

Vulnerability in the Context of HIV and the role of Local Government

Report of the Learning Event of the
HIV/AIDS and Local Government Learning Network

Centre for Health Policy, Braamfontein, Johannesburg
16 July 2008

This report provides a strategic summary of presentations and discussions at the second learning event of the HIV/AIDS and Local Government Learning Network on 16 July 2008, themed "Vulnerability in the context of HIV and the role of Local Government." The event was organised on behalf of the HIV/AIDS and Local Government Learning Network by the Medical Research Council (MRC). The report of this event was prepared by Ms Stacey-Leigh Joseph, Isandla Institute.

Current members of the HIV/AIDS and Local Government Learning Network are:

Centre for Municipal Research and Advice (CMRA)
Democracy in Africa Research Unit (DARU)
Department of Provincial and Local Government (DPLG)
Isandla Institute
Medical Research Council (MRC)
South African Cities Network (SACN)
South African Local Government Association (SALGA)
Independent consultants and researchers working on HIV/AIDS and Local Government
Built Environment Support Group (BESG)
Centre for AIDS Development, Research and Evaluation (CADRE)
Education Training Unit (ETU)

For more information on the Network please contact:

Isandla Institute
PO Box 12263
Mill Street
Gardens, 8010
Tel. 021 465 8751
Fax. 021 465 8769
staceyleigh@isandla.org.za

The event was funded by the German Agency for Technical Cooperation (GTZ). GTZ, through its Strengthening Local Governance Programme (SLGP), provides funding and support for the activities of the HIV/AIDS and Local Government Learning Network. The SLGP is a partnership initiative with the Department of Provincial and Local Government (DPLG) and the South African Local Government Association (SALGA).



Objectives and expected outcome of the event

After a very successful first learning event, the HIV/AIDS¹ and Local Government Learning Network identified the topic of *Vulnerability in the Context of HIV and the role of Local Government* as the theme for the second event. The Network, founded in 2006, aims to emphasise HIV/AIDS as a developmental issue with a very important role to be played by local government in addressing the epidemic.

The event was aimed at:

- Identifying vulnerable groups that local government needs to respond to in the context of HIV
- Exploring the needs of these groups
- Presenting possible responses/practical suggestions for effective intervention
- Identifying policy gaps and research needs
- Working towards the draft of a revised framework for local government urban health planners that considers vulnerable groups in the context of HIV.

Input Paper: Vulnerability in the Context of HIV: The Role of Local Government

Dr Liz Thomas began by emphasising the link between vulnerability caused by social, economic and environmental conditions and HIV infection, health and related consequences. She then went on to highlight the complexity of vulnerability and the fact that it is shaped through a range of intersecting and interacting factors. The presentation then drew on the input paper, prepared by Dr Thomas and Ms Jo Vearey, for this event, which defines vulnerable groups as "social groups who have an increased relative risk of susceptibility to adverse health outcomes." According to the Department of Health's *National Strategic Plan for HIV/AIDS/STIs 2007-2011* (NSP) there are a number of cross-cutting, structural factors that are drivers for vulnerability. These include

- Poverty
- Gender and gender-based violence
- Cultural attitudes and practice
- Stigma, denial, discrimination and exclusion, mobility and labour migration and
- Informal settlements.

While there are a number of frameworks that address appropriate responses to health, they do not adequately deal with possible interventions to address the needs of vulnerable groups. In the context of HIV/AIDS, this is particularly significant as the above factors (which in many instances overlap) have meant that people are even more vulnerable to HIV infection. What the input paper (and the learning event as a whole) thus sought to do was to begin a process of engagement to develop an appropriate framework that will consider the multiple underlying stressors that result in vulnerability. Additional to this is the eventual development of appropriate opportunities for local level responses toward improving health and reducing vulnerability to HIV infection and as a result of HIV infection.

The input paper draws on three conceptual urban health frameworks as a way to start thinking about an appropriate framework to address vulnerability. The paper notes that while these are useful, they do not adequately take into account the complexities of a developing country context and particularly the link between the urban development context and HIV/AIDS. In addition, one of the key shortcomings of these existing frameworks is the fact that they do not take into account the importance of local level responses. It is thus concluded that an appropriate framework would firstly, recognise HIV as a central urban development challenge, secondly guide an integrated urban HIV programme and finally, incorporate localized developmental responses to local needs.

Despite the existence of frameworks and guidelines that recognise the role of local government in responding to the HIV/AIDS epidemic (e.g. the NSP and the *Framework for an Integrated Local Government Response to HIV and AIDS* prepared by the Department of Provincial and Local Government – dplg) the issue of vulnerability is not explicitly addressed. The paper concludes by suggesting a number of guidelines for how local government should

¹ In many other instances 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, and used by the presenters at this event, this report will use the abbreviation 'HIV/AIDS.'

respond to vulnerability in the context of HIV/AIDS. This includes the recognition that vulnerability is a complex, cross cutting and overlapping issue, that the voices of vulnerable groups should inform responses and that HIV strategies should be considered as integral to overall sustainable poverty reduction and development strategies.

Discussion

It is important to define what we mean when we talk about a credible, effective response to HIV/AIDS. What does a credible and effective response consist of? How do we communicate this? Do we all have different interpretations of what this effective response is? One way of ensuring an effective response is to emphasise the role that all departments should play to address the HIV/AIDS epidemic. It is therefore encouraging that the dplg has recognised its role by developing the *Framework for an Integrated Local Government Response to HIV and AIDS*. This Framework, together with the SALGA *Country Guideline on HIV and AIDS for Local Government*, the Health Department's NSP and the *Handbook for facilitating governance responses to HIV and AIDS*², provide critical guidance for how to respond to HIV/AIDS. These documents are informed by government and it is therefore important that researchers take these outputs into consideration when thinking about responses to the epidemic. It is also important to ensure that these plans and guidelines inform each other and are not implemented in silos.

Another point to keep in mind is the importance of providing adequate guidance to officials in all spheres of government as officials might require practical and hands on support in identifying the needs of vulnerable groups and their appropriate responses. One way of doing this would be to provide officials, particularly at local government level, with a list of questions that will guide them and assist them to think strategically about how to identify and address vulnerability.

A final point relates to the role of political leaders. The issue of political buy-in, highlighted at the previous learning event, was again identified as a very important factor in implementing effective responses. While developing and implementing an effective response to the epidemic does not depend entirely on the buy-in of political leaders, they do play a central role. Very often the most effective responses have come from community based and local level responses but it is also necessary for politicians to understand the relevance of their role in responding to HIV/AIDS. It is therefore imperative that there is ongoing advocacy for a revised response and an adequate understanding of the issues associated with the epidemic. A suggestion was made that one way of doing this would be to use existing structures. For example, SALGA has a number of social development working groups whose members are politicians. One possible way of ensuring that there is support and understanding of HIV/AIDS at the local level is to think about strategic ways to engage with these groups through training and workshops.

Presentations on Vulnerability

Mental Health

Dr Kevin Kelly, Director of CADRE in Grahamstown, presented a very insightful and interesting view of mental health in the context of HIV/AIDS. Findings, of a soon to be published study in South Africa, suggest that the issue of mental health is almost totally neglected in responses to HIV/AIDS and that this is a crucial oversight in light of the fact that mental conditions can be a consequence of HIV infection, knowing one's status, as well as the resultant stigma experienced by HIV positive people. A recent study to determine the prevalence of mental disorder amongst HIV-positive people compared mental disorder with various HIV/AIDS responses (e.g. Voluntary Counselling and Testing – VCT). The findings from this study included the following:

- 70% of the survey sampled (all HIV-positive) were single people. This indicates a significant change in the way that South Africans view culture and traditions like marriage. This in turn has an effect on people's sexual debut and their sexual history.
- 1 in 4 men in the study had alcohol abuse disorder. Not only does alcohol abuse increase vulnerability to HIV infection but it was also found that many HIV positive people suffered from alcohol abuse disorder.
- People that are unable to secure employment are more likely to have some form of mental disorder, as a consequence.

² Provides practical guidelines for the implementation of the *Framework for an Integrated Local Government Response to HIV and AIDS*

- People's ability to cope with the news of HIV infection played a large role in whether or not they suffered from mental disorder. This is largely due to the fact that the environment for HIV-positive people is highly stigmatised and stressful.
- People who had been part of a support group were less likely to suffer from mental problems (this variable did not require that they were actively participant in a support group at the time of the study).

These findings indicate the need to problematise the way we think about VCT and the support needed as finding out about one's status can be an extremely shocking and traumatic experience. People often become suicidal and/or substance abusers. It is also important to consider the way that VCT is promoted (e.g. at sporting events or busy malls where there is very little space for privacy or adequate counselling). He concluded his presentation by noting that treatment guidelines are biased against providing HIV treatment to people who suffer from mental ill health and secondly that current HIV prevention messages need to have a more positive focus (e.g. 'branding' HIV/AIDS as a chronic manageable disease instead of talking of an HIV free society).

Migration

Focussing on an often overlooked group, this presentation by Ms Jo Vearey highlighted the vulnerability of both internal and external migrants, particularly in the urban context. The rate of people moving to cities is illustrated by the fact that the population of the City of Johannesburg, an estimated 3.9 million, has grown by 20.5 percent since 2001. Many people living in inner city neighbourhoods are often even more vulnerable, not only in terms of their living conditions but also to other forms of exploitation (particularly people who are asylum seekers or refugees). In terms of HIV/AIDS, many migrants do not have access to HIV-related services and this is exacerbated by the fact that people often do not have the necessary documentation required for accessing treatment for HIV/AIDS (e.g. documents to indicate permanent residence or even identity documents). Migrants to the City are not only vulnerable to HIV/AIDS merely because of their migrant status but that are also a number of overlapping causes of vulnerability (e.g. gender inequality, age, disability, poverty and unemployment). Although the NSP recognises the right to treatment for migrants (particularly non-citizens), this often does not in fact happen in practice. Suggestions for how local government can begin to address this issue include the creation of effective local-level guidelines for the effective implementation of the NSP, local government working towards the creation of 'inclusive cities' and the coordination of municipality-wide programmes and initiatives. It is also important that the process of developing an integrated development plan (IDP) for the municipality takes into account the voices and needs of migrant communities.

Disability

In her presentation on disability Dr Liz Thomas highlighted the importance of taking disability into account when thinking about vulnerability. Despite the fact that people with disabilities are recognised as vulnerable, there is often insufficient attention paid to their needs. For example, people with disabilities are often vulnerable to HIV infection as they are potentially at risk of sexual or physical abuse. In addition, disabled persons often have to depend on others when they are HIV positive and require medication from health facilities that might be inaccessible to them. More attention thus needs to be paid to the needs of disabled persons in the context of HIV/AIDS.

Discussion

All three presentations clearly highlighted the limits of an HIV/AIDS response that concentrates largely on awareness raising and condom distribution without taking into account factors like disability, migrancy and mental health, which all increase vulnerability to the epidemic. This can partly be explained by the fact that local governments often have very little understanding and insight into these issues. For example local government departments do not have sufficient and reliable information on the number of migrants (both internal and external) or even of the number of people suffering from mental health problems. In addition, there has been insufficient focus on the reasons for migration. For example, it is important for municipalities to understand the reasons for people migrating to certain areas (particularly from rural to urban) as people may also be migrating to areas where anti-retroviral treatment is easily available. Some studies are also finding people migrating from countries that are experiencing political instability (e.g. in the case of Zimbabwe) to South Africa in order to continue their treatment. It is therefore important that there is a shared understanding of the status and needs of different groups of migrants and that they are not viewed as a homogenous group. Another example that highlights inadequate planning is the current development of stadiums for the 2010 World Cup. Work on these projects do not take into consideration the

vulnerable positions of migrant labourers, the women around these project sights that engage in transactional sex and also the families of the labourers back home. As the relationship between migration and HIV/AIDS is not unidirectional (i.e. the partners of migrant labourers 'back home' often engage in alternative relationships) it is therefore important to consider the consequence in the context of HIV/AIDS. Planning is also important in terms of possible regional cross-border responses. In provinces like Limpopo and Mpumalanga which share borders with Zimbabwe, Swaziland and Mozambique effective responses to the HIV/AIDS epidemic will require a co-ordinated joint response.

Another factor that increases vulnerability for already vulnerable groups is the lack of access to adequate basic services. It is important for local government, when planning and thinking about the way that services are delivered, to consider these factors. For example, in the case of housing delivery, while the first three phases of the National Housing Department's Breaking New Ground policy provides for all people living in a specific area, their narrow focus on housing in the fourth phase of the policy means that a number of people, like migrants are left out as they do not qualify for government housing subsidies. It is necessary to not only understand the role of government but also how different stakeholders contribute to the situation. More focus and emphasis is needed on the roles of the business community in exploiting labour and people's vulnerable situations which emphasises the need for the Department of Home Affairs to recognise the issue of migration by introducing more effective measures of ensuring that people are not vulnerable because of their migrant status.

There are also existing local level initiatives from which lessons can be learned. For example, the Isibindi model (http://www.naccw.org.za/index.php?option=com_content&task=view&id=16&Itemid=105) which trains child and youth care workers to take care of orphans and vulnerable children in their own homes.

It is also crucial that the dplg and SALGA push for the implementation of relevant guidelines that seek to address the needs of disabled persons, women, children, those suffering from mental illness and even the issue of migrancy.

Finally, it is important to ensure that our thinking about these concerns is informed by the existing relevant policies and guidelines (e.g. the NSP, the Framework by the dplg, the Handbook and the SALGA Country Plan).

Concluding remarks

This network should assist in providing research and documenting the experiences of municipalities in dealing with these issue of vulnerability. Network members also have a role to play in terms of the roll-out of the *Framework* and *Handbook* as the dplg needs to put together task teams to collate research, learning and potential partnerships and members of this group will be contacted to participate in this process. Participants urged the dplg to ensure that the roll-out takes place as its effective implementation would begin to address some of the issues discussed.

Finally, the issue of political leadership was a major concern at the previous learning event and it was again identified as extremely important. In instances where there has been strong support from political leaders, projects have been successful. While buy-in from political leaders is very important, we should not lose sight of the successful interventions at community level and of the need to develop innovative ways to encourage all relevant parties to engage in developing an effective response to the epidemic. Similarly, the relationship between civil society, government and the business community is of critical importance and it is therefore necessary to encourage relationships between these stakeholders in order to ensure an integrated response. Other important stakeholders include social movements like the Treatment Action Campaign. Despite the confrontational relationship that has sometimes existed between government and civil society, we need to encourage a collaborative effort and move away from the tensions that have characterised these relationships in the past.

Full Names	Organisation	Designation	Contact Details
Ms. Winnie Dhlamlenze	SALGA: South African Local Government Association	Coordinator HIV/AIDS	Tel: 012 369 8082 Cell:082 908 2884 wdhlamlenze@salga.org.za
Ms. Stacey-Leigh Joseph	Isandla Institute	Policy Researcher	Tel: 021 465 8751 Fax: 021 465 8769 Staceyleigh@isandla.org.za
Dr. Kevin Kelly	Director	Centre for AIDS Development Research and Evaluation	Tel: 046 603 8553 Fax: 046 603 8770 kk@cadre.org.za
Ms. Masingita Khandlela	GTZ-SLGP	Programme Advisor	Tel: 012 334 4990 Cell: 086 674 0016 masingita@nashuaisp.co.za
Mr. Easter Kunene	GTZ Mpumalanga Rural Development Programme	Programme Manager HIV and AIDS	Tel: 013 755 5066 Cell: 082 884 4680 easterk@gtz-mrdp.co.za
Ms Emily Kreger	Reproductive Health Research Unit	Medical Student	emilykreger@aya.yale.edu
Ms Pinky Mahlangu	Medical Research Council	Research Intern	Tel: 083 859 2459 Pinky.mahlangu@gmail.com
Ms Ntombini Marrengane	World Bank		Tel: 012 431 3115 nmarrengane@worldbank.org
Ms. Mbhe Mdlalose	Built Environment Support Group		Tel: 033 394 4980 Fax: 033 394 4979 mbhe@besg.co.za
Ms. Ndazo Mdluli	Enhlanzeni District Municipality	Manager HIV & AIDS	Tel: 013 696 5777 Cell: 086 696 5777 nmdluli@ledc.co.za
Ms. Shirley Molema	SALGA: South African Local Government Association	HOU Social Development	Tel: 012 369 8091 Cell: 083 252 8934 smolema@salga.org.za
Mr Simon Mporetji	Medical Research Council	Research Intern	Tel: 011 242 9909 Simon.mporetji@nhls.ac.za
Ms. Nombulelo Msikinya	DPLG	Senior Manager: Youth and HIV/AIDS	Tel: +27 12 334 0556 Fax: +27 12 336 5610 nombulelom@dplg.gov.za
Ms Sophie Plagerson	London School of Hygiene and Tropical Medicine		Tel: 076 801 4199 Sophie.plagerson@lshtm.ac.uk
Mr. Terence Smith	Isandla Institute	Contract researcher	Tel: 021 465 8751 Cell: 084 8888664 terencesmith@telkomsa.net
Dr. Liz Thomas	MRC / Centre for Health Policy University of Witwatersrand	Specialist Scientist HIV, health and development research MRC based at Centre for Health Policy, Wits	Tel: 011 242 9919 Cell:082 447 2293 liz.thomas@nhls.ac.za
Ms. Marije Versteeg	CMRA: Centre for Municipal Research & Advice	Senior Researcher	Tel: 012 347 3831 Cell: 074 106 3800 mversteeg@cmra.org.za