INTRODUCTION

HIV/AIDS rose to prominence in South Africa as a disease of homosexual men in the early 1980s. By 1994, HIV/AIDS had spread so rapidly that it was considered to be present in the general population[1] whose primary mode of transmission was heterosexual sexual activity (Schneider, 2001). Even at this relatively early stage in South Africa's HIV/AIDS epidemic, the distribution of HIV/AIDS within the population was heavily skewed by age, race, gender, and socio-economic status (Pelser, 2002 and Schneider, 2001). In the absence of targeted interventions (that is, interventions focussed on specific susceptible and vulnerable groups, for instance, the youth) to alter the course of the epidemic, HIV/AIDS grew at such a pace that national prevalence in 2000 was 22 percent, resulting in a combined total of 4 700 000[2] HIV positive (HIV+) individuals (Pelser, 2002). Given current rates of HIV/AIDS incidence, and without a focussed and effective policy response, credible models suggest that South Africa will possess 8 000 000 HIV+ individuals, the overwhelming majority of whom fall in the 15-49 age cohort (that group of individuals on whom present and future economic and social prosperity is traditionally dependent (Whiteside and Sunter, 2000)) by 2008 (Pelser, 2002). Clearly, and despite the fact that all HIV/AIDS data are estimates, HIV/AIDS is a national emergency of the utmost urgency.

South Africa's first wide scale public sector response to HIV/AIDS was initiated by the African National Congress (ANC) government in 1994. In consultation with a wide range of actors (including other political parties, faith, youth, community based, activist and research organisations), the ANC oversaw the creation of the National AIDS Committee of South Africa (NACOSA). NACOSA was created for the specific task of formulating a public sector response to HIV/AIDS, and fulfilled this duty with the creation of the National AIDS Plan (NAP). The NAP was adopted as official government policy in 1994 and served as the framework of the national public sector response to HIV/AIDS between 1994 and 2000. The bulk of the National AIDS Plan remained unimplemented between

[1] That is, national prevalence in the adult population was greater than 5 percent.
[2] This figure ranged as high as 5 300 000 according to the Actuarial Society of South Africa, and 6 000 000 according to the South African Institute for Race Relations (Pelser, 2002).

1994 and 2000, and as such South Africa's HIV/AIDS epidemic was fuelled by an uncoordinated and often non-existent public sector response. In this way, the HIV/AIDS epidemic grew with such intensity that HIV/AIDS is now the greatest cause of adult mortality in South Africa (Pelser, 2002).

Aware of its inability to alter the course of the HIV/AIDS epidemic through implementation of the National AIDS Plan, the national government reviewed its policy on and action against HIV/AIDS. Disbanding NACOSA, the national government formulated a new strategy against HIV/AIDS. This strategy was embodied within the National HIV/AIDS/STI Strategic Plan for South Africa: 2000-2005 (NSP), and included the disbandment of NACOSA and its replacement by the South African National AIDS Council (SANAC). In the main, SANAC was tasked with overseeing the implementation of the NSP between 2000 and 2005. It is the National HIV/AIDS/STI and Strategic Plan for South Africa: 2000-2005 and its emphasis on prevention and the youth that form the parameters of this inquiry.

Declaring behavioural (for instance, unsafe sex practices), biological (for instance, the high prevalence of sexually transmitted infections (STI) in South Africa), and underlying (such as stigma) factors as the principal determinants of South Africa's HIV/AIDS epidemic, the National HIV/AIDS/STD Strategic Plan for South Africa: 2000-2005 outlines numerous specific, and complimentary selected strategies to tackle these challenges. Prioritizing containment of the epidemic, the NSP states the reduction in HIV incidence[3] as its foremost goal (DOH, 2000). Targeting the youth as a priority group for prevention efforts, the NSP outlines a life skills education programme to be implemented in all primary and secondary schools as a selected strategy for achieving its leading objective. Delegating the national Department of Education with the creation of a life skills curriculum but provincial governments with the implementation of this curriculum, this inquiry aims to decipher those factors supporting and opposing the implementation of the said programme in Gauteng province.

[3] That is, the number of new infections.

This study is an evaluation of the Gauteng Provincial Government's (GPG) progress in implementing a fundamental strategy in the national response (as framed by the NSP) to HIV/AIDS between 2000 and 2005. Although the National HIV/AIDS/STI Plan for South Africa: 2000-2005 is a multifaceted and intricate framework, I focus upon a single selected strategy for the prevention of HIV/AIDS amongst the youth, namely, the life skills and HIV/AIDS education programme. In particular, I intend to identify and discuss those factors enabling and inhibiting the implementation of this programme in all Gauteng primary and secondary schools by the GPG within time frames established at the national level and outlined in the National Integrated Plan for Children Infected and Affected by HIV/AIDS (NIP). I take a broad approach to this investigation, adopting a combination of 'bottom-up' and 'top-down' approaches to the analysis of policy implementation.

In this way, I aim to build an understanding of public HIV/AIDS policy implementation that: (i) implicitly evaluates the practicality of one aspect of the National HIV/AIDS/STI Strategic Plan for South Africa: 2000-2005, and (ii) identifies gaps and successes in HIV/AIDS policy implementation that add to our understanding of the appropriate environment(s) for the successful policy implementation and expansion of prevention focussed, youth oriented, multisectoral HIV/AIDS public policy. To reiterate, Gauteng province is the case study for, and the life skills education programme is the focus of this case study analysis.