

South Africa National HIV Policy Shift: A Case Study of Legacy Centre in Kayamandi to Analyze Effects on Civil Sector

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Abstract

In the past decade, post-apartheid South Africa has experienced an unprecedented shift in how the government addresses the prevention and treatment of HIV/AIDS. With the National Strategic Plan that rolled out in 2007, the public sector has taken dramatic steps in taking over much of the early treatment options for HIV/AIDS, which has expanded the reach of antiretroviral therapy treatment with more cost-effective options and increased access. While previous studies have looked at the effect of the policy shift on how individuals perceive access to health facilities in the civil sector, there are no studies from the perspective of the civil sector itself. The purpose of our research is to answer the following question: How does the HIV/AIDS policy shift in the public sector in South Africa affect the strategic action plan goals and daily work of Legacy, a community-based NGO, in terms of their prevention and treatment of HIV/AIDS in Kayamandi? To do this we spent eight weeks in Kayamandi, interviewing workers at Legacy and taking qualitative field notes from our observations of their day-to-day HIV/AIDS programs. Our research shows that the policy shift has changed the landscape of the civil sector in Kayamandi, with Legacy shifting its focus from the treatment to the prevention of HIV/AIDS.

Aim

South Africa's health policy now includes both national and provincial plans in dealing with HIV/AIDS and these plans have received critique from researchers and politicians alike. However, no research exists on the implications of these plans on the city of Stellenbosch specifically and furthermore no research exists on the township of Kayamandi within Stellenbosch. Additionally, studies have been conducted on how individuals may self-perceive access to health facilities in the civil sector, but this discussion is one-sided – there have been no studies from the NGOs' perspective on how their mission and goals reflect these changes in national policy. The aim of our research is to add to this discourse to help provide additional insight to the depth of how the gradual policy changes on the national and provincial level are affecting communities and towns on a local case-study basis. This knowledge will help discern between the successes and weaknesses of the changes in HIV policy on a local level.

Objectives

The first topic our research explores is the role of Legacy within the broader network of HIV/AIDS prevention and treatment in Kayamandi before and after the most recent policy shift. Under this topic, our research seeks to answer the following three questions:

- 1) How have hospitals, local clinics, and schools addressed the prevention and treatment of HIV/AIDS in Kayamandi, from the perspective of Legacy staff?
- 2) Do Legacy's HIV/AIDS-related programs complement existing efforts in Kayamandi or do they fill a gap?

Our second main topic is how the change in HIV/AIDS policy has affected Legacy's strategic action plan. Our questions for this topic are the following:

- 1) What programs does Legacy currently have related to the prevention and treatment of HIV/AIDS and have these programs changed in reaction to the policy shift? For instance, why has Legacy's HIV/AIDS treatment facility shifted from inpatient to outpatient?
- 2) Does Legacy take a more preventative or reactionary approach towards HIV/AIDS and has their approach been affected by the policy shift?
- 3) Does Legacy take a more medical/biological (meaning the nature and transmittal of the disease) or social scientific approach (meaning stigma and denial) towards HIV/AIDS education, in light of the policy change?
- 4) How has the policy change affected how Legacy measures the success of their strategic action plan?

Methodology

To conduct our research, we spent a total of eight weeks in Kayamandi during the summer of 2014. Through studying abroad in the spring in Stellenbosch on the Public Health and Development South Africa Program, we were able to establish contacts with both Stellenbosch University and Legacy. Jacob du Plessis, professor at Stellenbosch University and the director of the Public Health and Development Program, served as our research mentor. For the duration of our research project we were affiliated with Stellenbosch University; SU served as our host institution, providing us with support and supervision. As part of our class work, we engaged with Legacy throughout the quarter by completing a team-based service-learning project, for which we developed a sexual health curriculum for Legacy's middle school students in their *Khulani* Program. Working at Legacy helped us gain trust and establish relationships with Legacy staff as well as with the local Kayamandi clinic. For our research we conducted a total of three semi-structured interviews, each lasting between one and two hours. We interviewed Tracey Smith, the Wellness Manager at Legacy; Martmarie, the Operations Manager at Legacy; and Tessa Wahl, a staff nurse at the Kayamandi Clinic, with whom Legacy has a close relationship. While we conducted interviews together, we took field notes from our observations of Legacy's day-to-day programs separately. Kaitlin focused on the adult and youth education programs while Rebekah will focused on the *Ikhaya Lempilo* and the public resource center program.



Results

Under our first topic of how the recent policy shift has affected the role of Legacy within the broader network of HIV prevention and treatment in Kayamandi, the following are the main results:

- Both before *and* after the policy shift, Legacy "fills the gaps" left by the Kayamandi clinic. Before the policy shift, Legacy ran *Ikhaya Lempilo*—a HIV respite center—for patients who had no one at home to take care of them. Since the policy shift, Legacy has closed *Ikhaya Lempilo* and redirected resources toward educational programs, focusing on the prevention of HIV/AIDS.
- The biggest issue the clinic faces in terms of HIV/AIDS treatment is patient non-compliance due to drug abuse and patients receiving their ARVs sooner. Because of increased government funding, patients now receive ARVs when their CD4 count is less than 350 (previously it was 150), so people feel healthier when they start ARVs. Thus, patients are less compliant with their drug regimen because they think they don't need the ARVs. Legacy is addressing this problem through their educational community outreach.
- A major difference between Legacy and the clinic is the relationship Legacy has with the community and the children with whom they work. For example, in all of their adult support groups, they find out what is going on at home (like abuse) and talk about it. This "relationship" is not part of the current health system. This is a holistic approach to healthcare that Kayamandi lacks.

Under our second topic of how the change in HIV/AIDS policy has affected Legacy's strategic action plan, the following are the main results:

- Overall, Legacy's strategic plan has shifted much more to the preventative and educational side of HIV/AIDS community work and has focused a lot of their energy on their youth
- Legacy closed *Ikhaya Lempilo*, which was their HIV respite center, due to the decrease in the kind of patients they were prepared to treat
- *Khulani* teenagers were tested for HIV last year with permission from their parents, and Legacy will retest them every three years; these stats will be used in the annual report to measure success of educational programming
- Legacy wants to start antenatal classes/workshops for HIV positive women

Discussion

The rollout of South Africa's National Strategic Plan that was implemented in 2007 has changed the landscape of the civil sector in Kayamandi. Although Legacy Centre continues to work congruently with the local Kayamandi clinic to "fill the gaps" in terms of HIV/AIDS treatment and prevention, Legacy has shifted its focus from the treatment to the prevention of HIV/AIDS through educational programming. Now that the Kayamandi clinic has increased resources to treat HIV/AIDS, Legacy has adjusted its role as an organization in response. One unexpected cause of Legacy's shift to the preventative/educational side is the noncompliance of patients to their ARV regimen. Because of increased government funding in the public sphere, patients now start taking ARVs when their CD4 count drops below 350, which is much higher than previously, which was 150. Because patients start taking ARVs when they are healthier, they are less compliant with the regimen because they feel better and thus do not feel the need to take drugs. As this is one of the biggest problems the clinic faces, Legacy steps in to educate the Kayamandi community about the importance of drug compliance and how ARVs work. This is only one example of how Legacy "fills the gaps" left by the public sector, but it demonstrates how when the civil and public sectors work together to treat and prevent HIV/AIDS, they come closer to providing holistic healthcare.

Conclusion

The lessons learned from this project will be invaluable to us as we prepare for our senior year. We both have a passion for working in the civil sector after graduation and realize the importance of intersectoral communication and research. The opportunity to directly analyze the relationship between the public and civil sector on a case-study basis will refine our research skills and provide us with an unforgettable summer and immersive cultural experience.

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