Abstract

Background: Policy responses to communicable diseases and other non-communicable ones in South (ern) Africa have not adequately engaged with mobility. While Southern African Development Community member states have all adopted clear policies and programmes to deal with communicable diseases for their population in South Africa and elsewhere, deliberately, these do not extend to non nationals. In South Africa, there is a perception that many health care workers are not aware of national health policies and legislation that affect their practice, which leads to poor outcomes. But, in reality, a number of polices and guidelines are incomplete or inapplicable to non nationals, making frontline discretion unavoidable.

Objectives: This study mainly sought to understand the practices that frontline health care workers adopt to navigate a space of blurred policy and the "grey areas in-between" (McConnel, 2010), in relation to migration and antiretroviral treatment, using bottom-up policy analysis, namely "street-level bureaucracy" (Lipsky, 2010) as an analytical tool.

Methods: Qualitative methods were used including policy review, literature review, in-depth interviews with frontline health care workers and participant observation.

Findings: Empirical research in Vhembe district and Johannesburg found that in spite of several institutional challenges, health care workers were providing health care services and antiretroviral treatment to various categories of non-nationals reliant on public health care, albeit sometimes with some difficulties. But, the difficulties they faced in providing antiretroviral treatment were policy and systems related, in that, those that had a hard time accessing treatment did so because they were not in possession of identity documents, required referral letters or spoke non-native languages in the absence of translation services. This thesis illustrates the various innovations frontline health care workers employed to address these challenges. It demonstrates that health care workers discretion plays a crucial role in health care delivery, and there is need to recognise the importance of informal elements such as

human relationships, communication networks, leadership and motivation towards the policy function of the country's health system. It concludes that the informal practices of frontline health care workers ought not only to be recognised but also strengthened where possible.

Keywords: *migration, health, HIV/AIDS, policy, South Africa, Vhembe, Johannesburg*