municipalities as more people are likely be off sick, to take leave to care for ill family members and even to attend funerals of family members and colleagues. Given that there are existing capacity concerns within municipalities, this places a further burden on overstretched local authorities.

Box 1 - HIV/AIDS as a developmental issue

Estimated by the United Nations to be the country with the highest number of HIV infections, South Africa has between 5.5 and 5.7 million people between the ages of 15 and 49 who are believed to be living with HIV/AIDS. This means that approximately 18 percent of the population (between 15 and 49) is HIV positive (UNAIDS 2008). This epidemic continues to have a devastating impact on a country still struggling to overcome an apartheid legacy of inequality and underdevelopment. HIV/AIDS places a major burden on individuals, households and communities and is particularly concentrated in poor communities in both rural and informal urban areas. In short, it affects that sector of the population least likely to cope with its consequences. The epidemic reinforces vulnerability and social fault lines, leading to deepening poverty and increasing the level of inequality. These circumstances set up networks of risk related to living conditions and the power to make decisions. As a consequence those who live in unsafe, unhygienic, overcrowded settlements may find that their ability to make "rational" and safe decisions about sexual engagements , for example, is compromised (Ambert, Jassey and Thomas 2006, Isandla Institute 2007, van Donk 2006).

Furthermore, the implications for economic investment and opportunities for development are profound, as the economically active begin to succumb to the disease. For people who are unable to work due to ill health and for whom dealing with HIV/AIDS has become a priority, other expenses like the payment of municipal services, take a back seat. The collection of rates, taxes and payment for services like water and electricity is essential for municipal income and over time, HIV/AIDS will begin to erode this income base (ibid). As those who are most vulnerable to HIV/AIDS are already very poor and marginalised, this situation will lead to deepening poverty and add a further burden on the state to provide free basic services. This situation further impedes the ability of people to "lift" themselves out of poverty, entrenches dependency, homelessness and poverty and overall dependency on the state to provide (ibid).

Because an effective response to HIV/AIDS requires a cross-sectoral approach ... having effective leadership that can drive this process is absolutely essential.

Poor leadership

The cost of bad leadership around the HIV/AIDS epidemic in South Africa has been well documented (Natrass 2004; Van der Vliet 2004; Cullinan and Thom (eds.) 2009). The lack of effective leadership by national and provincial spheres led to a large amount of confusion and hampered potential interventions at local level. While debates about the cause and effects of HIV/AIDS continued to rage, it started to become even more apparent that municipalities themselves were not able to escape the direct burden of HIV/AIDS. Municipal employees are not immune to the effects of HIV/AIDS both in terms of their own vulnerability to infection and dealing with the consequences of friends, family members and colleagues becoming ill or dying (dplg 2007). Local government is notoriously under-capacitated and unless measures are put in place to protect it against the loss of institutional capacity through death or illness, the consequences will be substantial. Though these consequences are not limited to local government alone and also affect the private sector, given the role of government in general and local government in particular, this is even more devastating.

After 15 years of democracy South Africa is still coming to terms with the legacy of apartheid which has left many without access to necessary services and resources. The challenge of overcoming this legacy is given increased urgency by HIV/AIDS further complicating this situation as local government not only has to concern itself with the provision of basic services and infrastructure but has to consider how the needs of constituents are changing due to the epidemic (Van Donk 2008). For example, in areas in KwaZulu-Natal, the need for ARV treatment, increased burial space and social support is far outweighing what government is able to provide (Harber 2007). Thus HIV/AIDS is complicating the existing situation and creating a further challenge for developmental local government.

Proactive intervention

Because an effective response to HIV/AIDS requires a cross-sectoral approach and an ability to get the whole institution behind a common purpose and vision, having effective leadership that can drive this process is absolutely essential (Schmidt 2009). The case of Ben Mokoena[2] (see Box 2) illustrates this point. In 1994 Mokoena's leadership was instrumental in bringing about an integrated municipality and effectively bringing together the

Box 2 – The story of Ben Mokoena

In 1994 Ben Mokoena was inaugurated as the first black Mayor of Middelburg, Mpumalanga. This area was complex and charged with racial and political tensions. At one point the military was on constant standby to deal with protest and unrest in the area. Politically the town of Middelburg (as with its surrounding areas) was extremely polarised and like most towns under apartheid, the black and coloured areas were characterised by under-development, unemployment and poverty and had a major culture of non-payment and protest. Responding to these conditions while at the same time overcoming the political chasms in the town presented the key challenges to the new Mayor. Yet, Ben Mokoena, together with the Middelburg Forum, proved one of the critical success stories of this time due to his strong leadership, dedication, willingness to engage with people in different communities and most importantly his willingness to take unpopular and difficult decisions. This story also highlights the importance of recognising the existing context and coming up with innovative and creative ways to deal with challenges

voices and interests in Middelburg, one of the most racially and politically divided towns at the time. Mokoena understood the importance of building a common agenda and getting buy-in from all stakeholders, communities and the extremely divided transitional town council. He was forced to tackle challenges like the provision of critical services and upgrading the town's infrastructure, complicated by a complex and fragile political situation. As demonstrated by the Mokoena case study, planning in an integrated manner is no easy task. Yet it is essential in the promotion of good governance. According to Schwella (2008:34) 'good governance could … refer to the efficient and effective management of public resources and problems, and to dealing with the critical needs of society'. He further goes on to say that this is the key ingredient

Pro-active intervention can succeed in stemming the tide of this epidemic and respond to the existing HIV/AIDS challenge in South Africa

for 'social transformation and … the cornerstone of successful economies'' (Schwella 2008:35).

HIV/AIDS provides one such a complex and seemingly insurmountable challenge. Despite this, action and proactive intervention can succeed in stemming the tide of this epidemic and respond to the existing HIV/AIDS challenge in South Africa. For this to happen, having strong and strategic leadership is essential. While it is critical to have clear national and provincial leadership, the epidemic is rooted in local realities and vulnerabilities and thus the responsibilities for effective action are rooted in local leaders and institutions. Local responses require coordination of development interventions across the different spheres of government and stakeholders. It also requires the vision to think beyond the immediate and to be able to recognise and address the long term and complex consequences of HIV/AIDS, both for communities and for the institution of government and local government in particular (SALGA 2008). It requires courageous men and women to step up to the challenge of providing what will most likely be difficult and contentious but also potentially inspirational and creative leadership.

Why has there been so little evidence of the necessary local leadership?

Controversial leadership on HIV/AIDS at national level

As noted earlier, the paradigm of seeing HIV/AIDS as a health concern has been a major contributing factor towards the lack of an effective response.

Responses have also been marred and slowed down by the ongoing debates and lack of consensus around HIV/AIDS. In particular, the national leadership on HIV/AIDS, over the past ten years has been controversial, challenging and largely counterproductive. While it became increasingly clear, since the first HIV diagnosis in South Africa, that the number of infections in the country was growing sporadically, consensus around the causes and effective response to the epidemic became a political issue (Van der Vliet 2004). What was especially lacking was clear and positive leadership, and ultimately outright denialism of the epidemic and its consequences, especially from political authorities. These leadership challenges have had a major toll on the country. Many preventable deaths have occurred and the concentration of these deaths amongst young black South Africans are setting back the liberation project and increasing inequality and poverty. The ”closed” and exclusive leadership style also stifled opposing views and voices and did not allow for inclusive dialogue around this issue (Nattrass 2004).

Absence of clear policy guidelines on HIV/AIDS

The consequence of the contested and controversial leadership around HIV/AIDS was the absence of a clear national policy and strategy on how to respond to the HIV/AIDS epidemic. If such guidelines had existed it would have enabled local government leadership to develop their own approaches dependent on the local epidemic and created the space for the emergence and blossoming of a well-led local response. Prior to 2007 none of this existed and it was only recently, after the introduction of a number of noteworthy documents from the National Departments of Health and Local Government and the South African Local Government Association (SALGA), that this need is being addressed.

The National Strategic Plan for HIV and AIDS and STI (2007 – 2011), developed by the Department for Health, clearly indicates that HIV/AIDS is a multi-departmental challenge that requires a commitment from all, including those at local level. Most importantly, it recognises the critical role that should be played at the local level. In addition, moving beyond the focus on health also means that there is a move beyond seeing only national and provincial government (where the responsibility for health rests) as the relevant actors in this context. Speaking specifically to local government, CoGTA introduced the Framework for an Integrated Local Government Response to HIV and AIDS in 2007. Similarly SALGA (2008) has introduced its Country Guideline on HIV and AIDS for local government, focussing on political leadership responses to HIV/AIDS.

Thus prior to 2007, it was left up to local government leaders to interpret how they should be responding, if responding at all. Most municipalities during this time adopted a “wait and see” approach, resulting in many missed opportunities on the part of local government.

HIV/AIDS is a multi-departmental challenge that requires a commitment from all, including those at local level

Institutional and inter-governmental challenges

At the same time as this role is being contested, local government departments struggle to work in an integrated manner with effective cooperation between departments (Harrison 2008). In this context, getting departments to understand the importance of integrated planning and how challenges like HIV/AIDS not only affect the department of health but everyone, is a major struggle.

For example, this would mean that local departments of housing understand that HIV/AIDS should be taken into account when they build houses as it has consequences for the location of a house, whether residents have access to social and economic resources, whether there is sufficient ventilation, whether there is relatively easy and safe access to water and sanitation facilities and whether this will ultimately improve people's living conditions and lives and their ability to make "safe" choices (See Isandla Institute 2007; Joseph and Van Donk 2008). Instead departments are more concerned with chasing targets than with the actual quality of houses and whether these make a significant difference in people's lives.

Research (Smit 2000; Huchzermeyer 2006) suggests that the receipt of a house does not automatically translate into a difference in the lives of these recipients. Due to the higher costs associated with home ownership, the potential break up of social and other networks that may have occurred if relocation was involved and even the cost of accessing health, social and educational services place a burden on these households that is very difficult to maintain. This has resulted in some housing recipients selling their house and moving back to the informal areas that they left (ibid).
If there were a better understanding on the part of departments, resulting in improved interdepartmental cooperation, some of these consequences could be pre-empted. Without understanding the effect of HIV/AIDS on settlements and housing needs and vice versa, it is likely that people might end up in even more vulnerable positions.

Confusion and debate around roles and responsibilities of different spheres and departments further complicate matters. Ensuring a clear understanding of different roles and responsibilities is critical if these challenges are to be addressed. It also requires officials at all spheres to understand how intergovernmental relations should work and how coordination and innovative planning and implementation can work towards addressing poverty, informality and inequality. Even more pertinent for South Africa is that the HIV/AIDS epidemic should be seen within a context of informality, poverty and poor access and addressing these conditions is vital for the development of an effective national HIV/AIDS response.

If municipal officials are able to move beyond the existing practice of working in silos and start planning in an integrated manner it means that health will talk to housing, who will talk to education, who will talk to transport etc. Yet, it is often difficult to think and function on a day-to-day basis in this integrated manner. Municipalities need to work within an intergovernmental relations (IGR) framework which prescribes powers and functions.

The HIV/AIDS epidemic should be seen within a context of informality, poverty and poor access and addressing these conditions is vital for the development of an effective national HIV/AIDS response

An IGR component also allows for an enabling environment that encourages cooperation between people at an informal level. Thus far leadership that recognises the importance of this informal cooperative space, essential for dealing with the "messy" nature of decentralised service delivery, has been lacking. Schwella (2008:42) indicates that one of the key mistakes made is that 'adaptive problems,' namely those that have to do with roles, relationships and behaviour (i.e. people), are often treated as technical problems (for example, when there is no integration, this is often seen as an IGR failure). For Schwella (2008) this is where leaders play a critical role as they should steer these

challenges towards facilitating learning, developing staff competencies and knowledge and potentially use these situations to encourage new and interesting ways of carrying out daily tasks and functions. For example, effective leadership on HIV/AIDS could focus on knowledge and capacity building to highlight how integrated and concerted action on HIV/AIDS can pre-empt long-term challenges and consequences of the epidemic.

Examples of leadership not shared and disseminated

Controversy and confusion around HIV/AIDS does not necessarily mean that there have not been some innovative responses at local level. There may in fact have been examples from municipalities or local level leaders who have played critical roles in turning the tide of the epidemic in their areas. Yet, because of stigma, contestation and confusion around HIV/AIDS these may not have been profiled, shared or documented for dissemination for learning amongst others. A stark example of this is the fact that, despite the HIV/AIDS crisis in South Africa and the urgency of responding to the epidemic, awards processes like the VUNA awards, which recognise excellence in municipal practice,[3] do not make any mention of or give any recognition to innovation in terms of HIV/AIDS. If an award that highlights innovative and progressive responses to HIV/AIDS were to be established (something that is equivalent to the profile of the VUNA awards) this could signal the beginning of the epidemic being taken seriously by local level officials and provide an incentive for effective responses.

What does leadership on HIV/AIDS mean and where is it located?

So what is required to both make local government politicians and officials aware of this responsibility and to create the mind shift necessary for integrated, innovative planning that takes HIV/AIDS into account?

Speaking of leadership in South Africa brings to mind political party leadership and politicians, ward councillors and mayors. This is where political leadership of municipalities is vested (dplg 1998). Good leaders are those who are able to speak, to convince and to influence. They are not always popular and have the ability to make difficult and unpopular decisions. More importantly, they should have the ability to bring about useful and relevant changes that have positive effects (Schmidt 2009). A good leader can recognise his or her role as well as that played by others. This means understanding the context within which their leadership role is meant to be carried out so that there is a clear understanding of the competing interests that requires these difficult and often complex decisions to be made. In the South African context, a good leader would take cognisance of poverty, unemployment, inequality and the overall historical context of the country while carrying out his or her mandate. This means having the authority and foresight to make the necessary decisions within an existing and challenging context while at the same time balancing the competing and conflicting interests that arise out of this reality.

what is required ... to create the mind shift necessary for integrated, innovative planning that takes HIV/AIDS into account?

With the above in mind, an effective HIV/AIDS response by local government requires leadership at different levels.

Political leadership

Seniority in political office does not necessarily relate directly to the quality of leadership exercised.

Box 3 – The case of Dr Thys Von Mollendorf

While the debates around ARVs and treatment were raging in South Africa, it was clear that many people were dying without the life saving drugs. Recognising the severity of the epidemic, a number of medical practitioners took the unpopular decision to flout the status quo by providing antiretroviral treatment to those who needed the medication. Dr Thys Von Mollendorf, senior superintendent at a state hospital in Mpumalanga, was one of the first doctors to do so and the decision to provide ARVs (informed by his position as a medical doctor) ultimately led to his dismissal from the hospital. The sustained attempt by the Mpumalanga provincial health department to derail the hospital project, which provided ARVs to rape survivors, is a sad example of the inability to move beyond politics and to recognise the critical needs of people (Van der Vliet 2004, Von Mollendorf 2009).

Effective leadership in this instance would have meant the opening up of space to debate and engage on HIV/AIDS and especially to engage civil society, business and other relevant actors so that an inclusive and negotiated approach to the epidemic could have been developed. Politicians need to recognise that their constituents are directly affected by the HIV/AIDS epidemic and that unless a sustainable and long-term solution is found to deal with HIV/AIDS, this will have far reaching consequences for democracy. Mattes (2003:8) notes that 'the epidemic may reduce the importance which people attach to democracy because of more urgent priorities such as simple survival' and that 'mounting AIDS deaths and illness will reduce the absolute number of citizens able to vote or participate in public life'. An increasingly sick populace is likely to be more dependent on government and potentially less concerned about the quality of their leaders.

Good political leadership is critical for shaping the vision and priorities for government and as a result they play a critical role in determining where resources are allocated and which issues become priority areas.

Unless a sustainable and long-term solution is found to deal with HIV/AIDS, this will have far reaching consequences for democracy

Political leaders themselves are not immune to HIV infection and its impacts. A recent Institute for Democracy (Idasa) study indicated that almost 60 percent of the ward councillors that were interviewed indicated that they had lost a relative or friend to AIDS while at least 1 in 6 indicated that they knew of a fellow councillor that had died of AIDS. Even amongst councillors it was found that stigma was a major problem and that many feared rejection if they were ever to test HIV positive and be open about it (Chirambo and Steyn 2009). If stigma remains rife amongst political representatives how much more so amongst the general population? Political representatives should create the space for others to speak about HIV/AIDS by normalising the discourse around the epidemic. They should also speak openly about their own experiences of the epidemic. This would be a true display of leadership while at the same time go a long way towards reducing stigma and denial.

Public leadership

While there is a distinction between political and public leadership, it is inevitable that the two will overlap and inform each other and thus there has to be consensus about long-term goals and visions and how they will be realised (Schmidt 2009). In terms of HIV/AIDS this has not always been the case. This has led, in some instances, to a large amount of conflict and disagreement amongst politicians and practitioners, as illustrated by the example of Dr Von Mollendorf (See Box 3).

His example illustrates that it is sometimes necessary for those in positions of authority to take decisions that are contradictory to national stance, based on an ethical position. The decision taken by Dr Von Mollendorf and his team confirmed both their commitment to assisting people who are HIV positive and also their willingness to take tough decisions. Given the contentiousness of the situation, these actions showed remarkable leadership in a context where positive and ethical leadership in terms of HIV/AIDS was sorely needed. It is also an instance where what was required were people willing to look beyond the status quo to recognise that in some instances an "unpopular" decision is necessary. It speaks to the fact that leaders should be able to take the unpopular route that will ultimately be in the interest of those they serve and to think ahead and see the "bigger picture".

Good public leadership by senior management recognises challenges within the local context and motivates for resources and plans to address these. For example, the director for housing would be displaying forward thinking and innovative leadership if he or she recognised that housing and settlement design plays a fundamental role in decreasing vulnerability to HIV infection as good design would improve the overall quality of people's lives. He/she could then direct time and human resources to ensure that sensitivity to and understanding of HIV/AIDS is incorporated into the housing delivery plan of the municipality.

Role of 'champions'

At a local level, an effective response to HIV/AIDS requires that the municipality as an institution sets itself apart by becoming a pioneer and innovator. Yet, this is dependent on the existence of visionary leadership, both by politicians and the officials responsible for implementation of plans and policies

Box 4 – Municipal leadership on HIV/AIDS

City of Cape Town

Despite the national debates that were raging about HIV/AIDS, the Health Department of the City of Cape Town, in 1999, entered an agreement with the NGO Medicins Sans Frontieres (MSF) to provide ARVs to people living with AIDS in Khayelitsha Township. Two years later, in 2001, MSF also signed an agreement with the Provincial Government of the Western Cape to provide affordable ARVs to people with AIDS (MSF et al 2008). In addition the City launched a multi-sectoral committee, the HIV/AIDS and TB Coordinating Committee in 2001. The Committee, driven by the Department of Health and its charismatic director, recognised that HIV/AIDS was not a health concern alone and that all sector departments as well as civil society needed to be involved in the City's HIV/AIDS response.

Msunduzi local municipality

In 2001, encouraged by the high HIV/AIDS prevalence rate of 36 percent amongst women attending ante-natal clinics, the Msunduzi municipality launched its HIV/AIDS Strategy together with civil society stakeholders. This was one of the municipal strategies to engage with the epidemic in a specific area and, despite some of its later challenges, remains one of the best examples of what can be achieved through effective leadership and partnerships amongst various stakeholders. A significant reason for the success of the strategy was the fact that the municipality, despite the lack of direction from national government, recognised the need to respond to the epidemic and did so in a manner that allowed for the sharing of ideas, expertise, insights and joint planning. The leadership role played by the municipality was thus of critical importance particularly the political buy-in from the deputy mayor who was a key champion in the process. Amongst the reasons identified for the success of the strategy was the fact that the municipality played a strategic role and that it had the resources and authority to address gaps where they were identified. A key point is that the municipality was regarded as a neutral player and that it made it the ideal leader for the HIV/AIDS strategy (BESG 2003).

at local levels. The Cape Town experience (See Box 4) highlights the importance of a champion who possesses the necessary authority to ensure that the initiative is supported and prioritised (Smith 2007). The City of Cape Town response illustrates committed and courageous leadership. This requires HIV/AIDS champions. However, this should not be entirely dependent on the role of an individual and the process should in fact draw on the expertise and commitment of champions from different constituencies. In the Msunduzi local municipality (See Box 4) a factor which was an advantage early on in the strategy, proved to be part of the reason why it ultimately faltered, namely that much of the strength of the strategy depended on the role of the deputy mayor as the champion (BESG 2007). Thus while having an internal champion, especially one with authority and influence is important, the success of the entire strategy should not rest on this factor.

Leadership at community level and the role of community leaders

It is of course not only political or administrative leadership that is required for an effective response to HIV/AIDS but also community leaders and community organisations. The most obvious example is the role played by the Treatment Action Campaign (TAC) which has been the most influential HIV/AIDS movement to date. By taking government to task, particularly in getting the courts to order government to provide nevirapine to all pregnant women during childbirth, the TAC has shown the importance of recognising the opinions and experiences of ordinary citizens (Van der Vliet 2004). This has allowed the TAC to become an extremely important role player in South Africa (and globally). Cognisance should also be taken of the many smaller organisations and movements at community level (especially for their role in providing essential home-based care and responding to the needs of vulnerable children and orphans).

Yet, while a lot has been done on the part of communities, spaces should be opened by local government for effective community participation while communities should themselves be forward thinking and innovative in terms of how they engage with the local level representatives and elected councillors. While these organisations are invaluable in terms of providing support for home-based care initiatives and responding to the needs of orphans and vulnerable children, they should broaden their scope to include a focus on developmental challenges which are linked to HIV/AIDS in their communities. This could include efforts to sensitise councillors and municipal officials to the plight of vulnerable and marginalised communities and how HIV/AIDS affects the daily existence of individuals, households and communities at large. Strong and courageous community leadership is also about breaking the silence around issues like rape, the stigmatisation of people who are HIV positive, sexuality and sex and challenges associated with HIV/AIDS.

> Visionary and insightful leadership is critical for a successful, effective and sustainable HIV/AIDS response

Local government has a critical enabling and connecting role to play in this regard. For example, municipalities could enable key stakeholders (community and faith-based organisations) to participate in the development of an effective local HIV/AIDS response by providing access to information and spaces for these actors to meet and connect. Local government can also connect different stakeholders by acting as a referral point between critical services (voluntary counselling and testing, ARV treatment) and the people who need them (dplg 2007).

Conclusion

As illustrated in this paper, visionary and insightful leadership is critical for a successful, effective and sustainable HIV/AIDS response. This requires more than simply carrying out a mandate and responsibilities on a day-to-day basis. It also requires insight, innovation, a willingness to make difficult decisions and even engage in unpopular actions that might go against the status quo. The complexity of this epidemic requires those in positions of power and authority as well as ordinary officials to find ways of not just 'reproducing but transforming society' (Van Donk and Pieterse 2008: 65). HIV/AIDS has become everyone's problem and the devastating impacts of the epidemic are becoming increasingly apparent and existing methods have, on their own, proved to be insufficient. As the examples, of Dr Von Mollendorf, Mr Mokoena, the City of Cape Town and the Msunduzi Municipality show, it takes commitment, passion and foresight to show true leadership in the face of adversity if South Africa is to come to grips with its HIV/AIDS epidemic and overcome its developmental challenges. Developmental local government has a particular role to play in this regard and it is critical that it rises to the occasion and becomes an innovator and pioneer. This paper does not try to suggest that leadership is about one or the other and that strong public leadership is a response to weak political leadership (as in the case of Dr Von Mollendorf). Also, it does not suggest an oversimplifying of the constitutional context or the issue of leadership. Instead, it recognises that all the leadership styles outlined above are interconnected and are not mutually exclusive. Thus an effective leadership response to HIV/AIDS will mean that leadership exists at all four these levels, while reinforcing and inspiring one another.

Bibliography

Ambert, C., Jassey, K. and Thomas, L. 2006. *HIV, Aids and Urban Development Issues in Sub-Saharan Africa - Beyond Sex and Medicine: Why Getting the Basics Right is Part of the Response*. Study Commissioned by SIDA (Swedish International Development Corporation Agency).

BESG (Built Environment Support Group). 2003. *The Msunduzi HIV/AIDS Strategy: A Partnership Response at Local Government Level*. Pietermartizburg: BESG.

BESG (Built Environment Support Group). 2007. *The Msunduzi HIV/AIDS Strategy: A Case Study of A Partnership Response at Local Government Level.* Presentation at a learning event of the Good Governance Learning Network on HIV/AIDS, Local Government and Human Settlement Planning. Cape Town, July 18.

Chirambo, K. and Steyn, J. 2009. *AIDS and Local Government in South Africa: Examining the Impact of an Epidemic on Ward Councillors*. Pretoria: Idasa.

Cullinan, K. and Thoms, A. 2009. Introduction. In Cullinan, K. and Thoms, A. (eds). *The Virus, Vitamins and Vegetables: The South African HIV/AIDS Mystery.* Cape Town: Jacana.

(DoH) Department of Health. 2007. *HIV and AIDS and STI Strategic Plan for South Africa 2007-2011*. Pretoria: Department of Health.

dplg (Department of Provincial and Local Government). 1998. *White Paper on Local Government*. Pretoria: dplg.

dplg (Department of Provincial and Local Government). 2007. *Framework for an Integrated Response to HIV and AIDS*. Pretoria: dplg.

Harber, R. 2007. *Integrating HIV/AIDS into Settlement Design and Planning*. Paper presented at Isandla Institute Conference – "Positive" Spaces: Sustainable Human Settlements in the context of HIV/AIDS. September 18-19.

Harrison, P. 2008. The Origins and Outcomes of South Africa's Integrated Development Plans. In van Donk, M., Swilling, M., Pieterse, E. and Parnell, S. (eds). *Consolidating Developmental Local Government: Lessons from the South African Experience*. Cape Town: UCT Press.

Huchzermeyer, M. 2006. The New Instrument for Upgrading Informal Settlements in South Africa. In Huchzermeyer, M. and Karam, A. (eds). *Informal Settlements: A Perpetual Challenge*? Cape Town: UCT Press.

Isandla Institute. 2007. *HIV/AIDS and Sustainable Human Settlements Development in South Africa: An Introductory Guide for Municipal Practitioners*. Cape Town: Isandla Institute.

Joseph, S. and van Donk, M. 2008. Building 'Positive' Spaces: Sustainable Human Settlements in the Context of HIV/AIDS. *Open House International*, Volume 18, no 34: pp.23-33.

Mattes. R. 2003. *Healthy Democracies? The Potential Impact of AIDS on Democracy in Southern Africa*. Paper 71. Pretoria: Institute for Security Studies.

Medecins Sans Frontieres, Western Cape Provincial Department of Health, City of Cape Town Department of Health, University of Cape Town: Infectious Disease Epidemiology Unit. 2008. *Comprehensive TB/HIV Services at Primary Health Care Level Khayelitsha Annual Activity Report 2007-2008*. Cape Town.

Nattrass, N. 2004. *The Moral Economy of AIDS in South Africa*. Cambridge: Cambridge University Press.

Parker, W. and Hajiyiannis, H. 2008. *Talking about AIDS in an Informal Settlement: Experiences from Orange Farm, Gauteng*. Durban: Centre for AIDS Development, Research and Evaluation.

SALGA (South African Local Government Association). 2008. *Country Guideline on HIV and AIDS for Local Government*. Pretoria: SALGA.

Schwella, E. 2008. Administrative Reform as Adaptive Challenge: Selected Public Leadership implications. *Politeia*, Volume 27, no 2: pp.25-50.

Schmidt, D. 2009. *Leadership and Local Governance and Development*. A Concept Note for the Good Governance Learning Network Roundtable on the Role of Leadership in Local Development. Cape Town. July 6-7.

Smit, W. 2000. *The Impact of the Transition from Informal Housing to Formalized Housing in Low-Income Housing Projects in South Africa*. Paper presented at the Nordic Africa Institute Conference on the Formal and Informal City – What Happens at the Interface. Copenhagen. 15 -18 June.

Smith, T. 2007. *Mainstreaming Local Government Responses to HIV/AIDS: A Case study of the City of Cape Town's HIV/AIDS/TB Multi-Sectoral Strategy*. Cape Town: Isandla Institute.

Treatment Action Campaign Newsletter. 2004. *Commemoration Rally of Lorna Mlofana in Khayelitsha*, December 15.

UNAIDS. 2008. *2008 Report on the Global AIDS epidemic*. UNAIDS.

Van der Vliet, V. 2004. South Africa Divided Against HIV/AIDS: A Strategy of Leadership. In Kauffman, K. D. and Lindauer, D. L. (eds). *AIDS and South Africa: The Social Expression of a Pandemic*. London: Palgrave Macmillon.

Van Donk, M. 2006. 'Positive' Urban Futures in Sub-Saharan Africa: HIV/AIDS and the Need for ABC (A Broader Conceptualisation). *Environment and Urbanisation,* Volume 18, no 1: pp.155-175.

Van Donk, M. 2008. The Implications of HIV/AIDS for Local Government and Sustainable Municipal Service Delivery. In Van Donk, M., Swilling, M., Pieterse, E. and Parnell, S. (eds). *Consolidating Developmental Local Government: Lessons from the South African Experience*. Cape Town: UCT Press.

Van Donk, M. and Pieterse, E. 2008. Developmental Local Government: Squaring the Circle Between Policy Intent and Impact. In Van Donk, M., Swilling, M., Pieterse, E. and Parnell, S. (eds). *Consolidating Developmental Local Government: Lessons from the South African Experience*. Cape Town: UCT Press.

Von Mollendorf, T. 2009. Daring to Care: A Doctor's Persecution in Mpumalanga. In Cullinan K. and Thom, A. *The Virus, Vitamins and Vegetables: The South African HIV/AIDS Mystery*. Cape Town: Jacana.

Zulu, E. M., Nii-Amoo Dadoo and Ezeh, A. C. 2004. Urbanization, Poverty and Sex: Roots of Risky Sexual Behaviours in Slum Settlements in Nairobi, Kenya. In Kalipeni, E., Craddock, S., Oppong, J. R. and Ghosh, J. (eds). *HIV and AIDS in Africa: Beyond Epidemiology.* Malden: Blackwell Publishing.

Notes

1 In many other instances and research done by others, reference has been made to HIV and AIDS as a way of recognising the different nature and impacts of infection with HIV compared to the development of AIDS, and its related illnesses. While this distinction is recognised, this paper will use the abbreviation "HIV/AIDS."

2 Personal correspondence with Professor Mark Swilling, 10 May 2009.

3 Notwithstanding recent criticisms and concerns about the Vuna awards.