

DEPARTMENT OF HEALTH RESEARCH BRIEF

Verbal Autopsy with Participatory Action Research (VAPAR) Expanding the evidence base through partnerships for action on health equity
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Evidence review: alcohol and other drug (AOD) policy

papila leri ri kombisa nkomiso wa vumbhoni lebyi byi nga endliwa mayelana na byala na swi dzidziharisi swi n'wana na swi n'wana, laha ku nga vulavurisana na community mayelana na byala na swidzidziharisi swi n'wana e Wits/Agincourt research unit. Xifaniso lexi xi nga vekwiwa e tlhelo xi fambelana na swilo leswi swi nga tsariwa (Mabetha, 2018; Oladeinde et al., 2019)

Byala na swi dzidziharisi swi n'wana na swi n'wana leyi l mhaka yaku kurisa nkoka wa swari hanyo misava hi nkwayo. Ku n'wa byala swi fambelana na swi yimo/mavabyi yo fika kwalomu ka 200 na swona kuna kwalomu ka three million ya vanhu lava va lovaka hikokwalaho ka byona byala hi 2016 (World Health Organization,

2011). Hi 2014, kwalomu ka 207,400 mafu lava ya endlekeke hikokwalaho ka swidzidziharisi swi n'wana ya tsariwile (UNODC, 2016). E sub Saharan Africa, ku xanisa ka byala ku famba kwalomu ka 6.4% ya mafu hi nkawo na swona 4.7% of all Disability (vu gono) Adjusted Life Years (DALYs), leswi swi nga languteriwa leswaku swahata tlakuka hi ku famba ka nkarhi (Ferreira-Borges et al., 2017).

Ku xanisa ka byala na swidzidziharisi swi n'wana na swi n'wana l xiphico lexi kulu lexi xi nga kona laha South Africa. Loko ku ta hela nkarhi wa apartheid hi 1994 ku vekwiwe nawu wo endla leswaku ku ngavi na lava va tekeriwaka nhlokweni kuna va n'wana. Va ndzawulo ya swarihanyo na vona va sungule ku ncinca seva sungula ku endla swilo leswi swinga kahle eka vanhu hi nkawo vanga tekeri va n'wana e nhlokweni ku tlula va n'wana, ku sivela na ku tlakuka ka rihanyo. Hikokwalaho ka dimokirasi kuve na ku ndlandlamukisa ka ti international trade links naku hluvukisa moya na ti sea travel. Loko hi hlanganisa

nati geographical position na ku kumeka ka byala na swidzidziharisi swi n'wana swi tlakuke ngopfu na swona vanhu va ntime va le makaya hiku xanisiwa kakuva va hambanisiwa na vanhu va n'wana na nhlupheko swi endle leswaku laha va kumekaka koho kuva ndhawu yaku xanisana/ku xanisa swilo (Pasche, Sonja; Myers, 2012; Peltzer et al., 2010).

ku tirhisa swi dzidziharisi hi ndlela yo swi xanisa aswi pfumelelekanga laha South Africa na swona ku ripotiwele leswaku kwalomu ka 15% ya vanhu va tirhisa swi dzidziharisi swo fana na ti drugs (INCB, 2015). Ku dya ka swilo leswi swi fananisiwa na leka ti ndhawu ti n'wana, matirhiselo ya le henhla/yo ka ya ngari kahle ya famba ehenhla ngopfu, na swona kota ya vanhu lava kulu lava va n'waka byala va vula leswaku aby ka kahle (Morojele et al., 2006; Morojele and Ramsomar, 2016; Pasche, Sonja; Myers, 2012; Puljević and Learmonth, 2014). HIV/AIDS yi fambisana na ku teka ka byala na swi dzidziharisi swi n'wana hi ndlela yo swi xanisa na swona



Bodhlhela mangari ma ngani ya byalwa. Xifaniso lexi xitekiwile kahari mixo ku kombisa leswaku vanhu vatekela nhlokweni ku xanisa byala eka community: aswi hoxekanga kuva vanhu va n'wa byala hinkarhi u n'wana na u n'wana wa siku. Xi faniso ku teke. Photographer: Ennie Khoza / VAPAR learning platform

swi fambelana na swiphico leswi swi endleka leswaku vanhu va ti ngenisa kaku yiva na endla na tinyimpi (Kang'ethe et al., 2017; Parry, 2010; Puljević and Learmonth, 2014)

Historically, AOD policies were characterised by a prohibitionist and supply-reduction focus, aimed at a realising drug-free society (Pienaar and Savic, 2016). The National Drug Master Plan (NDMP) of 2013-17 adopted a public health, rights-based, harm reduction approach, reflecting a transition to a more progressive, liberal, 'joined-up government' stance (DBE, 2013; DOH, 2017; DSD, 2013). ku vuriwa leswaku swilo leswi swi nga fakiwa eka policy aswi tisanga ku ncinca hi various structural and organisational challenges including poor leadership, lack of personnel and funding (Otu, 2011; Shung King et al., 2014). In 2016, the Department of Planning, Monitoring and Evaluation va ripote leswaku aku na ku hunguteka eka ku xanisa ka byala na swidzidziharisi swi n'wana (DPME, 2016).



Wansati loyi a etleleke endzaku kova a n'wile ma ku hambana ka swi dzidziharisi swi tekiwaka hi mhunhu u n'we. Vanhu lava vanga mahlonga ya marijuana and Nyaope (antiretrovirals leswi swi hlanganisiwaka swi tlhela swi dzahiwa) l swi vilelo leswi kulu leswi swi swi nga kona eka community hikuva swi endla swaku kuva na ku yiva naku xanisana/ku xanisiwa. Photographer: Florah Mafuyeka / VAPAR learning platform



Post-apartheid, there have been radical advances towards community based PHC and community participation, with important shifts towards a public health approach to AOD abuse recently (Central Drug Authority, 2013; DOH, 2011b, 2015, 2018; DOH and DBE, 2012; South African Government, 1996, 2003). Progressive policies and programmes face many challenges however: underinvestment, human resource crises, corruption, poor stewardship, and deepening social and health inequalities (Coovadia et al., 2009; McIntyre, 2012; World Bank, 2018). While community participation is mandated in many PHC strategies and policies (DOH, 2011a, 2016; DOH and DBE, 2012) it remains poorly understood and unevenly operationalised in practice.

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