The Role of Civil Society in Policy Advocacy: A Case Study of the Treatment Action Campaign and Health Policy in South Africa

By

Stella Chewe Sabi

(211514575)

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Supervisor: Mark Rieker

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Declaration

I, **Stella Chewe Sabi**, declare that this dissertation "The Role of Civil Society in Policy Advocacy: A Case Study of the Treatment Action Campaign and Health Policy in South Africa" is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. It is being submitted for the degree of Master of Social Science in Policy and Development Studies in the College of Humanities, School of Social Sciences, University of KwaZulu-Natal, Pietermaritzburg, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

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Abstract

Policy is a rule to guide decisions and achieve rational outcomes while advocacy is a strategy to influence architects of decision making or policy makers when they make regulations and laws, distribute resources, and make other decisions that affect peoples' lives. The principal aims of policy advocacy as postulated by Kervatin in 1998 are to create policies, reform policies, and ensure policies are implemented. This study examines the role of civil society in policy advocacy, using the Treatment Action Campaign (TAC) as an example. Therefore, the study uses a content analysis method of data collection and analysis to explicate the various advocacy strategies employed by the Treatment Action Campaign to advocate for access to HIV/AIDs treatment in post-apartheid South Africa.

The policy advocacy strategies of the TAC were investigated pertaining to the implementation of health policy on HIV/AIDS in South Africa. There are a variety of advocacy strategies employed by civil society organisations, such as discussing problems directly with policy makers, delivering messages through the media, or strengthening the ability of local organisations to advocate. These strategies are known as advocacy tools for planning successful advocacy initiatives. Most of them are clearly reflected in the case of the TAC organisation, which employed these strategies and others to advocate for HIV/AIDS policy change.

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Dedication

I dedicate this work to almighty God for granting me His grace and for walking this journey with me, and to my elder sister Emmy who passed on during the course of the work.

List of Acronyms

ACF	Advocacy Coalition Framework
AIDS	Acquired Immune Deficiency Syndrome
ANC	Africa National Congress
ARVs	Antiretroviral drugs
AZT	Azidothymidine
COSATU	Congress of South African Trade Unions
CSO	Civil Society Organisation
DOH	Department of Health
EEC	Equal Education Campaign
GEAR	Growth, Employment and Redistribution
GMHC	Gay Men's Health Crisis
GSK	GlaxoSmithKline
HCT HIV	Counselling and Testing
HIV	Human Immunodeficiency Virus
IMC	Inter-Ministerial Committee
MSD	Merk Sharp and Dohme
MSF	Medicins Sans Frontieres
NAP	National AIDS Plan

NACOSA	National AIDS Convention of South Africa
NAPWA	National Association for People Living with HIV/AIDS
NEC	National Executive Committee
NEDLAC	National Economic Development and Labour Council
NGLA	National Gay and Lesbian Alliance
NGO	Non-Governmental Organisation
NIP	National Integrated Plan
NPO	Non-Profit Organisations
NSP	National Strategic Plan
OHCHR	Office of the High Commissioner for Human Rights
PEC	Provincial Executive Committee
PHATAM	Pan African HIV/ AIDS Treatment Access Movements
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother-To-Child Transmission
RDP	Reconstruction and Development Programme
SANAC	South African National AIDS Council
RSA	Republic of South Africa
SA	South Africa
SIDA	Swedish International Development Cooperation Agency
STD	Sexually Transmitted Disease

TAC	Treatment Action Campaign
TB	Tuberculosis
TLP	Treatment Literacy Practitioner
TRIPS	Trade-Related Aspects of Intellectual Property Rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development

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Chapter One

Introduction and Background of Research Topic

1. Background and Rationale of the Study

The purpose of this study is to explore the role of civil society in policy advocacy. Policy is a principle or rule to guide decisions and achieve rational outcomes while advocacy means to speak in 'favour of,' to represent, or to promote (Kervatin, 1998:11). The term advocacy derives from a Latin word *advocare* meaning 'to help' and may also mean "convincing, pestering, soliciting, or agitating" (Kervatin, 1998:11-12; Reid, 2000: 3). As a concept, advocacy is widely utilised in the field of social sciences generally, and Policy Studies specifically. In Public Policy, advocacy refers to any effort to influence public policy by a person or organisation through providing information, speaking to decision-makers, demonstrating benefits for policy implementation or policy change and other such activities that encourage the adoption of the desired policy change (Kervatin, 1998: 25). In the context of this study, policy advocacy refers to those advocacy tactics, strategies and initiatives which are aimed at achieving broad or specific changes to policies and legislation.

Policies are central to government as they direct and drive society towards a desired goal. Davis (cited in Colebatch, 2002: 49) defines policy as "a course of action by government designed to achieve certain results". In the social sciences, proponents of policy analysis such as Kingdon, (1995) consider policy advocacy as the tactics, strategies and initiatives which promote changes to policies and legislation. These advocacy activities seek to establish new policies, improve existing policies, or challenge the development of policies that diminish resources and opportunities for vulnerable groups such as the underprivileged or the discriminated against in society (Kervatin, 1998: 25). Hence, using various strategies, advocacy can include many spheres of activities, techniques and skills.

Policy advocacy is considered by political science and policy studies scholars to be an important element of the activities of civil society in its engagement with the state. David (2001: 123) argues that, after service delivery, advocacy is the most important role played by civil society and maintains that it is through advocacy that Non-Governmental Organisations (NGOs) seek to deepen their interests by helping marginalised groups through negotiations with power holders such as the state and the corporate sector.

Civil society "involves citizens acting collectively in a public sphere to express their interests, passions, and ideas, exchange information, achieve mutual goals, make demands on the state and hold state officials accountable. It is an intermediary entity standing between the private sphere and the state officials" (Diamond, 1994: 5). Civil society includes organisations such as registered charities, developmental non-governmental organisations, community groups, women's organisations, faith-based organisations, professional associations, trades unions, self-help groups, social movements, business associations, coalitions and advocacy groups (Diamond, 1994: 6). For the sake of clarity and consistency, this study will use the terms Civil Society Organisations (CSOs), Non-Governmental Organisations (NGOs) and Non-Profit Organisations (NPOs) synonymously.

The current study frames civil society as a form of social organisation that allows citizens to collectively participate in the policy process and which has as its overarching goal the assurance and protection of a just and fair society (Kervatin, 1998). During apartheid in South Africa, CSOs such as community based organisations created alternative structures to meet the service delivery needs of the marginalised created by the state's inability to respond to development delivery (Everatt, 2001). Following the legitimate constitutional democracy in 1994 in South Africa, many CSOs redefined their identities and roles within the new Constitution which promoted human rights (Everatt, 2001: 74).

The last three decades have seen many civil society organisations basing their activities on international human rights frameworks such as the Universal Declaration of Human Rights (UDHR). This promotion of human rights on a normative international standard has included the

area of Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) (POLICY Project, 2003; Heywood, 2009: 16). By the year 2000, Sub-Saharan Africa was the home to less than 10% of the global population. Yet it had alarming statistics of HIV and AIDS related deaths. For instance, (SIDA, 2001) reported that more than 200,000 people had died of AIDS in 2001 alone. These cases of AIDS related deaths were expected to double in the next decade. It is also relevant to note that numerous studies conducted on HIV and AIDS point to Southern Africa as a region especially hard hit by the epidemic. According to Boulle and Avafia (2005 : 13-14), a national survey on HIV and syphilis prevelence in South Africa, indicated that more than 5 million South Africans were living with HIV/AIDS in 2003. The polulation of those infected in South Africa was more than those infected in North and Latin America, the Western and Central Europe, and Oceania, combined. The Joint United Nations Programme on HIV/AIDS (UNAIDS) report on the global AIDS Epidemic (UNAIDS, 2012) reported that an estimated 5.6 million South Africans were living with HIV in 2011. Studies conducted by Heywood (2009: 14) and Boulle & Avafia (2005: 14), revealed that the social and sexual inequality, the disempowerment of women, labour and refugee migration in the region, and the region's poverty are among the common factors that contribute to the gravity of this epidemic. Related to and compounding is the effect of apartheid (mostly on the black population) in South Africa which was characterised by unequal economic and social rights among racial groups. Additionally, the effects of HIV/AIDS have had profound implications for human rights that are fundamental in the South African Constitution. These rights include the right to equality, dignity, access to education and healthcare services (Republic of South Africa, Act 108 of 2006, 1996).

From a health service delivery viewpoint, access to medical treatment for HIV/AIDS-related cases was one of the challenges in both apartheid and more poignantly post-apartheid South Africa (De Beer, 2003). This challenge prompted a number of civil society groups to engage in establishing a platform for the discussion of health policy in South Africa. One prominent organisation in the debate is the Treatment Action Campaign (TAC), an independent NGO that was established in 1998 in South Africa. As an HIV/AIDS activist organisation, the TAC's primary aim was and has remained to advocate for the rights of people living with HIV/AIDS to

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access medical treatment which was not provided in the public health sector. The TAC has since broadened its purview to include other pressing health issues such as Tuberculosis (TB) prevention and treatment. Additionally, the TAC's model of advocacy for the treatment of HIV/AIDS has been followed by other social movements such as the Social Justice Coalition and the Equal Education Campaign (Heywood, 2009). It is against this background that the present study focuses on the role of civil society in policy advocacy by using the work of the TAC in South Africa as a case study. It views the TACs advocacy activities as a significant factor in shaping policy responses and wishes to critically examine the strategies against an analytical framework of existing advocacy models in the literature.

In South Africa, the relationship of civil society and governance is legitimised and guided by the Constitution of the Republic of South Africa (Act 108 of 1996), and the Reconstruction and Development Programme (RDP) (Mafunisa, 2004: 490). Good governance implies the effective functionality and performance of Civil Society Organisations (Diamond, 1994). Quite simply, the provision of essential goods and services is a crucial characteristic of good governance in a democratic country like South Africa and civil society plays an important role in ensuring the appropriate quantity and quality of such provision. A study on good governance and global HIV/AIDS prevalence in 72 developing countries revealed that good governance systems are closely related to HIV/AIDS prevalence (Hsu, 2000:3). The study concluded that when characterised by the following components: the rule of law; responsiveness to community; transparency, equity, consensus building and equity effectiveness; and accountability, good governance offers a full participation of constituents. This implies that a system of good governance fosters equality income distribution which can deal with the background of HIV/AIDS vulnerabilities that put individuals at risk.

Closely related to the above is that, one of civil society's key roles in good governance is advocacy work. Reid's (2000: 3) study on the engagement of Non-Profit Organisations in policy processes revealed that while these organisations are regular players in politics and policymaking, they may or may not engage citizens in their internal organisational affairs or in public action. Here, Reid makes the distinction between advocacy as *participation* and advocacy

as representation (Reid, 2000: 3). When advocacy is viewed as representation of values, interests or preferences, this may attract questions about the legitimacy of organisations to represent people. When viewed as participation, advocacy is concerned with the ways organisations stimulate public actions, create opportunities for vulnerable people to air their grievances on social and political matters and build the resources and skills necessary for effective action (Reid, 2000: 3-4). From a political and social perspective, advocacy as participation emphasises how people take "action on their own behalf" (Reid, 2000: 3). Advocacy as participation can include social protests, collective action and contact between people and their political leaders (Reid, 2000:4). Therefore, the present study among other things, explores whether the activities of the TAC in advocating for the equitable access to the treatment of HIV and AIDS, are portrayed as participation or representation or a mixture of both.

Studies conducted by POLICY Project (2003) on global HIV/AIDS advocacy revealed that since the early 1980s, policy changes have occurred through advocacy. The same studies reveal that successful advocacy initiatives have long been part of campaigns to build support for a particular cause or struggle especially in the development of national HIV/AIDS policy (POLICY Project, 2003: 3). The HIV/AIDS advocacy has also brought together a unique combination of actors from HIV/AIDS activists to clinical researchers; from community workers to heads of large multinational companies; from People Living With HIV/AIDS (PLWHA) to health workers (POLICY Project, 2003: 3).

Although numerous studies have been conducted on civil society with regards to advocacy, perhaps the most useful study relating specifically to the TAC is an article by Mark Heywood (2009) titled *South Africa's Treatment Action Campaign: Combining Law and Social Mobilization to Realize the Right to Health.* Some points from this study are discussed below. Emerging in the 1980's and 1990's and largely spearheaded by the United States of America came a model of 'treatment literacy' which is the science of understanding the implications of HIV in human bodies, the medicines that might work against it and the relevant research that was needed (Heywood, 2009: 17). This model, coupled with the first generation of democratic governance, attracted a greater scope for AIDS activism in South Africa as it brought with it the

combined might of the Constitutional Court and the free press, which enhanced the potential for human rights activism. Led by a charismatic South African HIV victim, the TAC launched their first campaign on HIV and AIDS on Human Rights Day, December 10th 1998. The TAC's main objective was to campaign for better health service delivery especially for HIV positive people in South Africa (Heywood, 2009: 18).

The selection of the Treatment Action Campaign as a case study is largely due to its unique multi-model engagement with the South African state. In its operation, the TAC had some notable challenges such as its rivalry relationship with the South African government (under Thabo Mbekis' administration) on ARVs roll-out; fear, stigma and denial experienced by its some of its members. However, the organisation made some important breakthroughs with its engagement with the South African state as it employed a variety of strategies including confrontation, engagement, mobilisation and legal wrangling -notably through the Constitutional courts (Friedman and Morttiar, 2004). On the back of this, the TAC has become a leading force behind comprehensive health care services especially for people living with HIV/AIDS in South Africa (Heywood, 2009).

1.2   Research Problems and Objectives

This study's broad objective is to explore the role of civil society in policy advocacy in furthering good governance and policy making. The study specifically looks at the actions of the Treatment Action Campaign in advocating for better service delivery in the area of health-particularly HIV/AIDS in South Africa. The study therefore seeks to address the following questions (stated from broad to specific):

- What is the role of policy advocacy for good governance?
- What is the role of civil society in policy advocacy?
- What models or frameworks are available to understand policy advocacy?

Specifically, the study seeks to address the following questions:

- How do the elements of advocacy model or frameworks reflect the strategies of the TAC?

- What techniques were employed by the Treatment Action Campaign to influence health policy in South Africa?

1.3   Conceptual and Theoretical Framework

This section of the study elaborates on some of the existing frameworks of policy advocacy and the particular aspects of the models. Situated within the framework of policy analysis, is an advocacy model commonly known as the 'stagist perspective' or 'heuristic model', which assumes that all policies take place in centralised locations. In *An Introduction to Advocacy Training Guide,* (Sharma, 1997: 10), posits that policy advocacy is a dynamic process with fluid stages or phases: issue identification, solution formulation and selection, awareness building, policy action, and evaluation. Another approach to understanding policy advocacy is the Advocacy Coalition Framework (ACF), proposed by (Sabatier and Jenkins, 1993) who assume that change in policy does not occur only in the halls of government but also within social and unorganised activities. However, a popular model which is closely related to this study assumes that successful advocacy consists of the following fundamental elements: identifying goals and objectives; using essential data and research; identifying advocacy audiences; coalition building; shaping and directing messages; fundraising; and evaluation (Sharma, 1997: 6-7; Kervatin, 1998: 32-33). Kervatin (1998) claims that many practitioners of civil society and public policy advocacy use this model (elements of advocacy) as a tool kit for successful advocacy.

The study is located in the broad field of public policy and more specifically policy advocacy. It employs concepts on civil society and its role in policy advocacy. These concepts are used as tools for identifying and assessing effective advocacy. To understand the role that civil society plays in policy advocacy, the second chapter will also unpack relevant concepts pertinent to the subject. Thus, the conceptual and theoretical framework in this study explicates the importance of policy advocacy strategies as used by civil society to achieve their desired goals. In so doing, this understanding will facilitate the task of exploring how the Treatment Action Campaign through its advocacy work, responded to South Africa's HIV/AIDS problem.

1.4   Structure of the Dissertation

The Dissertation will use the following Structure:

Chapter One: Introduction and Background of Topic

This chapter provides an introduction to the study. It explores the background to the study and the reasons for choosing this topic. In addition, the chapter discusses the objectives of the study and the key questions which it seeks to answer.

Chapter Two: Conceptual and Theoretical Framework

Chapter two establishes a conceptual framework and explicates the principal theories and approaches upon which the study is anchored.

Chapter Three: The Case Study

Chapter Three provides justification for the methodology and the selection strategy used for the study. The chapter also provides background information on the Treatment Action Campaign in South Africa and its activities.

Chapter Four: Research Results and Analysis of Findings

Chapter Four provides the findings of the study and discusses the implications for the research questions.

Chapter Five: Summary and Conclusions

This chapter provides a conclusion to the study.

Chapter 2

Conceptual and Theoretical Framework

2. Introduction

This chapter provides a conceptual overview of public policy, policy advocacy and civil society. The chapter will explore what constitutes policy advocacy by considering selected approaches and models used to analyse policy advocacy. Civil society's role and function, advantages and challenges, and its history in South Africa will be considered. In an attempt to link civil society to policy advocacy, the chapter will locate advocacy in the public policy process and then deliberate on what policy advocacy is, what kind of actors are involved in engaging and influencing policy.

2.1 Public Policy

The field of policy is complex and is an ever expanding discipline. This complexity has attracted competing definitions and conceptualisation of the term. However, like many terms in social science, there is no universally accepted definition. Analysts and authors have made several attempts to use different characteristics or notions to understand the subject. Authors such as Colebatch (2002: 4), assert that policy could be understood as the 'pursuit of goals' meaning that policy has a definite beginning (the identification of goals) and a definite end (formulation of policy statements) that is directed at the realisation of the identified goal(s). Kingdon (1995: 7) deemed public policy as involving various decisions and actions from different individuals, groups, institutions and agencies.

For De Coning, (2006: 506) public policy is a "statement of intent". The policy process has numerous phases such as initiation, design, analysis, formulation, dialogue and advocacy, implementation and evaluation. This perception of public policy specifies the basic principles to be pursued in attaining specific goals. In his exploration on the Water Policy Process in South

Africa, De Coning argued that "policy interprets the values of society and is usually embodied in the public management of pertinent project and programmes" (De Coning, 2006: 506-7). Friedrich (1963: 79) professed public policy to be a proposed course of action of a person, group or government within a given environment in an effort to reach a goal or purpose. Davis (quoted in Colebatch, 2002: 49) perceived public policy as "a course of action by government designed to achieve certain results". For Anderson (1997: 9-10), a gap usually exists between decisions made by government and their execution. He holds that policy is a "relatively stable, purposive course of action followed by an actor or set of actors in dealing with a problem of matter of concern", while public policy refers to "actions developed by governmental bodies and officials with the aim of meeting specific objectives" (Anderson, 1997: 9-10).

Some authors however, have offered more explicit definitions when they perceive public policy as decisions made by government's choice to carry out an action or not to. Brooks (1989: 16) affirms this when he argues that public policy is a broad framework of ideas and values within which decisions are taken and action, or inaction is pursued by governments in relation to a problem. Brooks' perception on public policy is wide as it indicates that while the government is obliged to take an action, the government may also respond by not taking an action. The implication is that public policy is not restricted to government's action but also to government's inaction. Nevertheless, the common element in the foregoing is that policy is a principle or rule to guide decisions and achieve rational outcomes and that very often governments use policies to achieve specific results or to address a need. The conceptualisation is relevant to the present study as it helps us to understand how the advocacy activities of the Treatment Action Campaign influenced South African health policy and HIV/AIDS policy in particular.

2.2 Civil Society Organisations

To foster an understanding of civil society organisations and how they operate, it is important to define the concept. It should also be noted that there is no single and exhaustive definition of civil society nor is there a delimitation of its scope that commands universal acceptance-hence its several definitions. Some scholars for example, view civil society from an opposition perspective. Using this lens, civil society is an opposition with adversarial relations with the

state. One typical definition that applies to this mode is that of Chabal (1986: 15), who defines civil society as a "vast assembly of constantly changing groups and individuals whose only common ground is their being outside the state, who have acquired some consciousness of their being outside the state". This definition acknowledges the plurality of association of civil society but does not recognise that civil society does not always need to be at odds with the state.

Nevertheless, attempts have been made to conceptualise civil society from a non-political view. As such, civil society is perceived as a realm of individual's relationship with the society which exclude the state or government. Tester (1992: 8) for example, proposes that "civil society includes "all those social relationships which involve the voluntary associations and participation of individual acting in their private capacities…". From this perceptive, civil society is distinct from the state as it involves the private sphere and relationships of individuals which can interact with the state without being political. Another view of civil society is presented by Stephan (1988: 3) who defined civil society as an arena where manifold social movements (such as neighbours and associations, women and groups, religious groupings and intellectual currents) and civic organisations from all classes (lawyers, journalists, trade unions and entrepreneurs) attempt to constitute themselves in an ensemble of arrangements to express themselves and advance their interests. This means that civil society can constitute itself politically to select and monitor democratic government through the political institutions of the state (such as legislature and political parties) and their processes (intra-party alliances, elections and, electoral rules).

For Diamond (1995: 9-10), civil society "involves citizens acting collectively in a public sphere to express their interests, passions and ideas, exchange ideas, exchange information, achieve mutual goals, make demands on the state, and hold the officials accountable. It is an intermediary entity standing between the private sphere and the state". From this perspective, civil society functions as a buffer between the public sphere of the state and the private spheres of its citizens, where citizens' diverse interests are aggregated and articulated to government for action. This means that in making demands on the state, civil society holds government accountable for its decisions.

Despite the diverse views on and conceptualisation of civil society, a common element that is crucial to this study is that civil society is a sphere outside the state and it engages with itself and the state to advance differing interests, with implications for the common good of society. A use it has for the present study is the idea of participation in decision making which it espouses. For example, through its web of voluntary associations, civil society provides an opportunity for people to participate in joint efforts aimed at allowing the overall development of society.

Notable also is that different kinds of states have different kinds of rule and interests of those they represent (Bratton, 1989: 411). This implies is that the specific characteristics of a state are a determining factor in the nature of a relationship between the state and NGOs. In the context of South Africa's civil society, the nature of the apartheid government (a racially exclusive democracy) led to the creation of new civic groups that were different to those that had previously existed. Generally, civil society formations during apartheid in South Africa were involved in anti-apartheid activities as they were largely active in advocacy work opposing the apartheid government. A notable civil society group was the National African Congress (Swilling, and Russell, 2002: 67-69). In the same view, Everatt (2001: 74) also noted that while civil society worked towards common goals in the apartheid era, they had a coherent centre as well as being locally focused and shaped geographically and thematically throughout the country. However, after 1994 many CSOs either participated in policy making; as partners in service delivery; or as watchdogs of government performance (Ranchod, 2007: 3-4).

The current study perceives civil society as a form of social organisation creating room for citizens to come together and participate in the policy process (Kervatin, 1998). The mobilisation of campaigns which include confrontational and non-confrontational methods of engagement such as media, petitions, mass marches and civic disobedience is seen as a human right. The main mission of civil society is to ensure a just and fair society and notably, CSOs to a lesser and greater extent, involve themselves in advocacy. Some of them are developed solely for the purpose of advocacy.

2.2.1 Civil Society Organisations and the Media

This section explores the role played by the media as a fundamental instrument that civil society uses in its functionality which includes advocacy. The section also explores various ways that media can manifest itself in the creation of a successful civil society structure.

Media manifests itself in various ways – print, radio, television and the Internet. In relation to civil society, there are two roles of the media –media as (i) stakeholders and as (ii) implementing partners of civil society. As an active stakeholder or an implementing partner, media can pave ways to new opportunities to spread a message, to reach broader audiences, to increase participation and to promote accountability. Informed people can discuss social problems and lay the groundwork for more peaceful change in their countries (Horton, 2003: 2). Additionally, the media serves as a tool that can help put civil society principles into action. Access to accurate and timely information promotes more effective participation of people with whom they work in decisions that affect their lives. In *Advocacy Tools and Guidelines,* Sprechmann and Pelton (2001: 91) hold that in delivering advocacy messages, the media becomes an important instrument in influencing public opinion and as such, policy makers and groups involved in political processes pay close attention to the press. The implication is that the media could be helpful in reaching multiple audiences. In the same vein, Wanyande,(n.d: 15) in *The Media as Civil Society and Its Role in Democratic Transition in Kenya,* Wanyande,(n.d: 15) argues that a well-run public information campaign works with the media to raise public awareness of any number of issues from human rights to current social concerns.

From this perspective, media serves as a tool that can help put civil society principles into action. In other words, the principal benefit of using the media is the ability to deliver advocacy messages to a wide audience, potentially attracting public interest and supporters to the cause. In turn, this may increase advocacy profile and credibility with policymakers, and therefore improve access to them. According to Sprechmann and Pelton (2001: 91), before deciding to use the media, it is important to consider which media outlets are influential with policy makers. The media plays a significant role in the creation and success of a strong civil society structure.

Media sways public opinion and helps influence and even create the direction of social change. Responsible media is a tool that can help put civil society principles into action and can enable more effective participation in a civil society framework. Providing accurate and timely information can be helpful in reinforcing an accountable behaviour in society (Horton, 2003: 2). There have been a number of successful uses of new media technologies such as the internet and emails, and social activism especially in South Africa. New media has brought various advantages to activists working in a development context. A study on the use of *New Media Technologies for Social Activism in South Africa* (Nightingale and Dwyer, 2007*)* revealed that, apart from the main stream media-commercial newspapers, television and radio, new media technologies were a crucial tool for staging protests and or to connect people with similar social concerns. Wasserman (2007) asserts that the use of new media technologies such as the internet and email make it possible for grassroots social movements to mobilise support and to spread information about their activities outside the mainstream commercial media, and to discuss issues on a wider platform on a global level.

Ideally, a social movement is a group of people with a common ideology representing the marginalised in society such as the poor. Social movements also challenge state authority and the domestic social-economic and political order by insisting on social change around specific issues (Lie, 2005). The aim of these social groups is to effect social transformation outside formal political means. Instead of incremental changes like the replacement of a political leader, social movements seek to change the current social or political order. Social movements tend to 'embrace concepts such as diversity, decentralisation, informality and grassroots democracy, rather than unity centralisation, informality and strong leadership' (Van de Donk, *et al,* 2004). Because many social movements' activists operate outside formal political settings, they rarely receive extensive coverage in the mainstream commercial media hence new media technologies are used as alternatives for public coverage (Lie, 2005).

In South Africa, the new democratic South Africa has seen various social movements arising in response to social change in governments' macro-economic strategy from the Reconstruction Development Programme (RDP) to Growth, Employment and Redistribution (GEAR). A number

of movements thus sprung up to advance and defend the rights of the poor and disadvantaged to basic services (Ranchod, 2007: 8).

2.2.2 Civil Society Organisations and (Good) Governance

While analysing civil society, authors such as Bratton (1994) posits that the determinants of CSOs can be categorised into what they do, who they represent, and the space they occupy. Therefore, the state and civil society relationship varies across countries and continents and the type of relationship varies according to the type of activities that are engaged in by civil societies. Such activities include social, political, economic, environmental and cultural activities. Commonly, the above activities are seen as factors that influence the state-civil society relationship. Depending on the circumstances, this relationship may vary in terms of co-operation. This is confirmed by Habib (2002: 147) whose study revealed that some relationships between civil society actors and state institutions will be adversarial and conflictual, while others will be more collaborative and collegiate-an indication that where there is contention, it is on the location or specific to the role of an NGO in the state-centred development approach. Additionally, the extent to which national NGOs are able to wield policy influence depends greatly on the nature of their relations with government (Bratton, 1994: 52).

Ideally, the state should have no problem with working with civil society in areas of development governance, but the issue that concerns the state is to what extent it should involve civil society. Thus, where the state is weak and dysfunctional, it is suspicious that the civil society will challenge its dominance and in some scenarios take over control of the state (Kabemba, 2005: 4). In line with this view, Tandon (2000: 52) observed that a participatory development model proposed by civil society challenges the state model of development practice due to the civic groups' approach to development which tends to be a 'bottom-up approach'-prioritising people at the centre of the development, which means removing the state and its agencies from the centre. Thus, some leaders in developing countries perceive civil society as their rivals. Kabemba (2005: 5) adds that civil societies remain closely monitored and, in many states, do not have the freedom and space to operate freely and support state actions.

Some authors have identified the balance between autonomy and co-optation as another characteristic of the state-civil society relationship. As observed by Edwards and Hulme (1992: 140), this is relationship by which many NGOs try to balance autonomy and survival by agreeing to be co-opted by government. The authors assume that, when development NGOs are small groups and hardly noticed by government and wider society, autonomy is not an issue. Nevertheless, once such NGOs emerge from the cocoon of purely local issues and begin to tackle problems that invariably result in face-to-face interaction with government, participate in debates on national issues, seek to advocate for policy changes and carve out a niche for themselves, the question of autonomy becomes crucial (Edwards and Hulme, 1992: 140). This relationship forces some NGOs into compromises they can hardly support, with governments expecting full support in exchange of security and resources. The process of co-option is gradual and smooth with many NGOs ending up as little more than extensions of government (Edwards and Hulme, 1992: 140-141).

2.2.3 Civil Society Organisations' Government Relations in South Africa

In post-apartheid South Africa, civil society is deemed by the state as a partner in its social and political mission (Everatt, 2001). As a human right, the right of association in South Africa is anchored in the national and international bills of rights. This right is pivotal to South Africa's civil society as it guarantees the right of citizens to establish, to join, or to participate in the activities of an association (Republic of South Africa, Chapter 2 (18) of bill of rights, 1996). Studies conducted on the NGO's involvement in delivery partnership with the South African state revealed that, apart from becoming partners in service delivery, post-apartheid South Africa has seen numerous CSOs as advocates for participants in policy making process and as watchdogs of the new government's performance (Everatt, 2001: 74).

As identified by Everatt (2001: 75), the diversification of civil society in post-apartheid South Africa has been categorised in three blocks: the first is the 'formal NGOs' that benefited from the policy and legislative changes in the post-apartheid era and consequently tend to have a

collaborative relationship with the state; the second is the survivalist welfarist organisations that are too preoccupied with everyday challenges of staying alive to enter into anti-systemic discourses and actions; and the third is social movements that are said to have explicit political aims to counter the negative effects of the neo-liberalism and globalisation processes promoted by the post-apartheid state. The colonial and the apartheid states tolerated the extensive growth of a diverse and complex non-profit sector, as long as it remained un-opposing to the state (Swilling and Russell, 2002: 68-69). But after 1994, most organisations' main activity was to pursue citizens' interests by seeking a place for them in government agendas (Ranchod, 2007: 4). Therefore, the ANC government (the ruling party) perceived civil society as a partner in achieving its goals (Ranchod, 2007: 4). As such, the period after the ANC took over from the apartheid government, was characterised by the Reconstruction and Development Programme, which aimed to address the injustices of the apartheid era. The dawn of the constitutional democracy has also seen thousands of associations, movements and networks, playing an important role in community organisation, service provision and policy, and advocacy activities in South Africa (Department of Social Development, 2005: 20).

The Civil Society Organisations work with the new government in providing services to the communities who were officially denied resources by the apartheid government. The advent of democracy also brought a new relationship between the civil society sector and the new government and this was bolstered in policy development and implementation, engaging NGOs in funding and delivery of development projects in line with public policy agendas (Salamon and Sokolowski, 2004: 116).Yet the situation changed when the ANC government began to isolate civil groups from various decision making processes (Salamon and Sokolowski, 2004: 116). Nevertheless, the general perception is that the atmosphere created by the new government in South Africa, was of pluralism (Noyoo, 2000: 1).

2.2.4 The Policy Advocacy Role of Civil Society Organisations

While analysing civil society aspects, Court *et al*., (2006: 14) noted that many civil society organisations are moving beyond service delivery, engaging in informed advocacy as an important route to social change and as a means of holding government accountable (Court *et al*.,

2006: 14). Building on this view, (Court *et al.*, 2006: 14) argued that for various NGOs, policy influence is part of their agenda. This is because they have become aware that policy engagement can lead to greater pro-poor impacts than contestation. On the same subject, Edward and Hulme (1992) argued that the policy advocacy role of civil society is becoming more and more significant. The authors concluded that the successes of development NGOs are not sustainable if they do not result in policy changes through advocacy (Edwards and Hulme, 1992: 145). In his exploration of democratic functions of civil society, Diamond (1994:7-8) argued that civil society is a vital element for containing the power of democratic governments, checking their potential abuses and violations of the law, and subjecting them to scrutiny. The implication is that, a vibrant civil society is probably more essential for consolidation of democracy than for initiating it. Additionally, civil society provides a strong foundation for democracy when it generates opportunities for influence and participation at all levels of governance (Diamond, 1994: 9). As such, it is at the grass-root level that the historically marginalised are likely to affect public policy. Diamond's assumption is that the development of civil society is a vital element for consolidation or deepening of democracy. He referred to consolidation as a process by which democracy becomes broadly and profoundly legitimised among its citizens and is not likely to break down.

Therefore, the policy advocacy role of CSOs is increasingly becoming significant in democratic states. While exploring advocacy functions of civil society, Diamond (1994: 8) added that civil society creates "channels other than political parties for the articulation, aggregation, and representation of interests". This function of civil society is helpful to those who are traditionally marginalised by the state. Some civil society groups have specific organisational structures and decision-making processes to accommodate their political affairs while others join coalitions or policy networks to increase their capacity to advocate effectively. On the same view, (Reid, 2000: 2-3) argues that some CSOs can engage in advocacy activities to various degrees- as the main focus of their work, as a regular part of their overall activities and, on occasion, when an issue spurs them to action.

2.3 Policy Advocacy

"Advocacy is speaking up, drawing a community's attention to an important issue, and directing decision makers toward a solution"…(Sharma, 1997: 4).

Advocacy consists of different strategies aimed at influencing decision-making at the organisational, local, provincial, national and international levels. Advocacy strategies can include lobbying; social marketing; information, education and communication; community organizing; or many other tactics (Sprechmann and Pelton, 2001). Often, advocacy aims to change the policies, programs or positions of governments, institutions or organisations (Sharma, 1997: 23). As a concept, advocacy is widely utilised in the field of social sciences. Broadly, policy advocacy has been defined as "policy practice that helps powerless, stigmatized, and oppressed populations improve their well-being" (Jansson cited in Sherraden *et al*., 2002: 209).

From the perspective of Non–Governmental Organisations, Najan (cited in Davis, 2001: 123) views advocacy as "the attempt by NGOs as 'policy entrepreneurs' to prod government to do the right thing, though it can be a strategy which can be equally directed at the private sector". Using a more explicit definition, Ezell (2001: 23) proposes that policy advocacy "consists of those purposive efforts to change specific existing or proposed policies or practices on behalf of or with a specific client or group of clients". In public policy, advocacy is thought of by many authors as an effective instrument of democracy and good governance used to create new public policies, new politics and new laws, influencing public opinion and bargaining. Among the notable authors is (Kervatin, 1998:25), who presents her arguments from the perspective of democracy and governance. She alludes to advocacy as a "process of taking action, using the instruments of democracy to create new public space, new politics, and new laws. Instruments of democracy include elections and legal processes, civic actions, civil disobedience, negotiating, influencing public opinion, even bargaining". From the perspective of good governance, Kervatin (1998) argues that there is justice in society when the interests of marginalised groups, people with weak economic power and even weaker political influence are respectfully represented.

Having a definition of advocacy is necessary in this study so that we have something to refer to, to check against and to encourage a discussion about the advocacy role of civil society in policy issue. In the context of this study, policy advocacy refers to those advocacy tactics, strategies and initiatives which are aimed at achieving broad or specific changes to policies and legislation. These definitions of advocacy can also be understood through the advocacy models presented below.

2.3.1 Models of Advocacy

The complex field of advocacy has resulted in theorists and practitioners to present different models on the subject. Some have linked policy advocacy to civil society while others have analysed advocacy as a process in policy analysis. In order to address the research questions presented in Chapter one, this study presents two representative models of understanding advocacy activities presented by Sharma (1997) in *An introduction to Advocacy Training Guide* and Kervatin (1998) in *Public policy advocacy : women for social change in the Yugoslav successor states;* and *an Adocacy Coalision Framework presented by* Sabatier and Jenkins in (1993). The section will also establish their relevance to the activities, strategies and tactics of the Treatment Action Campaign in South Africa. A common thread that runs through these models is that various actors are involved in effecting policy process. The literature below presents the models of advocacy: The 'Basic elements of advocacy', 'Advocacy Coalition Framework' and 'The Stagist Perspective of Policy Advocacy' respectively.

2.3.2 Elements of Advocacy-Model

After analysing the impact of civil society role in advocacy, many civil society proponents arrived at a conclusion that for effective advocacy to take place, civil society organisations need to employ certain mechanisms in their activities. As a result, this has prompted some society practitioners to employ a model of advocacy based on particular mechanisms called elements of successful advocacy. The 'basic elements of advocacy' is a model often cited by civil society

analysts and advocates. As outlined in chapter one, the proponents of this model such as Sharma (1997), claim that to be successful advocates, practitioners of civil society must make use of many types of tools and techniques, strategies and tactics, and must challenge themself in various public arenas as summarised below:

i. **Identifying goals and objectives** is crucial if an advocacy effort is to succeed (Sharma, 1997). The advocacy goal must be clarified or narrowed down to an advocacy objective based on answers to the following questions: can the issue bring diverse groups together into a powerful coalition? Is the objective achievable? Will the objective really address the problem? In the same view, the POLICY Project (2003) asserts that identifying and clearing goals and objectives can lead to successful advocacy.

ii. **Using essential data and research** for advocacy which will explain the need for the goal is critical if the objectives of any organisation are to be met. Data and research are essential for making informed decisions when choosing decisions and when choosing a problem to work on, identifying solutions to the problem and setting realistic goals. Additionally, well researched information itself can be the most persuasive argument to advocates (Sharma, 1997).

iii. **Identifying advocacy audiences** is an essential tool that should be taken into account. While exploring the need for this element of advocacy, Shrechmann and Pellton (2001:35), concluded that advocacy audiences can be divided into primary and secondary audiences. The implication is that once the issue and goals are selected, advocacy efforts must be directed to the people with decision making power such as politicians and High court judges (primary audience) and ideally, to the people who influence the decision makers such as staff, advisors, influential elders, the media and the public (secondary audience). Therefore, identifying the right audience for the message and directing it to those responsible for making decisions or to those who can influence the decision-makers is critical for successful advocacy.

Kervatin (1998) emphasises that when applying this technique of advocacy, it is important to know those who influence the decision makers and what circumstances can influence decision making. Ideally, secondary audiences are important because they can provide a way to reach the primary audience that may not be available to the advocates. Secondary audiences may even include policy makers. For example, a Member of Parliament might be willing to advocate a policy position to another (Sprechmann and Pelton, 2001: 35). Building on this view, the POLICY Project (2003: 24) argued that an advocate group must identify individuals in the target audience, learn about their positions and relative power base, and determine whether the various individuals support, oppose, or are neutral about the advocacy issue (Policy project, 2003: 24).

iv. **Coalition building** in advocacy involves bringing together a large number of participants such as individuals and groups in attaining a goal (Sharma, 1998). In the same vein, (Kervatin, 1998) added that coalitions are associations of many organisations and/or individuals who wish to solve a specific problem in the same manner. Therefore, participants or actors serve as a form of protection particularly in places where public policies and advocacy are new phenomenon. An example of a coalition is association of many organisations and/or individuals who wish to solve a specific problem in the same manner (Kervatin, 1998: 29). While analysing the subject, Sharma, (1997: 7) argued that in advocacy, power is in the hands of those who support the goal.

v. **Shaping and directing the messages** in advocacy involves creating an appropriate message to those whom it is being directed. This tool of advocacy also shows that different audiences respond to different messages (Sharma, 1997). Hence, the ability to effectively communicate a massage to those it is targeting is very important. The target could be decision-makers such as government officials, or the public.

vi. **Making convincing presentations** based upon convincing arguments which can enhance a successful action, is relevant to advocacy. Careful and thorough preparation of convincing arguments and presentation style can turn these brief opportunities into
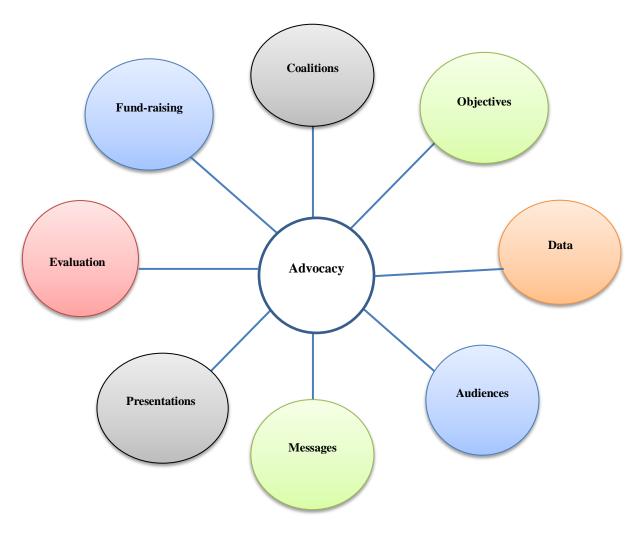
successful advocacy. Kervatin, (1998) and Sharma (1997: 7) emphasised that making persuasive presentations provides opportunities to influence key audiences.

vii. **Fundraising** which involves planning and finding ways to gather the necessary financial resources is another cornerstone for successful advocacy. Fundraising for advocacy is important because most activities including advocacy, require resources. Additionally, sustaining an effective advocacy effort over the long-term involves investing time and energy in raising funds or other resources to support advocacy work. This element also explains that advocacy campaigns can always benefit from outside funds and other resources which can help support the development and dissemination of materials, cover travel expenses to meet with decision makers and generate support, underwrite meetings or seminars, and absorb communication expenses (Sharma, 1997: 7).

viii. **Evaluation** involves assessing advocacy work and learning from experience. Evaluating advocacy efforts is therefore crucial if an organisation or an advocate is to know whether they have succeeded in reaching their advocacy objective or not. Thus, effective advocacy requires continuous feedback and evaluations of the advocate's efforts (Kervatin, 1998: 33).

While the use of various advocacy techniques and strategies vary from case to case, the proponents to this model hold that the above basic elements yield effective action. The strength of this model is on its emphasis that, advocacy never limits itself to one tool or one method nor does one need to apply all the elements to succeed (Kervatin, 1998: 32). Additionally, this model acknowledges the importance of diverse actors in advocacy activities. However, the strength of this model is also the source of its weakness because it limits advocates or actors to use the eight elements presented in the literature above. Therefore, the purpose of this model in this study is not to impose a 'right' advocacy strategy that fits all situations, but rather to present a number of elements that can help us think clearly about a particular situation such as the advocacy activities of the Treatment Action Campaign and their role in shaping the current HIV/AIDs policy in South Africa.

The model outlined in Figure.1 below, is an advocacy tool kit used by civil society practitioners and analysts as discussed in the literature above. These elements denote the strategies that can be employed to succeed in advocacy activities.

Figure 1: Basic Elements of Advocacy

Adopted from SARA/AED *Advocacy Training Guide* (1997: 6)

2.3.3 Advocacy Coalition Framework

A model that explains advocacy in policy issue is the Advocacy Coalition Framework (ACF). Proposed by policy advocacy theorists - Sabatier and Jenkins (1993), these proponents assume

that any advocacy group is potentially important in effecting change on the basis of shared beliefs, irrespective of their formal location. According to Sabatier and Jenkins (1993: 1) the Advocacy Coalition Framework (ACF) is as a result of dissatisfaction with the 'text book approach' and or the stages heuristic approach to policy analysis which assumes that all policies take place in centralised locations. As such, this approach, (the ACF) is based on a "theory of the policy process, which includes the manner in which problems are defined, as 'political' problems, the remedies government employs for dealing with them, the implementation of those solutions, the impact of those supposed remedies on the problems, and the revision of the various strategies in light of various groups' perceptions of their desirability" (Sabatier and Jenkins, 1993: 1). In this research, the limitation of the Advocacy Coalition Framework in this study is on its emphasis on the belief that policy learning can only take place after a decade or more. However, although the Treatment Action Campaign is not primarily a coalition organisation, this framework is relevant to the study because it recognises the importance diverse advocacy groups or actors to potentially effect change on the basis of shared beliefs irrespective of formal location. In this study, the importance of the Advocacy Coalition Framework is to foster an understanding of the importance of (interest groups) civil advocacy groups such as the Treatment Action Campaign and their activities in promoting good governance on Health policy and particularly the HIV/AIDS problem in South Africa.

In its analysis, the ACF also acknowledges that beliefs, information and learning play are critical in influencing policy change. In their book *Policy Change and Learning: An Advocacy Coalition Approach,* Sabatier and Jenkins (1993: 16) assume that the ACF based on the following four premises:

❖ That understanding the process of policy change and the role of policy-oriented learning requires a time perspective of a decade or more.

❖ That the most useful way to think about policy change over such a timespan is through a focus on "policy subsystems", that is, the integration of actors from different institutions who follow and seek to influence governmental decisions in a policy area.

❖ That those subsystems must include an intergovernmental dimension, that is, they must involve all levels of government (at least for domestic policy).

❖ That public policies (or programmes) can be conceptualised in the same manner as belief systems, that is, as sets of value priorities and causal assumptions about how to realise them.

Nevertheless, the purpose of this model in this study is not to impose the four premises on the activities of the Treatment Action Campaign but to have an understanding of the process of policy change and importance of the actors (such as civil society groups) involved in policy advocacy activities. This recognition of actors as important players in policy advocacy resonates with the notion of good governance which recognises the participation of the grassroots in policy process (Hsu, 2000: 3).

2.3.4 The 'Stagist' Perspective of Policy Advocacy

The stagist model explains the framework of policy advocacy. It posits that advocacy is a dynamic process with fluid stages or phases. As a dynamic process, advocacy includes diverse players, ideas, schedules, and politics. In addition, it involves an ever-changing set of actors, ideas and agendas (Kervatin, 1998: 38). The framework also explains that, advocacy is divided into five mutually compatible phases: issue identification; solution formulation and selection; awareness building; policy action; and evaluation.

Figure.2. demonstrates the framework for advocacy in the policy process. The figure demonstrates the five stages of advocacy with diverse actors or player in the process as explicated in the literature above (advocacy as a dynamic process).

Figure.2 The Dynamics of Advocacy Process: Adopted from SARA/AED Advocacy Training Guide (1997:10).

Stage 1:
Identifying issues for policy action

Stage 2:
Developing solutions

Stage 1:
Identifying issues for policy action

Stage 4:
Bringing issues, solutions and political will together for policy action

Stage 3:
Building political support

The following are the stages of policy advocacy as presented by Sharma (1997). The strength of this model is that it simplifies the advocacy process by pointing to the components which are critical to advocacy process as shown in figure 2. Nevertheless, this categorisation is not the prime purpose of this study. DeSantis (2008: 40) argue that advocacy can take place at any point in policy process.

i. The first stage is the identification of an issue for policy action. This stage is also referred to as agenda setting. There are an unlimited number of problems or issues which need attention, but not all can get a place on the action agenda. Advocates decide which problem to address and attempt to get the target institution to recognise that the problem needs action.

ii. Generally, the second stage, solution formulation, follows rapidly. Advocates and other key actors propose solutions to the problem and select one that is politically, economically, and socially feasible.

iii. The third stage, is characterised by building the political will to act on the problem and its solution, is the centrepiece of advocacy. Actions during this stage include coalition building, meeting with decision makers, awareness building and delivering effective messages.

iv. The fourth stage is policy action. This takes place when a problem is recognised, its solution is accepted and there is political will to act, all at the same time. This overlap is usually a short window of opportunity which advocates must seize. An understanding of the decision-making process and a solid advocacy strategy will increase the likelihood of creating windows of opportunity for action.

v. The final stage or evaluation stage is often not reached, though it is important. Good advocates assess the effectiveness of their past efforts and set new goals based on their

experience. At this stage, advocates and the institution that adopts the policy change should periodically evaluate the effectiveness of that change (Kervatin, 1998: 38).

Although the categorisation policy advocacy is not the prime purpose in this study, the depiction is significant to the study as it points to the components which are critical to advocacy process. The model also acknowledges that different actors are involved in effecting policy change.

2.3.5 Advocacy in the Policy Process

Howlett and Ramesh, (1995: 11) assert that, generally the policy-making process is considered to include the following main components: agenda setting, policy formulation, decision-making, implementation and policy monitoring and evaluation. They added that, policy influence refers to how external actors are able to interact with the policy process and affect the policy positions, approaches and behaviours in each of these areas (Court *et al*., 2006: 6). Policy processes are therefore complex with its varied and different points of entry. Additionally, different actors are involved in the process with Civil Society Organisations as only one set of actors hence, the evidence they produce is only one of numerous factors that matter for policy influence.

This view is supported by DeSantis, (2008: 40) who contend that advocacy can take place at any stage. In reality however, policymaking does not work through these components or stages in a linear manner. The processes are continuous and often untidy or informal (Colebatch *et al*., 2010:18), particularly in developing countries (Court *et al*., 2006: 6). Nonetheless, the depiction is relevant, as it identifies the various components that are critical to policy processes. The critical point is that a range of actors, institutions and processes are involved at each policy component. In addition, while some actors are important across the policy process, others only play a key role at certain points (Court *et al*., 2006: 6). As observed by Court *et al*. (2006: 6), for civil society organisations seeking to influence policy, it is important to understand the institutions and actors involved in policy processes, both on a formal and informal level.

If they provide options and realistic solutions to an identified problem, CSOs can even be more influential. Therefore, at the agenda stage, relevant research-based evidence from CSOs can help put issues on the agenda and ensure they are recognised as significant problems which require a policymaker response (Court *et al*., 2006: 9). Better use of research-based evidence can also influence public opinion, cultural norms and political contestation and indirectly affect policy processes (Court *et al*., 2006: 9). While pointing to the role of civil society in policy process, Reid (2000: 5) holds that CSOs have an important role to play outside government in shaping public opinion, setting priorities for the public agenda, and mobilising civic voice and action. It is therefore crucial to convince policymakers that the issue identified requires attention-while providing relevant evidence to enhance the credibility of the argument. Court *et al*. (2006: 32) also observed that in policy formulation, Civil Society Organisations act as a 'resource bank' by informing policymakers of the options, channelling resources and expertise into the policy process as well as building a consensus and striving to bypass formal obstacles to consensus. That way, CSOs may present evidence of their political position, as much as their competence, in order to enhance their inclusion within formulation discussion (Court *et al*., 2006: 9).

Yet in policy implementation, CSOs complement government capacity by their ability to enhance the sustainability and reach of the policy; to act as dynamic 'platforms for action'; to innovate in service delivery; and to reach marginal groups (Court *et al*., 2006: 32). The key to influencing implementation of policy is often to have solutions that are realistic and generalisable across different contexts (Court *et al*., 2006: 10). CSOs have often been successful innovators in service delivery that informs broader government implementation.

In the evaluation stage, Civil Society Organisations provide valuable feedback for public policy. This is done through their close association with communities and citizens that enable many CSOs to offer an assessment of the social impact of policy from their civic vantage point (Reid, 1998: 298). Research-based evidence produced by a CSO can be further used to influence the monitoring and evaluation of policy, helping to identify or not whether policies actually are improving the lives of their intended beneficiaries. (Court *et al*., 2006: 10).

2.4 Conclusion

This chapter conceptualised public policy, civil society and policy advocacy. The chapter further presented three approaches to understanding advocacy: a technical, element based model; a process based model and the ACF. These are by no means the only approaches to understanding advocacy but rather they have been selected to resonate with the research questions.

Chapter Three

Case Study: The Treatment Action Campaign and Health Policy in South Africa

3. Introduction

This chapter is divided into two sections. The first section presents the research methodology employed for the study and the limitations of the study. The second section will be an overview of the Treatment Action Campaign. This will include a discussion on various advocacy activities of the Treatment Action Campaign as an HIV/AIDS activist organisation and its relationship with the South African state. The chapter will also include a timeline or chronology which summaries the crucial events for the TAC over a period of ten years (1998-2008).

3.1 Research Methodology and Design

To unpack the role played by the Treatment Action Campaign in advocating for equitable access to HIV/AIDS treatment in South Africa, this study was an orientation of both qualitative and case study techniques. According to Babbie and Mouton (2001: 270), the primary aim of qualitative research is to gain in-depth knowledge about the contextual reality or the phenomena being studied. The phenomena could be individuals or institutions such as NGOs. Hence, the rationale for the use of qualitative method in this study was to logically arrive at and foster qualitative justifications of the 'what' and 'how' questions which the research sought to answer.

To foster a detailed engagement with the objective of the study, the qualitative research technique was linked to a case study method. A case study according to Babbie and Mouton, (2001: 281), is an intensive investigation of a single unit such as an institution. Therefore, to help yield valuable information about the various advocacy activities of the TAC as a civil society organisation, and how these influenced South African health policy, particularly HIV/AIDS policy, the study involved a review of multiple sources of data on the TAC as a case study; civil society; and policy advocacy. As such, the qualitative methodology linked with case study

approach, helped in designing the specific research questions. In case studies, according to Babbie and Mouton (2001:278-279), the researcher's main interest is in a more clearly delineated entity such as specific organisation or institution. Building on this view, Simons (2009:14) added that in case studies, the researcher seeks to understand the context of participants or events in their natural contents or settings. The primary aim is to foster in-depth description of and understanding of social events and actors (Babbie and Mouton, (2001:278). Therefore, in order to have an in-depth understanding of the advocacy activities of the TAC and their implication to HIV/AIDS problems in South Africa, various sources of information relevant to this study were used.

The secondary sources of data included a wide range of books and academic sources; media reports and government documents; published papers and policy documents; journal articles; and information available on the internet. Primary sources included United Nations reports, government documents on South African health issue particularly on HIV/AIDS; and the South African Constitution. The TAC documents such as electronic newsletters were valuable sources of information on the specific advocacy activities of the TAC. To have a good understanding of the multi-dimensional advocacy activities of the TAC in its long term campaign for the equitable access of HIV/AIDS medication in South Africans, the study used the timeline.

To adapt and analyse the information sourced from both primary and secondary documents, content analysis was used. According to Elo and Kyngas (2008:108), content analysis can be used for both qualitative and quantitative data. Hsieh and Shannon (2005:1277) affirm this when they contend that content analysis constitutes a crucial part of qualitative approach as it is used to construct meaning from the context of the data text. Content analysis approach was distinctly used as it involved the analysis of and review of existing literature on the research background and various activities of the TAC; policy advocacy; and civil society. As such, this approach facilitated an understanding of, explicated important primary and secondary information that is specific to the subject of the study.

3.1.1 Limitation(s) of the study

This study was compromised by the fact that it relied mostly on the reviews of books, academic journals articles, reports, government publications as well as internet-based documented materials. Due to resource constraints, the study is limited to the Treatment Action Campaign in South Africa, as an advocacy organisation operating in a democratic state. Also, the study only considered the advocacy activities carried out between 1998 and 2008. The choice of this period was motivated by the fact that it is the period when most legal wrangling (involving the TAC, the pharmaceutical companies and the South African government) concerning the availability of HIV/AIDS medicines in the public health sector of a new democratic South Africa took place. The period also marks the different government administrations (in post-apartheid South Africa) under which different advocacy activities of the Treatment Action Campaign took place before the roll-out of the HIV/AIDS medicines in 2009.

3.2 Overview of the Treatment Action Campaign

This section of the chapter provides an understanding of the case study. It gives an overview of the HIV/AIDS crisis in South Africa, the responses from the South African government and how this paved way to the formation of the Treatment Action Campaign in 1998. The chapter also explains various strategies employed by the TAC in advocating for universal access to HIV/AIDS treatment and anti-retroviral treatment in particular, and how this influenced the HIV/AIDS policy framework in South Africa. The evolution of the health policy framework in South Africa, with special emphasis on the HIV/AIDS policy in South Africa is also discussed.

Designed to coincide with the International Human Rights Day, and aimed at raising awareness for the treatment available for HIV/AIDS, a disease which was generally perceived as an untreatable and life-threatening; and to draw attention to the need for improved treatment access in South Africa, the Treatment Action Campaign emerged out of a demonstration on December 10, 1998 (http://www.tac.org.za). The catalyst for the demonstration was the November death of a long-time ANC member and gay rights activist Simon Nkoli who lacked access to the ARV

drugs that were more commonly available in Europe and the United States (POLICY Project, 2003: 105). Among those involved in the demonstration were Zackie Achmat, director of the National Lesbian and Gay Alliance; Mercy Makhalemele, one of the first women in South Africa to disclose her HIV status; and Peter Busse, then director of the National Association for People Living with HIV/AIDS (NAPWA) (POLICY Project, 2003: 105).

The establishment of the TAC in 1998 was therefore in response to the increasing number of South Africans who were dying of AIDS because they were unable to afford life-saving medication. The primary purpose of this NGO was, and has remained, to advocate for and facilitate access to affordable treatment for people living with HIV/AIDS in South Africa (TAC, 2004). From its inception, the TAC has been one of the strongest voices for universal access to treatment in South Africa. Given that some people do not know that drugs can prolong life and enhance quality of life, the TAC's advocacy work was aimed at reducing the cost of Antiretroviral drugs (ARVs), improving treatment literacy on HIV/AIDS, developing a scaled-up Prevention of Mother-To-Child Transmission (PMTCT) program, and making universal access of the medication an integral aspect of government policy (Africa News Service, 1999).

For instance, between November and December 2002, the TAC involved itself in negotiations with the business sector particularly the pharmaceutical companies; labour sector; and government to try to agree on a National Treatment Plan. However, the negotiations were sabotaged by the government and ultimately were unsuccessful (TAC, Newsletters, 2002). From the perspective of the TAC, first campaign it launched on 10th December 1998, was supposed to be understandable, tangible, emotive and life-saving. Also, the campaign demanded that the government of South Africa introduce a national programme to prevent mother- to -child HIV transmission. As a result, the TAC called for pregnant women's right of access to a basic medical intervention- a short course of the HIV drug azidothymidine marketed under the names Zidovudine or Retrovir (AZT), the drug that could significantly reduce the risk of HIV infection from a pregnant woman to her baby (TAC, Newsletters, 2002). In other words, Zidovudine is a drug used for the treatment of HIV and the prevention of HIV transmission from an infected mother to her foetus before, during and after birth. However, the South African government's

response was that the primary barrier to the use of AZT was the drug's high price (Heywood, 2009: 20). In response, the TAC argued that profiteering by the drug supplier GlaxoSmithKline or the patent holder of AZT, for the essential medicine was the violation of human rights-the right to life. The TAC therefore, demanded a significant price reduction for the medication. The campaign for the price reduction attracted the attention of HIV positive women in South Africa and as Heywood (2009: 20) observed that, for the first time in South Africa, this brought a galvanised social movement that comprised of "people who were predominantly poor, black and living with HIV". This also attracted substantial media coverage which helped the TAC to amplify stories of the cost of denial of HIV medication to both the national and international audiences (Heywood, 2009: 20). The founders of the TAC also realised that although HIV is a virus, it is related to the deeper social and political crisis that faces the poor and that its increase (HIV rate) to pandemic proportional is because HIV transmission is through social fault lines created by social economic inequalities -poverty, social justice and inequality (Boulle, & Avafia. 2005).

Therefore, TAC's primary realisation was that the privately owned pharmaceutical companies had an excessive pricing of essential ARV drugs (so they could profit from them) and had placed these medicines out of reach of the poor in developing countries such as South Africa (http://www.tac.org.za). Doubtless then that the starting point for the TAC was to insist that the excessive pricing of essential medicines by the multi-national pharmaceutical companies violated a range of human rights that had since, 1996 been enshrined in the South African Constitution (access to health care is a constitutionally recognised right, under section 27 of the South African Constitution). The TAC argued that intellectual property and patents, whose protection in law had been strengthened under the World Trade Organisation's 1995 Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreements was not an inherent human right, but a mechanism granted by the state for public purpose (Myburgh, 2007; Heywood, 2009: 16). A few years later, the TAC's experience in advocating for the right to health proved that when seriously pursued, health rights cannot be narrowly tailored or their violation blamed solely on profiteering from medications. In addition, the TAC also learned that the right to dignity for example, has significant impact upon every sphere of political governance and social life (Myburgh, 2007).

Through its advocacy activities, the TAC was able to extend its voice to various forums at national, regional, and international levels (Friedman and Morttiar: 2004; Boulle and Avafia, 2005). Yet throughout its advocacy strategies on HIV/AIDS treatment campaign, the TAC has been both a partner of the South African government and as its opponent- as in the court challenge brought by the pharmaceutical industry to prevent the government's attempt to regulate ARVs costs -and as its own lawsuit contesting the government's approach to PMTCT programmes and the provision of the HIV drug- nevirapine respectively (Friedman and Morttiar: 2004).

3.3   The South African Public Health Care System in the Apartheid Era

3.3.1   The HIV/AIDS Emergence in South Africa and the Responses by the Apartheid Government

Through its apartheid policies, the South African government developed a health care system which was sustained by the promulgation of racist legislation and the creation of institutions such as statutory and political bodies for the control of the health care professions and facilities. Both the institutions and facilities were built and managed with the specific purpose of sustaining racial segregation and discrimination in health care sector (National Health Plan, 1994). In 1982, the first case of HIV/AIDS in South Africa was identified in a homosexual man who contracted the virus while in California, United States while the first deaths were recorded in South Africa in 1985 (Sher, 1989). The apartheid government of President P.W. Botha subsequently held a conference to address the potential threat the disease posed for the country. A few years later, the government issued regulations that added AIDS to the official South African list of communicable diseases. By the year 1988, these regulations led to the formulation of a structure called the AIDS Unit which was created within the Department of Health to promote awareness of HIV/AIDS (Heywood and Cornell, 1998).

Despite these early efforts by the apartheid administration, HIV/AIDS cases continued to rise, with an estimated 74,000-120,000 South Africans living with the virus by 1990. In the same

year, a national antenatal survey was conducted for the first time, and found 0.8per cent of pregnant women to be infected (HIV/AIDS in South Africa, n.d). In April that year, the HIV/AIDS issue rose to political prominence at the Fourth International Conference on Health in South Africa. Following the conference in 1990, a document was released to address the most pertinent features for combatting the disease, including focus on prevention and human rights protections for the infected. The document was entitled 'The Maputo Statement on HIV/AIDS' (Heywood and Cornell, 1998). A national conference was held in early 1991 and a new body called the National Advisory Group (McNeil, n.d) was established to develop more comprehensive government policies for HIV/AIDS. The purpose of this was to bring actors from various sectors together to develop a cohesive response to the crisis. That year, the government's AIDS Unit was disbanded and was replaced with the National AIDS Programme (Heywood and Cornell, 1998).

In July 1991, the number of HIV/AIDS cases contracted through heterosexual sex was equivalent to those contracted through homosexual sex. This statistic championed the widespread prejudice that HIV/AIDS was a 'gay disease' (Sher, 1989). From that point on, heterosexual sex became the dominant mode of HIV transmission in South Africa. To foster a broad response to the epidemic, in 1992, the National AIDS Coordinating Committee of South Africa (NACOSA) was formed-bringing together a wide range of actors including civic groups, trade unions, political parties, academics, business organisations (Van der Vliet, 2004). The NACOSA's National AIDS Strategy was a broad approach to tackling HIV as it encouraged action on all fronts including human rights, prevention, research counselling and welfare, with the involvement of a wide range of government departments (Heywood and Cornell, 1998).

In early 1990s, a great deal of stigma continued to surround HIV/AIDS while some prominent white leaders publically claimed that a supposed 'promiscuity' of gays and blacks was the reason for higher-than-average contraction levels of these two populations. In 1992, for example, a member of the apartheid parliament took racist claims further by promoting the utilisation of the disease as a tool to eradicate the black population in South Africa (Heywood and Cornell, 1998). In 1994, there was a political transition in South Africa which saw the apartheid government

being replaced by a democratic government led by the African National Congress (Everatt, 2001: 74). It is clear that before the 1994, efforts to challenge the problem of HIV/AIDS (such as the establishment of the NACOSA plan) were made. However, stigma, fear and misunderstanding continued to surround HIV/AIDS during apartheid in South Africa.

3.4 The South African Health Care System in Post-Apartheid Era

3.4.1 Responses of Nelson Mandela's Administration on the HIV/AIDS Crisis

The dawn of a constitutional democracy in 1994 saw the South African public health care system transforming from the inequitable system inherited from the apartheid-era government. Therefore, past two decades have witnessed a number of far-reaching changes in the public health system aimed at making health services more physically accessible and affordable to the poor with the Treatment Action Campaign as an NGO, taking a leading role.

On 10th May 1994, the Government of National Unity was elected in South Africa's first democratic elections. Nelson Mandela became the first president and Dr. Nkosazana Dlamini-Zuma was appointed as Minister of Health. Within months of the first democratic elections, South Africa's National AIDS Plan was adopted and there was optimism that an epidemic could be avoided (Heywood and Cornell, 1998). By, June 1994, combatting HIV/AIDS was made one of 22 popular projects of the new government's Reconstruction and Development Programme (RDP). In the RDP, the following three new structures were proposed:

   i.   An HIV/AIDS and STD Advisory Group;
   ii. A Committee on NGO Funding;
   iii. A Committee of HIV/AIDS and Sexually Transmitted Disease (STD) Research.

These three structures focused on encouraging engagement with civil society in writing government HIV/AIDS policy (Butler, 2005).

In the same year, HIV/AIDS organisations and activists celebrated the professed commitment of the new government to tackling the growing HIV/AIDS cases in the country. In August the same

year, launched by National AIDS Convention of South Africa (NACOSA), the National AIDS Plan for South Africa was accepted by President Mandela's government (Van der Vliet, 2004). The plan focused on the prevention of HIV/AIDS through public education campaigns, reducing transmission of HIV through appropriate care, treatment and support for the infected, and mobilising local, provincial, national and international resources to combat the disease (Van der Vliet, 2004). In 1995 between, 6-10 March, the 7th Annual International Conference for People Living with HIV and AIDS was held in Cape Town South Africa with over 476 people in attendance from a total of 84 countries. This event was a crucial moment in promoting South Africa's involvement with the international community in combatting the disease (Heywood and Cornell, 1998).

In 1997, the Department of Health reviewed the NACOSA Plan and replaced it with the 'The National AIDS Control Programme' whose goals were to reduce HIV/STD transmission by providing appropriate support, care and treatment for people living with the virus (Heywood and Cornell, 1998). By calling for a mobilisation and unification of local, provincial, national and international resources, the plan emphasised the objectives of behavioural change, human rights protection of infected persons, mass media education and community support. In late autumn, the Inter-Ministerial Committee (IMC) on AIDS was formed, and Deputy President Thabo Mbeki was appointed as its chair. Formed from different departments, the IMS was the first high-level government body to generate a cohesive response to the epidemic. In early 1998, South African AIDS activists and researchers alike called upon the government to distribute an ARV drug called Zidovudine (AZT) to pregnant women. Based primarily on claims that the drug was too expensive to distribute, the ANC-led provinces rejected the use of AZT (Friedman and Morttiar: 2004). In addition, the Health Minister Dlamini-Zuma openly opposed the drug, by asserting that the South African government's policy on HIV/AIDS was to focus on prevention rather than treatment (http://www.tac.org.za). Nevertheless, this argument seemed illogical to the Health Minister's critics, because the drug has been shown to dramatically reduce HIV/AIDS transmission from pregnant women to their unborn children.

In 1998, the South African government saw a battle for the provision of anti-retroviral drugs (ARVs) by a civil society organisation that would last for much of the following decade. This followed an announcement that a trial using a short course of AZT in Thailand had cut the mother-to-child transmission rate by 50 per cent. This prompted South African HIV/AIDS treatment advocates and researchers to call for the drug to be provided to HIV positive pregnant mothers (Africa News Service, 1999). Towards the end of 1998, on 10 December, a day that coincided with International Human Rights Day, the Treatment Action Campaign was launched by an HIV-positive activist Zackie Achmat and ten other individuals (http://www.tac.org.za). The group protested at St George's Cathedral in Cape Town to demanded treatment for HIV positive people in South Africa. With over 1000 people signing up for the support of the HIV/AIDS treatment access on the same day, the TAC was launched and was registered as section 21 Company or a non -profit making Company in terms of the South African company law (Boulle and Avafia, 2005: 15).

Therefore, the TAC aimed at protesting the government's refusal to distribute ARVs in South Africa. The group members wore trademark t-shirts with 'HIV-POSITIVE' printed in large letters. One of the leaders, Achmat made a famous pledge of abstaining from using ARVs until they became available to all South Africans (TAC, 2004).

3.4.2   Responses of President Thabo Mbeki's Administration on the HIV Crisis

The second post-apartheid President of South Africa, Thabo Mbeki was elected on 14th June 1999 with Dr. Manto Tshabalala-Msimang appointed as Minister of Health in his cabinet. Upon taking office, President Mbeki encouraged all sectors of society to be involved in combatting the pandemic (TAC, 2004). Ironically however, the President openly argued that HIV did not cause AIDS. At the beginning of the year 2000, President Mbeki sent a letter to world leaders urging them to reconsider socioeconomic factors as the true cause of AIDS (TAC, 2004). Conversely, the official South African HIV/AIDS policy had clearly stated that HIV caused AIDS for more than a decade (JournAIDS, 2012; Nattrass, 2007; TAC, 2004).

In January 2000, The National South African AIDS Council (SANAC) was formed, replacing the Inter-Ministerial Committee on AIDS. The establishment of this council was coordinated by Health Minister Tshabalala-Msimang. It aimed to consolidate political leadership and increase civil society involvement in the fight against HIV/AIDS (Van der Vliet, 2004). In February, two major programmes were launched under the auspices of the council. First, the National Integrated Plan (NIP) for children infected and affected by HIV and AIDS was a joint venture of the departments of health, education and social development. It promoted the following three interventions: Life skills education for youth, home and/or community-based care, and support for HIV-positive children through NIP funds. Second, the HIV/AIDS and STD National Strategic Plan for South Africa 2000-2005 promoted the two primary goals of reducing new infections (particularly among the youths), and the impact of HIV/AIDS on individuals, families and communities. Thirdly, Comprehensive plans for a mass-scale provision of ARV drugs remained notably absent from both of these major programmes (Van der Vliet, 2004).

On 19 April 2001, the South African government successfully protected a law to allow the domestic production of cheaper, generic brand medicines -including ARVs - against a lawsuit filed by transnational pharmaceutical companies such as the GlaxoSmithKline (GSK) (Heywood, 2009). Despite this victory, government provision of ARVs through public health structures remained remarkably low. Added to that, the Minister of Health Manto Tshabalala-Msimang had stated at the XIV International AIDS Conference in Barcelona in 2002 that ARVs were 'poisonous' (XIV International AIDS Conference, 2002). Consequently in 2002, the South African High Court ordered the government to make the antenatal drug Nepravine available to HIV positive pregnant women (Achman, 2004:15). Despite the order by the High Court, the execution of the Nepravine provision was done at a low scale. This prompted the Treatment Action Campaign to organise a movement at the beginning of 2003- objecting to the South African government's general failure to execute a proper response to the pandemic. For instance, in February 2003 the Treatment Action Campaign coordinated a march of thousands of people on parliament to protest a lack of universally accessible ARVs through the South African public health system (TAC Newsletter, 2003) and in March that year, a civil disobedience campaign

was launched to heighten pressure on the Ministry of Health to issue a comprehensive ARV treatment plan (Friedman and Morttiar: 2004:13-14).

Partly due to this increased pressure from civil society, the South African cabinet approved a plan for universal ARV treatment in August 2003. The programme began in March 2004 in Gauteng, and spread to other provinces soon thereafter (TAC, 2004). By March the following year, the target of the 2003 plan was met to have at least one service point for AIDS-related care and treatment in each of the country's districts. Despite these available services, the number of people actually receiving ARVs remained far below the objectives outlined in the plan. In the late fall of 2005, the government responded to this problem with a new policy framework in which a commitment to improving public access to ARVs was declared (TAC Newsletters, 2003).

In 2005, over 5 million South Africans were HIV-positive, marking the country with the highest HIV/AIDS rate in the world (Boulle and Avafia (2005: 13). While the majority of the government continued with its new ARV-focused policy framework, Health Minister MantoTshabalala-Msimang simultaneously promoted an alternative treatment campaign based on nutrition and palliative care-in contrast with more internationally accepted and scientifically proven biomedical responses (such as ARVs) to HIV/AIDS (JournAIDS, 2012). In May 2006, the Department of Health initiated the development of a new 5-year National Strategic Plan (NSP) by SANAC, under the leadership of Deputy President Phumzile Mlambo-Ngcuka. The plan was launched on 12 March 2007, and called for a multi-sectorial response that improved upon the NSP of 2000-2005. It focused on the following four key priority areas: (1) Prevention; (2) Treatment, care and support; (3) Human and legal rights; and (4) Monitoring, research and surveillance (Government of South Africa, 2010). While it was designed to flow from the National Strategic Plan for 2000-2005, this plan contained a relatively heavier emphasis on ARV provision. According to (Heywood, 2009) the universal access to ARV treatment, remained far from being realised. On 25 September 2008, President Mbeki resigned from office and was replaced by Kgalema Motlanthe as interim president, while Tshabalala-Msimang was replaced by Barbara Hogan as Minister of Health (Mbola, 2008).

3.4.3 Responses of Jacob Zuma's Administration to the HIV/AIDS Issue in South Africa

On 22 April 2009, Jacob Zuma was elected President of South Africa, and Dr. Aaron Mostoaldi was appointed as Minister of Health (TAC, 2009). By the late autumn of 2009, President Zuma's cabinet publicised a commitment to test all children exposed to HIV and provide all HIV-positive children with ARVs. Moreover, as per the target set by the National Strategic Plan of 2007-2011, coverage of HIV-positive mothers with AZT treatment was estimated at over 95 per cent by 2010. Transmission from mothers to their children was thereby reduced to just 3.5 per cent (Government of South Africa, 2010). Hence, it soon became clear to the TAC that the dissenting scientific views and denialism that defined Mbeki's Presidency would not continue to prevail under the new government. To increase discussion of HIV/AIDS, in April 2010, the government of South Africa launched an HIV/AIDS Counselling and Testing (HCT) media campaign. The campaign operated through door-to-door campaigning and billboards to promote the availability of free testing and counselling in health clinics, as well as to reduce the myths and stigma surrounding the disease (South African National AIDS Council, 2011). In 2011, the government amended treatment guidelines so that treatment could be initiated effectively (Plus/ Irin News (2011).

From the literature presented above, it can be argued that what started as a demonstration by a civil society organisation-the Treatment Action Campaign -on universal access to HIV/AIDS treatment, has resulted in shaping the current South African health policy and particularly HIV/AIDS care and treatment.

3.5 The Advocacy Activities, Strategies and Tactics of the Treatment Action Campaign
3.5.1 Employment of the Treatment Literacy model

"In many villages and townships TAC's activists, empowered by the treatment literacy and confident that they had both law and human rights behind them, fought for the right to health care" (Heywood, 2009: 19).

It should be noted that movements based on human rights emerged in the 1980s and early 1990s and by late 1990s, the value of asserting them to demand a normative international standard seemed to have increased in currency in the field of HIV/AIDS in 1998 (Boulle and Avafia (2005). For example, the United Nation's Joint Program on HIV/AIDS and the UN Office of the High Commissioner for Human Rights (OHCHR) published International Guidelines on HIV/AIDS and Human Rights (Heywood, 2009: 16-17; POLICY Project, 2003:). It was not until 1999 that an HIV/AIDS activist organisation-the Treatment Action Campaign had adopted the model of 'treatment literacy'. The model was adopted from the United States of America where AIDS activists, led by people with HIV had pioneered it among the infected. The model explained that in order to fight for their right to health effectively, people should understand the science of HIV and its implication in their bodies, the medicines that might work against it and the relevant research that was needed (POLICY Project, 2003).

In 1999, the TAC made strategic links with the Gay Men's Health Crisis (GMHC) and ACT-UP who came to South Africa to provide training to the first cadre of the TAC treatment literacy activists. Treatment literacy is a programme that involves health education and communication aiming to educate HIV-vulnerable and poor people about the science of HIV, health and the benefits of treatment (Boulle and Avafia, 2005). Although treatment literacy is not taught in a neutral or bio-medical format, the information about the science of medicine and health is linked to human rights, political science, equality and the positive duties on the state. To promote treatment literacy in poor communities, the TAC developed basic education materials such as booklets, posters and videos and combined these with an extensive training programme. The TAC's expectations were that when the poor are armed with relevant knowledge about causes of HIV, the implication it has in their bodies and its effects, they can become their own advocates, thereby empowering them personally and socially (Heywood, 2009: 18). The treatment literacy is therefore a foundation for both self-help and social mobilisation. The Treatment Literacy Practitioners (TLPs) receive both training and a small bursary for one year and then are assigned to clinics and hospitals and community organisations where they conduct further training and agitation for the right treatment (Boulle and Avafia, 2005: 17).

In communities where the TAC organised treatment literacy, agitators increased the demand for access to ARV treatment by people with living with HIVAIDS at local clinics, leading to higher rates of make-up and adherence than in comparable communities where a TAC branch was not present (Heywood, 2009: 18). As noted by Boulle and Avafia (2005: 23) that, in an "interview conducted during the evaluation of the TAC, its volunteers are quoted as saying 'I am living because of TAC', 'TAC puts self-esteem back into people ', and 'In TAC you are in a university'. 'You learn and grow with knowledge' ". This access to accurate information coupled with human rights, empowered the marginalised citizens (mostly HIV victims) who began to assume both a public voice and a visibility. This combination of education and mobilisation also consolidated the Treatment Action Campaign's membership in a growing number of communities in South Africa. Notable also, is that the majority of TAC's members are HIV positive hence, armed with new tools, a vision and the necessity of gaining access to healthcare services especially for HIV/AIDS treatment brought a new generation of human rights Boulle and Avafia (2005). Aided by the trademark 'HIV positive' t-shirt, the TAC formed an organisational coherence while people living with HIV ceased to be silent victims and became advocates for their right to HIV/AIDS treatment (http://www.tac.org.za).

3.5.2 Using Human Rights Instruments-the Constitution and Courtrooms

As the Treatment Action Campaign's focus has been on the right to health, the determinants of health however, are also access to food, education, clean water and housing. In its Bill of Rights, the South African Constitution recognises these as rights that are just and measurable (Republic of South Africa, 1996). To succeed in popularising the right to health, the Treatment Action Campaign studied and worked closely with progressive lawyers, most of whom they developed skills in using the law to undermine apartheid. The TAC argued that the Constitution created a legal duty on the government to fulfil its human rights provisions. Hence, with regards to the right of access to health care services, the TAC argued that South African government was obliged to take steps to overcome the unaffordability of medicines especially when it has a legal means to do so (Ranchod, 2007: 12; Heywood, 2009: 20). Despite the government's active defence on these legal measures which it had built into its amended medicine Act, the pressure

by the pharmaceutical companies had made it reluctant to use them (Friedman and Mottiar (2004; Heywood, 2009: 21).

Commenting on the subject, Berger (2008) reported that, in making claims for the right to a PMTCT programme and subsequently in the   demands for a national ARV treatment plan, the Treatment Action Campaign went beyond demanding that government comply with abstract legal obligations. For instance, the organisation worked with scientists and researchers to develop plans and alternative policy proposals that would meet the requirements of 'reasonableness' that jurisprudence of the Constitutional Court (Berger, 2008). The 'reasonable plan' is a plan for the delivery of socio-economic rights that has acquired great importance to South African jurisprudence. According to the Constitutional Court, the reasonable plan must be context –specific and dependent on the fact and circumstances of any particular matter and include the following elements:

  i.   Sufficient flexibility to deal with emergence, short, medium, and long term needs;
  ii.   Making appropriate financial and human resources available for the implementation of the plan and;
  iii. National government assuming responsibility for ensuring the adequacy of law, policies, and programmes; clearly allocating responsibilities and tasks; and retaining oversight of programmes implemented at provincial and local government level (Berger, 2008).

The TAC therefore, framed demands to both pro-poor policy and also policy alternatives based on legal entitlement and as significant duties that rest on government and- where relevant, the multi-national corporations and multi-laterals institutions.

3.5.3 Using   Media Technologies

From its inception, TAC's campaigns attracted media attention. To mobilise support for its advocacy, the organisation developed a relationship with both the main stream media (such as television, radio and newspapers) and new media technologies such as the internet (Nightingale and Dwyer, 2007). Notably also, was that where the campaigns for the treatment literacy programme were being mounted in communities, their outset were missing hence, the TAC had

to turn to media (Wasserman in Nightingale, 2007: 38-39) notes that the TAC continued to receive favourable media coverage through radio, and television and daily newspapers. For swift dissemination of information, the Treatment Action Campaign uses new media technologies such as their website (http://www.tac.org.za) which contains information relating to HIV/AIDS, treatment literacy and medication.

To broaden its voice, the TAC continued to attract supporters and membership locally and internationally (Nightingale and Dwyer, 2007). This is done through its mailing lists such as the internet@tac.org.za (Ahmed and Swart, 2003) and Africa@tac.org.za which has been instrumental in the TAC build-up of significant networks with African and global organisations. The Africa@tac.org.za is one of TAC's popular mailing lists which is linked to the Pan African HIV/ Treatment Access Movements (PHATAM) and has an average of 1000 members (Nightingale and Dwyer, 2007: 139).The Treatment Action Campaign also communicates through a newsletter (news@tac.org.za) which is sent every fortnight. It is through these mail lists that information is sent out to alert its audience to TAC-related news and events. Therefore, use of these media technologies enables the TAC to spread news and information swiftly and with a reach that is impossible for traditional media.

3.5.4 Using Protests, Marches and Demonstrations

When the formal, legal channel failed, the TAC it took to the streets, challenging authority even flouting the law with the belief that the cause justified it (Ranchod, 2007: 12).

Taking the HIV/AIDS treatment massage to the street was another advocacy strategy employed by the Treatment Action Campaign. According to Friedman and Mottiar (2004), by the year 2002, the Treatment Action Campaign had exhausted all other means and in showing that the decision on HIV/AIDS policy change was not taken lightly, it was forced to enter into a civil disobedience campaign (Kervatin, 1998: 25). While it was crucial that the campaign had to be conducted in a non-violent manner, the TAC activists accepted the consequences of defying legitimate laws and on on 2nd May 2002, more than 5000 supporters of the TAC marched past

the Constitutional Court on the day of its hearing of the appeal regarding the government's failure to provide ARVs in the PMTCT case (Heywood, 2009: 32). The following year, the TAC also took it to the streets as a strategy in response to the government's failure to sign an agreement at the National Economic Development and Labour Council (NEDLAC) agreeing to an AIDS treatment plan (Friedman and Mottiar, 2004: 13). In the same view (Ranchod, 2007: 12), reported that the TAC achieved this by straddling the division between the CSO and the new social movement, employing strategies from both strains. Thus, when the formal, legal channel failed, it took to the streets, challenging authority even flouting the law with the belief that the cause justified it.

From the perspective of the TAC, engaging in protests was an alternative because its leadership calculated that the campaign could be defended and conducted in a manner which would not interfere with the moral high ground or non-violence on which it stood (Friedman and Mottiar, 2004: 14). It can be argued that the TAC's advocacy strategy on civil disobedience was a success as it is credited with achieving the Cabinet decision to roll-out ARVs in 2004 as indicated in the timeline of this study. The mobilisation of marches and protests was a positive strategy as it gave the people a voice and was an outlet for grief at deaths that had affected most of its members of the Treatment Action Campaign.

3.5.5 Building Coalitions, Networks and Partnerships

A key feature of international alliances in the era of electronic communication is that they can be sustained without significant resources. Thus, to ensure maximum publicity on its campaign, the TAC strategically developed networks with both international and local organisations. Some organisations such as Gay Men's Health Crisis and the Treatment Action Group ran workshops for the TAC, making the science of the 'virususer'-friendly (Friedman and Mottiar, 2004: 22). Additionally, the TAC's most consistent international ally has been the Belgian NGO Medicins Sans Frontieres (MSF) which, with the activist group Act Up, put Clinton and Mbeki under pressure about health issues. Another reason for the TAC's success is the partnership it developed with other civil society institutions such as Congress of South African Trade Unions

(COSATU) who was by its side on the issue of Mother-to Child Transmission of HIV. The TAC maintained its alliance with COSATU which it saw as beneficial (Ranchod, 2007: 13). Together with COSATU, the TAC embarked on mass mobilisation and marched demanding for ARVs access (Ranchod, 2007: 14; Boulle, & Avafia, 2005).

Apart from building local alliances, perhaps the TAC's most strategic and significant alliance with international allies where it support from. Using its international allies, the TAC pressurised the pharmaceutical companies whose head offices abroad feared being portrayed as unsympathetic to the poor who could not afford to buy their medicines. Given the government sensitivity to international opinion, the TAC and other organisations secured international opposition to South African government policy on ARVs roll-out (Friedman and Mottiar, 2004: 3). Accoring to Friedman and Mottiar (2004: 22), the TAC's most consistent international ally has been the Belgian NGO Medicins Sans Frontieres (MSF) which, with the activist group 'Act Up', was putting pressure on Presidents Clinton and Mbeki on health issues. Additionally, organisations such as Gay Men's Health Crisis and the Treatment Action Group also ran workshops for the TAC. Therefore, the networking made the science of the 'virususer'-friendly and popular (Friedman and Mottiar, 2004: 22).

From this section, it emerged that the TAC used multiple policy advocacy strategies such as mass mobilisations of marches and demonstrations, networking, partnerships and alliances; and using new media technologies. The advocacy activities of the TAC demonstrates that policy advocacy does not limit itself to only one tool or the eight basic elements-model proposed by Sharma (1997) in chapter two. The advocacy techniques employed by TAC also demonstrates that the TAC seeks to engage with the state without taking it over. The advocacy strategies of the TAC also demonstrate that the organisation employs the methods of civil society engagement which are negotiations, coalition-building, public protest and legal action.

3.6 Challenges to Policy Advocacy work of the TAC

As discussed in the second chapter of this study, the relationship between civil society and the government depends on the level of the nature of the political system as well as the organisations perception of it. According to Habib (2002: 147), a political system is hostile to civil society the relationship will be adversarial as was the relations between the apartheid state and resistance organisations prior to 1994 in South Africa. Furthermore, even where CSOs use levers provided by the system, this does not easily lead to co-operative engagement with government. That way, the state is perceived as a rival and the system solely as a source of inequity. In the case of the TAC's approach, it assumed a more complex relationship, in which co-operation and conflict were linked together and at the back of this was a view that they could win gains from this system with a possible far reaching reform in HIV/AIDS policy. Among the evidence that explains this complex relationship is that the TAC was initially excluded from the South African National AIDS Council (SANAC) established by the government (Friedman and Mottiar, 2004:15).

Additionally, the advocacy environment for HIV/AIDS treatment remained a challenge even in post- apartheid South Africa. Notable incidents include the confusion, misunderstanding, fear, denial, stigma, and anxiety that continued to surround HIV/AIDS in South Africa. For example, Ms Gugu Dlamini was stoned to death shortly after she disclosed her HIV-positive status in 1998.This prompted The Minister of Health, Dr Nkosazana Zuma to make a public statement as follows.

> *The visibility of the HIV/AIDS epidemic is critical for South Africa to develop appropriate responses to the epidemic. The recent murder of Ms Dlamini - who courageously played a pivotal role in giving a face to the epidemic - may undermine current efforts aimed at curbing the spread of AIDS in South Africa'..."HIV is a silent epidemic and most of South Africans - particularly the youth - do not believe that AIDS exists claiming they have not seen someone who is HIV positive or who is dying of AIDS... (Department of Health, 1998).*

Another challenge was evident in the year 2000, when the President of the Republic of South Africa President Thabo Mbeki sent a letter to world leaders questioning whether HIV is the cause of AIDS. In the same vein, the Minister of Health MantoTshabalala-Msimang stated at the XIV International AIDS Conference in Barcelona in 2002 that ARVs are poisonous (XIV International AIDS conference, 2002). This delayed the decision of the ARVs roll-out in South Africa which was not effected until 2011 when the government amended the treatment guidelines (http http://www.tac.org.za; Plus/ Irin News, 2011).

A major challenge for the TAC is that its membership is largely poor. According to Friedman and Mottiar (2004: 6), in 2004, the demographics of the TAC was 80% unemployed, 70% women, 70% in the 14-24 age group and 90% African-an indication that the TAC's membership is largely economically disadvantaged. The demographics of the TAC which comprises of the unemployed, women, and youth make the TAC to rely on donations for its functionality (Friedman and Mottiar, 2004: 4). Studies conducted on NGOs funding revealed that, most Southern NGOs also known as development NGOs (NGOs in developing countries) depend on donations for their functionality (Edwards and Hulme, 1992: 142). In the case of the TAC, Friedman and Mottiar (2004: 4); and Boulle, & Avafia (2005), reported that funding is donated for only core costs and specific purposes. As a result, the largest donor, the church organisation 'Bread to the World', funds the TAC on condition that some fund is used on the TAC workshops.

Nonetheless, the TAC does not accept donations from the South African government or pharmaceutical companies (TAC Funding and Finances, 2004) or from some official donors such as USAID. This could be attributed to Vogel (1991 cited in DeSantis, 2008: 36) whose research revealed that Civil Society Organisations are less likely to criticise government policies if they are funded by that government. The implication is that if a government controls an organisation's financial resources, it will expect certain behaviour from that organisation, thus practically controlling it. Despite all these challenges, in the long run, the TAC had a leading role in

ensuring that the ARV plan in South Africa was sustained in its various strategies presented in the literature above.

3.7 The Scope and Operations of the Treatment Action Campaign

At its first Congress, held in Soweto in 2000, the TAC adopted a constitution, setting out its objectives, structures as well as the rights of its members. The TAC Constitution was amended in 2004 (TAC, 2004).

At its heart, the Treatment Action Campaign is a member/volunteer-based organisation, recruiting its volunteers primarily from the urban and rural poor. However, from the outset, the TAC also sought affiliation and active support from other mass based organisations within civil society, such as the COSATU and the South Africa Council of Churches (SACC), both organisations that were at the forefront of the fight against apartheid. As a result the TAC's structures sought to include representation from both its members and affiliated sectors such as trade unions (Friedman and Mottiar, 2004).

Organisationally, the TAC operates on three levels-Community level, Provincial level, and National level. At a community level through 'branches', which have been established in over 100 poor communities. Branches are composed of its activist volunteers, TLPs and other local supporters. Branches meet monthly and are responsible for the implementation of the TAC campaigns and programmes in poor and marginalised communities, as well as for education and treatment literacy. Branches are led mainly by people living with HIV and women. The TLPs are also linked to the TAC community branches-a centre for the TACs local organising. In a way, treatment literacy is the foundation of community- based human rights advocacy thus making it a large part of the TAC's apparatus (Heywood, 2009: 18). For example, a report by the TAC's Deputy Secretary, Zackie Achmat, revealed that in 2007, the TAC trained and deployed more than 200 people as TLPs throughout South Africa and these provided information to more than 100,000 people per month (Achmat, 2008).

At a provincial level, in six out of nine of South Africa's provinces, a Provincial Executive Committee (PEC) brings together branch leaders and provides a vehicle for leadership training and information sharing. Branches elect members to the PEC, which meets quarterly while the provincial TAC offices co-ordinate training, mobilisation, and the TAC programs and also target advocacy at provincial governments.

At a national level, a National Executive Committee (NEC) is made up of elected provincial representatives and sector representatives as well as a 'secretariat' (its five key office bearers) that is directly elected by delegates at the TAC National Congress. The NEC is re-elected every 2–3 years at the TAC National Congress. The Treatment Action Campaign is a voluntary organisation. However, as it grew it was necessary to establish a professional infrastructure to support its programs and campaigns. Within 10 years of its operation (1998-2008), the TAC's full-time staff grew from none to over 100 while its annual budget increased from less than US $20,000 to approximately US $5 million in 2007. This growth has implications for the TAC's sustainability (Heywood, 2009:36).

The following timeline presents some critical moments in South Africa's on-going efforts to gain universal access to ARVs for all who need the treatment. It highlights the different strategies used and roles played by the TAC and their interrelationships. The timeline also helps to illustrate how different sectors influence an issue and how a national issue is linked to the international environment, events, and stakeholders.

3.8 Table 1: A Chronology of the Treatment Action Campaign: 1998-2008

Date	Description of Event
10 December 1998	The TAC is launched on International Human Rights day in Cape Town, with a small demonstration of ten (10) members for the right to treatment (TAC Newsletter, 1998).
21 March 1999	Human Rights Day in South Africa. The TAC holds its first demonstrations of people with HIV to demand a national PMTCT

	programme (Heywood, 2009).
24 March 1999	The TAC holds its first meeting with ANC Minister of Health, Dr Nkosazana Dlamini Zuma, and issues a statement on the need to reduce ARV drug prices. Although the Although the meeting was positive, soon after this relations between the TAC and the government began to deteriorate.
June 1999	Thabo Mbeki replaces Nelson Mandela as South Africa's second president in post -apartheid era. Dr Manto Tshabalala-Msimang is appointed as Health Minister (JournAIDS, 2012).
January 2000	The TAC files papers to join as amicus curiae on the side of the South African (SA) Government in the litigation concerning the challenge to South Africa's Medicines Act by international pharmaceutical companies (the Pharmaceutical Manufacturers' Association – PMA) (Heywood, 2009).
5 March 2000	The TAC leads a march of 5,000 people to the Pretoria High Court on the first day of the PMA court case (TAC Newsletter; 2000).
19 April 2000	The PMA withdraws its case against the SA Government under public pressure and after TAC had been admitted to the case by the court (Heywood, 2009).
17 July 2000	The TAC organises a global march for treatment at the start of the XIII International AIDS Conference in Durban. The march is widely understood to have been a turning point in the acceptance of the right of access to treatment for people in South Africa and other developing countries (Friedman and Mottiar, 2004; TAC Newsletter, 2000).
March 2001	The TAC holds its First National Congress in Soweto attended by nearly 500 activists (TAC Newsletter, 2001).
March/April 2001	The TAC walks the streets of Pretoria to distribute the 'No to drug company profiteering' pamphlets to the public - 39 multinational pharmaceutical companies had sued the South African government for

	agreeing that medicines be more affordable (Achmat, 2004: 23-24).
21 August 2001	The TAC files legal papers against the SA Government regarding its failure to provide ARVs to PMTCT (Heywood, 2009).
October 2001	After a conference that brought activists and scientists together, the Bredell Consensus Statement on Access to ARV treatment is launched by the TAC and international scientists (Heywood, 2009; TAC Newsletter, 2001).
13 December 2001	The Pretoria High Court rules in favour of the TAC on PMTCT and orders the government to roll-out a programme on PMTCT. The government appeals the order (TAC Newsletter, 2001; Achmat, 2004: 15).
2 May 2002	6,000 TAC supporters march past the Constitutional Court on the day of its hearing of the appeal in the PMTCT case (Friedman and Mottiar, 2004; TAC Newsletter, 2002).
5 July 2002	South Africa's Constitutional Court hands down a landmark ruling in favour of the TAC and the right of access to healthcare services (Achmat, 2004: 15).
19 September 2002	The TAC files a complaint with the Competition Commission concerning the conduct and excessive pricing by multi-national pharmaceutical giants Boehringer Ingelheim and GSK of three essential ARV medicines (TAC Newsletters, 2002). November/December 2002 – The TAC is involved in negotiations with business, labour, and government to try to agree on a National Treatment Plan. The negotiations are ultimately unsuccessful (TAC Newsletters, 2002).
November/December 2002	The TAC is involved in negotiations with business, labour, and government to try to agree on a National Treatment Plan. The negotiations are ultimately unsuccessful (TAC Newsletters, 2002).
14 February 2003	The TAC leads a march of 15000 to 20,000 people to the South

	African Parliament on the day of the Presidential state of the nation address to demand a national treatment programme (TAC Newsletter, 2003).
20 March 2003	The TAC launches its civil disobedience campaign against the ANC government to protest at the 600 deaths per day taking place as a result of HIV infection (TAC Newsletter, 2003).
April 2003	The civil disobedience campaign is suspended after hundreds of arrests and an offer by the ANC to begin to talk to the TAC again. The TAC's suspension of its campaign is made conditional on progress towards a National Treatment Plan (Friedman and Mottiar, 2004).
20 August 2003	The SA Government announces a cabinet decision to develop a national ARV treatment plan. At this point, no people are officially receiving treatment in the public health sector (TAC Newsletters, 2003).
10 December 2003	Out of court settlements are announced between the TAC, GSK, and Boehringer Ingelheim regarding the TAC's complaint to the Competition Commission. The companies agree to issue seven voluntary licenses for the drugs, increasing competition and bringing down prices (TAC Newsletters, 2003).
5 July 2004	The TAC turns its attention to broader issues around health systems and holds a national conference to make demands for a 'People's Health Service' (TAC Newsletter, 2004).
November 2004	Pretoria High Court rules in favour of TAC's right of access to information and awards punitive damages against the Minister of Health for withholding information about the implementation plan for ARV treatment (TAC Newsletter, 2004).
22 September 2005	The TAC holds its Third National Congress. By this time, less than 100,000 people are on treatment. The TAC has 20,000 volunteers (TAC Newsletters, 2005).
5 July 2006	Judgments are handed down in favour of TAC in its case demanding

	access to ARV treatment for prisoners at Westville prison in Durban, KwaZulu Natal (TAC Newsletter, 2006).
August 2006	The TAC protests at the International AIDS Conference in Toronto lead to SA Government muzzling the Minister of Health and seeking a new relationship with the TAC (TAC Newsletter, 2006).
27–28 October 2006	The TAC and its allies in the trade unions, churches, and NGOs hold a national civil society congress on HIV prevention and South Africa's Treatment Action Campaign treatment plan. The Congress is addressed by the Deputy President of South Africa Phumzile Mlambo-Ngcuka (Heywood, 2009).
1 December 2006	World AIDS Day – The TAC and the government announce the creation of a strengthened National AIDS Council (Heywood, 2009).
January – May 2007	The TAC is closely involved in the drafting of an NSP on HIV/AIDS that proposes to put two million people on treatment by 2011 and cut new HIV infections by 50 per cent (TAC Newsletters, 2007). 30. 4 May 2007 – The NSP is endorsed by the Cabinet (TAC Newsletter, 2007).
7 November 2007	The TAC files a new complaint with the Competition Commission, this time against Merk Sharp and Dohme (MSD) over its refusal to license the ARV drug, Efavirenz, on reasonable terms (TAC Newsletter, 2007).
9 November 2007	The TAC organises mass demonstration to highlight the TB crisis in South Africa (TAC Newsletter, 2007).
March 2008	The TAC holds its Fourth National Congress. By this time, 450,000 people are on treatment in the public health sector. TAC debates new approaches to campaign for the right to health (Heywood, 2009).
1 June 2008	The TAC announces that MSD has agreed to license Efavirenz on reasonable terms, leading to price reductions (Heywood, 2009).
13 June 2008	TAC wins its case against Matthias Rath, who is ordered by the Court to stop unregistered 'clinical trials' and publishing advertisements

	claiming that vitamins cure AIDS.
September 2008	South African President Thabo Mbeki is removed as President of South Africa by the ANC. South Africa's Health Minister is replaced in a Cabinet reshuffle (Heywood, 2009).

3.9 Conclusion

Chapter three described the HIV/AIDS crisis in South Africa and the various responses by the South African Government to address the problem in both apartheid and post-apartheid era. The chapter also described the ways in which the TAC in South Africa came to place issues of access, equity, and the right to health care on the national and even international stage. The chapter also presented the TAC- as a grassroots activist organisation that began in 1998 and how it became a successful mechanism for putting treatment access issues on the national agenda.

Chapter Four

Research Results and Analysis of Findings

4. Introduction

This section offers an analysis of the Treatment Action Campaign's activities, strategies and tactics and how these resonate with the common steps in the policy advocacy process as presented by Sharma (1997); and other scholars in chapter two. Naturally, the analysis will be interpreted through the lens of the concepts and advocacy models or theory presented in chapter two and will establish their implication for activities of the TAC in shaping the South African Health Policy on HIV/AIDS problems.

4.1 Application of the 'Elements Based Model of Advocacy' and its Implication to the Policy Advocacy Activities of the Treatment Action Campaign in Effecting Change in South African Health Policy, particularly HIV/AIDS Policy.

4.1.1 Elements of Advocacy Model

i.   *Identifying the Advocacy Goals and Objectives*

According to (Sharma 1997: 23), an advocacy campaign essentially begins when a group agrees to address an issue that can foster a policy change. Closely linked to this argument is that clear goals and objectives are of outmost importance in policy advocacy activities (Kervatin, 1998:28). Based on the theory of policy process, before problems can be solved in society there is need for their (identification) definition or clarification (Sabatier and Jenkins, 1993). This was demonstrated in the activities of the TAC whose campaign was launched in 1998 with the aim of raising awareness about the medication available for the HIV/AIDS victims in South Africa. Added to that was the fact that some of the TAC founding members like Zakie Achmat were victims of HIV/AIDS and the death of Simon Nkoli a gay rights activist who lacked ARVs, a medication for HIV/AIDS which prolongs life of the victims (POLICY project, 2003:103).

Therefore, the HIV/AIDS issue, the lack of treatment and the effect it had on the victims in South Africa, can be seen as a critical problem identified by the Treatment Action Campaign. Having identified this problem, the TAC's main objective was to gain the government's commitment to form a task force which would pressurise the pharmaceutical companies to reduce the prices of ARVs. By 10th December, 2003 the leading pharmaceutical companies (GSK, and Boehringer Ingelheim) agreed to issue seven voluntary licenses for the drugs, increasing competition and bringing down prices (TAC Newsletters, 2003). This was the case in which the TAC filed a complaint to the Competition Commission on excessive drug price in South Africa. As such, gaining the government's commitment to pressurise the pharmaceutical companies to reduce the ARVs prices was a significant step towards a broader advocacy goal of effecting policy change in health service delivery particularly on the ARVs roll-out in South Africa. Therefore, having clarified their goal, the TAC was able to lobby for and to facilitate access to affordable treatment for people living with HIV/AIDS in South Africa.

ii.   *Using Essential Data and Research*

According to POLICY Project (2003:22), for effective advocacy to take place, actors must understand the background of how the problem has been addressed , the legal and policy documents that support or undermine the issue, the current political situation, and the various actors involved in influencing the policy process. In the same vein Kervatin (1998: 28) added that relevant research can help advocates to arrive at clear goals which explain the need for their advocacy. The treatment Action Campaign demonstrated this by conducting legal research and employing the treatment literacy programme in South Africa. This resulted in the TAC's realisation that the South African Constitution created a legal duty on the state to fulfill its provisions for human rights. These rights include access to care and treatment in health sector (Republic of South Africa, Act 108 of 2006:1996). In addition, having employed a model used by HIV/AIDS activists from the United States; a model which pioneered the idea of 'treatment literacy', the Treatment Action Campaign initiated a programme that involved health education and communication in South Africa. As explained in the previous chapter, the treatment programme aimed at educating HIV- vulnerable people, especially the poor who could not afford

to buy expensive medicine (ARVs) in South Africa (http://www.tac.org.za). This audience learnt about the science of HIV, the risks of getting it, the interventions that could prevent the spread of the virus, and the importance of treatment. The audience also learnt that accessing HIV/AIDS medication was their constitutional right in South Africa (Friedman and Mottiar, 2004). In turn, the organisation was able to successfully pursue the HIV/AIDS treatment issue by dragging the government to court and demanded justice for those who needed HIV/AIDS treatment. One of the notable incidents was the case in August 2001 in which the TAC filed charges against the South African Government regarding its failure to provide medication to prevent mother- to child transmission (TAC Newsletter, 2001). In other words, the use of relevant information (such as the national Constitution) from the legal research and implementing the treatment literacy programme reflects a fundamental element of using essential data and research in policy advocacy process.

iii. *Identifying Advocacy Audiences*

One of the critical strategies employed by the Treatment Action Campaign was to attract wide range of audiences. According to the POLICY Project (2003: 24), identifying the right audiences for the advocacy message and directing it to those responsible for making decisions is a critical ingredient for successful advocacy. The right audience refers to decision makers and those who can influence decision makers (Sharma, 1997: 6). The audiences ranged from its volunteer members mostly those infected with HIV/AIDS to prominent individuals in South Africa who shared a vision of a role concerned not just with HIV treatment but justice and healthcare in general (Friedman and Mottiar (2004: 8). These individuals included the former President of South Africa Nelson Mandela, the Anglican Archbishop Njongonkulu Ndungane and Malegapuru Makgoba who was the President of the Medical Research Council in South Africa at the time (Friedman and Mottiar, 2004: 13). Friedman and Mottiar (2004: 8) reported that these leaders showed their commitment by attending HIV/AIDS conferences and participated in marching during the XII International HIV/AIDS Conference in Durban. In addition, the TAC also used its grassroots members to maintain its visibility through posters, pamphlets, meetings, street activism and letter writing –making their advocacy voices louder (TAC, 2004). These stragegies

of the TAC demonstrate that persuading a range of audiences is a fundamental source of power as well as a cornerstone of successful advocacy. The level of grassroots participation (through community engagement) in the TAC also underscores that it's activities are far more than providing a vehicle for people to find medical relief from a deadly condition.

iv.   *Developing and Shaping Messages*

According to (Kervatin, 1998: 32), Advocacy messages need to be developed and tailored to specific target audiences. Hence, linked to the technique of identifying advocacy audiences is a strategy of developing and shaping the advocacy messages. According to (Sharma, 1997: 6), shaping and directing the messages is a technique which involves creating an appropriate message to those whom it is being directed (Sharma, 1997: 6). Given that the TAC's massage on HIV/AIDS treatment was clear, it held countless demonstrations and staged protests to force the government to pressurise the leading pharmaceutical companies (in South Africa) such as Boehringer Ingelheim and GlaxoSmithKline to lower the prices of the antiretroviral and making them accessible to all people with HIV/AIDS. By June 2008, the pharmaceutical company – Merk Sharp and Dohme (MSD) agreed to license Efavirenz on reasonable terms, leading to price reductions (http://www.tac.org.za/community/node/2329).

An incident which demonstrates the importance of tailoring the advocacy massage and directing it to the right audience is the case in which the Treatment Action Campaign was able to deliver its messages to leaders and international audiences at the HIV/AIDS world conference. This was done by the TAC volunteer members wore the HIV t-shirts throughout the XIII International AIDS Conference which was held in Durban, South Africa in July 2000. This was the first time that the conference was held in a developing country. Heywood (2009) and the POLICY Project (2003) argue that the 'HIV Positive' t-shirt was a symbol that kept treatment access messages alive and helped reduce stigma. Additionally, at the conference, in his closing remarks, the former president of South Africa-Nelson Nelson Mandela stated that:

"…In the face of the grave threat posed by HIV/AIDS, we have to rise above the differences and combine our efforts to save our people. History will judge us harshly if we fail to do so now, and right now…. We need bold initiatives to prevent new infections among young people, and large scale actions to prevent mother to- child transmission…." (XIII International AIDS Conference, 2000)

Heywood (2009) also noted that the TAC perceived this as a turning point in acceptance by the South African government of the right of treatment for the people living with HIV/AIDS in South Africa as it motivated them to organise a Global March for Access to HIV/AIDS Treatment, which drew about 5,000 people including prominent leaders from South Africa such as the most Reverend Njongonkulu Ndungane, the Anglican Archbishop of Cape Town and Metropolitan of Southern Africa (http://www.tac.org.za/Documents/Other/tachist.pdf). As such, the strategies employed by the TAC underscore the significance of understanding language, shaping it and directing it to the target advocacy audience.

v.   *Making Convincing Presentations*

Advocacy based upon convincing arguments can enhance successful action Sharma, 1997: 7). According to the POLICY Project (2003: 96), if an organization wants to effect change in HIV/AIDS policy, convincing presentations can made through workshops and conferences, seminars and programmes that explain the need for advocacy. The TAC demonstrated this through its various programmes which it implemented in communities across the country. Given that the TAC had implemented the treatment literacy programme countrywide, it can be argued that various persuasive presentations were conducted through activities such as workshops on issues of mother-to-child transmission and the need for the roll-out of ARVs in South Africa, (http://www.tac.org.za/Documents/Other/tachist.pdf). According to Achmat (2004: 16), the workshops were conducted in poor communities, trade unions, and Non-Governmental Organisations. Making presentations through community engagement can be viewed as a way of facilitating empowerment of members as it is was a means by which grassroots people or the marginalised became more aware of the potential to change the world they live in-a democratic

society and as David (2001: 123) argued, one critical role of CSOs is to be the vehicle through which they offer the poor a platform for exercising power, within a limited sphere.

vi. *Coalition Building*

Successful advocacy depends on building support through coalition- involving a large number of participants (individuals and groups in attaining a goal) who serve as a form of protection, particularly in places where public policies and advocacy are new phenomenon (Kervatin, 1998: 28). Although the TAC is not primarily a coalition organisation, it built coalitions through partnerships, alliances and networks which were helpful in broadening the TAC massage on treatment. For instance, in 2006 the Treatment Action Campaign partnered with civil society groups such as churches, NGOs and the Congress of South African Trade Unions- the largest trade union federation in South Africa and helped mobilise mass marches demanding the department of health to implement a regular prevention of mother to child transmission of AIDS programme in South Africa (Ranchod, 2005: 13-14; Heywood, 2009).

Coalition building in this case, reflects Sabatier and Jenkins' (1993) Advocacy Coalition Framework which contend that every advocacy coalition group is united around a core belief which acts as a bond that holds the group together - and in the case of the HIV/IDS campaign for treatment, the core belief was to serve public interest and to involve the poor or the marginalised that needed to advance their policy interest. The TAC also partnered with the government in dealing with the drug companies over copyright laws that prevented the use of generic HIV/AIDS medication in South Africa (Achmat, 2004: 23-24) and by the year 2007, government had involved the TAC in drafting the National Strategic Plan on HIV/AIDS that proposed putting about two million people on medication.The case of the Treatment Action Campaign demonstrates that coalition building was creative in increasing the likelihood of their success, and for building the capacity of local groups to advance their policy interests. This also demonstrates the importance of having advocacy groups that share policy concerns and agree to cooperate by building coalitions.

vii.   *Fundraising*

According to Edwards and Hulme (1992: 142) the funding of Civil Society Organisations is a critical issue for their activities (Edwards and Hulme, 1992: 142). The strength of the TAC advocacy could be attributed to its growth in size, its activities and funding-sourced from various donations. The increase in funding enabled the organisation to run its programmes and conduct its various activities successfully. In 2004 for instance, the organisation had an annual budget of R18m which supported forty (40) full-time staff, administration, and funded programmes from 2004 to 2005 (Friedman and Mottiar, 2004: 4). Friedman and Mottiar (2004) added that the TAC had 98 per cent of the income derived from grants from ten donor organisations and some European governments in 2002 and 2003. The rest of the income was from the individual donations. Therefore, funding was crucial to the TAC as it enabled them to maintain its voice through pamphlets, posters, 'HIV Positive' t-shirts, meetings, street activism and letter writing' and to run programmes such as treatment projects (TAC, 2004).

viii.   *Monitoring the Process and Evaluation*

Monitoring and evaluation occur throughout the advocacy process as it involves assessing advocacy work and learning from experience (Kervatin, 1998). The advocate group should also consider how lessons learned from one activity can affect the next activity and assess the difference following the completion of the advocacy campaign and considering how they would know that situation has changed. Given the demographic characteristics of the TAC's membership which was largely poor and black, and without sufficient knowledge about issues relating to their health, and their sexuality and their constitutional rights, the TAC implemented the literacy programme in their various communities as indicated in the case study. And, given that the TAC operates at different levels as presented in chapter 3, it monitored its operations at different levels- Community level, Provincial level and National levels. For instance, (Friedman and Mottiar, 2004) reported that at community level the programmes (treatment literacy projects) are implemented and the activities are recorded. In addition, new media technologies such as the TAC website helped the organisation to document its activities and use them as evidence in

raising awareness on issues surrounding HIV/AIDS in South Africa and the World at large. Some of the documents were used in court as evidence for their claim to roll-out ARVs in South Africa Boulle, & Avafia (2005).

4.2 Successes of the Policy Advocacy Work of the TAC

Although the TAC was confronted with a number of challenges, it made some significant breakthroughs. The TAC with its allies both local and international pressed multi-national companies to make HIV medication available to the poor by lowering prices, or to give up their right to exclusive supply to manufacturers of generic medicine in exchange for a royalty. It also prompted the government to agree to use its resources to provide ARVs to people who could not afford them (Achmat, 2004: 5). Despite its focus on HIV treatment, the TAC successfully worked towards the redistribution of social power and resources as demonstrated in its various activities which involved its members.

Another achievement of the TAC could be attributed to its self-sacrificing members. It is also worth noting that although theTAC receives substantial funding from the international NGOs, or its supporters, the members also take a leading role in making it a success. Most of the TAC's 'community members' are volunteers who take responsibility to make the organisation achieve its goals and objectives. Notable activities include raising awareness in their communities on the issues surrounding HIV/AIDS in South Africa. The TAC achieved this (through its various activities such as the treatment literacy programme and mobilising marches for court petitions) by empowering people living with the HIV/AIDS-mostly the poor and the marginalised to advocate for their rights to access the medication they needed. Therefore, workshops, campaigns and discussion of strategic options at community level are a good example of how civil society offers an opportunity to the marginalised, to become active citizens rather than passive subjects in society.

Despite having a complex relationship with the government, the TAC had a good relationship with the government which could be attributed to the successes of its mission. The evidence of

how it maintained its relations with the government is the occasion when it stopped its first civil disobedience campaign at the request of then Vice President, Jacob Zuma. The campaign was called off to allow the government to respond. This strategy proved fruitful because the Cabinet made a decision to roll-out ARVs on 8th August, 2003 (TAC Newsletter, 2003).

The constitution played a critical role in the success of the TAC's policy advocacy. As the constitutional democracy dawned in 1994, the South African political environment changed, creating new opportunities and constraints for CSOs (Everatt, 2001: 74). The South African Constitution was one instrument that created new opportunities as it was considered a source of human rights. As an instrument of democracy, the Constitution was used by the TAC to challenge the government on ARV roll-out (Achmat, 2004: 20). When the roll-out did not materialise in 2001, the TAC turned to the courtroom to challenge the issue (TAC, Newsletter, 2001). As a reult, Constitutional court was able to order the government to supply HIV treatment to those who needed it (Achmat, 2004: 15). The roll-out was finally materialised as the TAC managed to find a balance between the judicial system and the civil disobedience. In other words, the political environment in post-apartheid South Africa was an advantage to the TAC advocacy as it weakened obstructions to tackling treatment for people with HIV/AIDS on the grounds that the democratic Constitution encouraged the use of human rights. Being victorious in the Constitutional courts was another way of facilitating empowerment of the TAC members as it was a means by which grassroots people or the marginalised became more aware of the potential to change the world they live in, thus anchoring its roots in a democratic society.

The TAC's intention to make the HIV/AIDS treatment accessible to the public was primarily a means to hold the government accountable to its promise explains its persistent persuasion and the court action on HIV/AIDS treatment in South Africa. Holding government accountable is a fundamental element of democracy and good governance (Hsu, 2000: 5) as well as a characteristic of civil society.

4.3 Conclusion

Chapter four attempted to apply the model of the 'basic elements of advocacy' and tailored to the specific policy advocacy activities of the TAC as a feasible framework for challenging the problem of HIV/AIDS in South Africa. The relevance of the model to the policy advocacy activities Treatment Action Campaign is evident in the common steps that were employed as logical guide to the TAC activities. The chapter also presented the successes of the advocacy activities of the TAC in ensuring that the treatment for HIV/AIDS was made available in the public health sector.

Chapter Five

Summary and Conclusions

This research was an analysis of the role played by the Treatment Action Campaign as a civil society organisation in effecting change in health policy-particularly on issues of accessing treatment for HIV/AIDS in South Africa. As a starting point, the research background, objectives, questions and conceptual framework were outlined in the first chapter. The study anticipated that civil society plays a critical role in policy advocacy. To foster an understanding of the policy advocacy activities of the TAC and the implication in policy advocacy, chapter two provided an appraisal of literature on public policy, policy advocacy, and civil society and linked them to the models which explain policy and advocacy in the activities of different (public) sectors including CSOs.

The literature reviewed that civil society organisations play a critical role in policy advocacy activities and in fostering good governance. The case study was presented and the timeline was used to summerise the critical advocacy activities experienced by the Treatment Action campaign between 1998 and 2008. Also, an attempt to answer the specific questions presented in chapter one was made possible by linking theory- more specifically the element based model, and the specific policy advocacy activities of the Treatment Action Campaign.

From the analysis, it emerged that the policy advocacy activities of the TAC and its influence in shaping the Health Policy in South Africa, resonate with the models of advocacy presented in the second chapter. The models claim that in policy process diverse actors are involved in effecting change. This was evident in the shaping of the South African HIV/AIDS policy which included various actors: South African government officials (such as the, the High court judges, and the Minister of health; the Presidents of South Africa in post-apartheid period), the public (grassroots such as the TAC volunteers or HIV positive people); the business sectors (the multi-national pharmaceutical companies); and TAC funders from various organisations. It also emerges that the TAC's advocacy activities resonate with the models which put problem identification and;

formulating goals and objectives as the starting point in policy advocacy. A notable model is the 'dynamic advocacy process' which claims that an advocacy campaign begins when a group agrees to address an issue or a problem that can foster a policy change (Kervatin, 1998:28).

The results of the analysis also indicate that as the various strategic activities of the TAC as a civil society organisation resonate with a considerable number of elements based on the 'technical model of advocacy' as presented proposed by Sharma (1997). One major advocacy strategy employed by the Treatment Action Campaign was the use of the South African Constitution and the judicial system. As a result, the TAC sought to build capacity to enforce human 'rights entitlement' directly among the poor who could afford the much needed medication for HIV/AIDS in South Africa. Having realised that the right to health could not be pursued without assessing the issues of governance and law in South Africa, the TAC organised community based activists who acquired relevant knowledge and skills of articulating human rights and how to apply them to specific political and social concerns on demand in South Africa. This was done through the treatment literacy programme.

However, from the analysis, it also emerged that the advocacy activities of the TAC negate the models (the stagist perspective and the policy cycle model) which claim that monitoring and evaluation technique is the final stage of advocacy process and policy process respectively. This did not reflect the advocacy activities of the TAC presented in the chapter 3 and 4 because the TAC programmes have continued to operate.

From the study, the TAC can also be categorised clearly as a civil society organisation, one which interact(s) with the state but does not want to overthrow it. This depicts a form of engagement with the democratic state which is held to enrich democracy or strengthen governance, since citizens claim the right to be heard through their associations (Bratton, 1994). The analysis has also demonstrated that as a civil society organisation, the TAC encountered a number of challenges which included having a complex relationship with the South African government. For instance, it was a rival in 2001–2002, over a national programme to prevent PMTCT (Heywood, 2003b); in 2004, for access to the implementation plan for the ARV roll-out

(also known as the Operational Plan on Comprehensive Treatment Care and Support) (TAC, 2004); and as a partner in on the basis to challenge the profiteering by multi-national pharmaceutical companies, notably GSK, Boehringer Ingelheim (AIDS Law Project, 2003; TAC, 2003), and Merk Sharp and Dohme (TAC, 2008); and in the drafting of the NSP on HIV/AIDS in 2007.

However, what was unique about this organisation was its persistence in employing strategic tactics which included legal wrangling. As a result, the TAC was able to shape the current South Africa HIV/AIDS policy which allows all HIV/AIDS patients to access medication and care that is needed to prolong their lives. It can be argued that TAC is a good example of a civil society organisation operating in a democratic state where a constitution is used to prod government to task to deal with the challenge of equitable access medical treatment-particularly HIV/AIDS in South Africa.

From the faceted advocacy activities of the TAC analysed in this study, it can be concluded that public advocacy is an effort to influence public policy through various strategic activities such as the use of a Constitution, legal petitions, alliance building, networking, conducting research relevant specific to the issue at hand (goals and objectives of the organisation), delivering massages through various media technologies, negotiating directly with policy makers such as the government officials, involving grassroots members and where necessary- mass mobilisation of marches and demonstration and protest. Using this lens, the TAC is perceived as an important partner in promoting good governance and policy-making in South Africa.

This study concludes with an assertion that the Treatment Action Campaign is a unique civil society organisation which accommodates consolidation of democracy in its appreciation of the need to change strategy in the South African Health Policy which it did not provide the public with equitable access to the treatment of HIV/AIDS.

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Oil

Sample Type: Oil
Application Type: Acid Digestion
Vessel Type: 55 mL
Number of Vessels: 12
Reagents: Nitric Acid (70%)
Method Sample Type: Organic
Sample Weight: 0.5 gram

Step 1:

Acid Type	Volume
Nitric	10 mL

Heating Program: Ramp to Temperature Control

Stage	Max. Power	% Power	Ramp (min.)	Pressure (psi)	Temperature (°C)	Hold (min.)
(1)	1200 W	75	15:00	-	200	15:00

NOTE A: This procedure is a reference point for sample digestion using the CEM Microwave Sample Preparation System and may need to be modified or changed to obtain the required results on your sample.

NOTE B: Manual venting of CEM closed vessels should only be performed when wearing hand, eye and body protection and only when the vessel contents are at or below room temperature to avoid the potential for chemical burns. Always point the vent hole away from the operator and toward the back of a fume hood.

NOTE C: Power should be adjusted up or down with respect to the number of vessels. General guidelines are as follows: 8-12 vessels (50% power), 13-20 vessels (75% power), >20 vessels (100% power).

NOTE D: "Organic Method Sample Type" should be used for most sample types. Choose "Inorganic" for samples with more than 1 gram of solid material remaining at the bottom of the vessel at the end of the digest (ex leach methods). Choose "Water" for samples that are largely aqueous prior to digestion.

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