

Cosatu drags heels on HIV/AIDS

Cosatu has passed fine resolutions on the issue of HIV/AIDS but **Azad Essa** queries whether the federation and most of its affiliates are truly serious about tackling the disease.

With the passing of further HIV/AIDS resolutions at this year's Cosatu Congress, the federation has indicated a stronger position in the fight against HIV/AIDS. But what are the chances of these resolutions being implemented on the ground? Are there the necessary mechanisms in place to translate them into practice?

The trajectory of Cosatu's response to HIV/AIDS over the past two decades suggests that resolutions are one thing, and implementation, quite another.

EARLY HISTORY

Cosatu's history of tackling HIV/AIDS as a union issue began in 1989. The federation passed a set of resolutions acknowledging HIV/AIDS as a serious disease

needing urgent preventative and educative measures, and making a firm commitment that HIV positive workers would not be discriminated against.

During the 1990s, Cosatu ensured that the Employment Equity Act protected the rights of HIV positive workers, and signed a joint declaration with Fedusa (Federation of Democratic Unions of SA) and Nactu (National Council of Trade Unions) pledging a commitment to fight the disease.

With HIV prevalence levels doubling between 1994 and 1996 and on the increase, Cosatu finally advanced its 1989 resolutions to another level in 1999. It adopted a plan of action that included publishing 100 000 HIV/AIDS booklets for shop stewards, arranging further training of shop stewards and peer educators, as well as holding an awareness week during the course of 1999, which included working with the Department of Health in the distribution of condoms and information. Finally, Cosatu passed a draft working policy exactly ten years after its first HIV/AIDS resolutions.

The federation's publication *The Shop Steward*, committed the union movement to lobbying for progressive legislation and policy on treatment access, including cooperation with the Treatment Action Campaign (TAC).

But while 1999 looked promising,

this did not translate into a working commitment. The HIV/AIDS draft policy was merely a seven page extension of the 1989 resolutions, primarily focusing on preventing workplace discrimination and expanding HIV/AIDS awareness, without implementation or feedback strategies.

FRAGMENTED RESPONSE

The SABCOHA (South African Business Coalition against HIV/AIDS) report revealed that 92% of large companies had implemented a large HIV/AIDS programme, whilst just 64% of medium-sized companies and 13% of small companies had implemented the same. In total, just 26% of all companies in South Africa have a workable HIV/AIDS policy. This is indicative of union inactivity in the smaller workplaces, especially since large companies make up a fraction of all companies in South Africa.

Cosatu's response as a federation of 30 trade unions has been slow and disjointed. Moreover, each affiliate has responded with varying levels of intensity based on, but not limited to, three premises. Firstly, union response has been based on the perceived HIV/AIDS rate within the particular industry it is organising. Secondly, the orientation and willingness of leadership to commit holistically to addressing the issue and thirdly, the size and capacity of the trade union.

The National Union of



A person living with AIDS addresses the Cosatu Congress in September this year, watched from behind Deputy President Mlambo Ngcuka and TAC's Zackie Achmat

Mineworkers (NUM), SA Transport & Allied Workers Union (Satawu), National Education Health & Allied Workers Union (Nehawu) and SA Clothing & Textile Workers Union (Sactwu) have been the most active unions, while most affiliates dabble on the outskirts. Since 2000, NUM and Sactwu have become the most active in the federation.

NUM organises a sector that is badly affected by HIV/AIDS and the union had to deal with worker-to-worker discrimination as far back as 1999, when 300 migrant workers were sent back to Malawi after being diagnosed with HIV. This sharpened NUM's HIV/AIDS sensitivity and catapulted the union into being the most pro-active union.

Sactwu, with a majority female membership, recognised the gender dimension of HIV/AIDS and their strategic position in being able to disseminate information, offer counselling and empower their membership. Sactwu's initiative is however unique compared to other affiliates.

While Cosatu has challenged government's position on HIV/AIDS in resolutions, it has always backed

out of campaigns that entailed acting against government.

Cosatu's President Willie Madisha declared at the TAC rally in 2001, "... the second commitment is to double our efforts and indeed become activists in the true sense of the word. I realise that Cosatu was not as active in taking up the HIV/AIDS issues. This commitment is informed by the fact that HIV/AIDS affects the poor and the working class mostly."

However, when the TAC took government to court shortly after this rally over government inaction to roll out ARV medication, and when the TAC declared a civil disobedience campaign in 2003 in order to shift government policy over treatment, Cosatu was nowhere to be found. The TAC continues to actively fight for effective treatment plans leveraging the Constitution to do this, COSATU has merely offered vocal and ideological support. It has not been able to mobilise against its tripartite partner, the ANC.

CONCLUSION

Cosatu's response to HIV/AIDS has

been reactive rather than proactive and in turn may be characterised in the following way. It has been inconsistent in responding to the pandemic. It has failed to follow up resolutions and to develop infrastructural capacity to run programmes. It has developed no monitoring mechanism which is partly because of an overburdened national HIV/AIDS coordinator and finally it has relied on big business to advance HIV/AIDS programmes thus creating inequalities between employees in large and smaller business.

The latest set of resolutions adopted in September 2006 are impressive, well thought out and seem to be a step in the right direction. Cosatu called for the minister of health to declare a national disaster, and to reintroduce vertical programmes to deal with AIDS related illnesses. Cosatu resolved that the "DOH (Department of Health) must do its job to protect society from unfounded claims of cures for HIV and AIDS in violation of the laws of the country". At the same time, however, the resolutions talk of what action it will take if targets are not met or if government refuses to alter its policy and if business fails to act more strongly. This makes Cosatu's claim and ability to be the vanguard of the working class highly questionable.

LB

In the next edition of the SA Labour Bulletin Cosatu's difficulties in responding to the pandemic are critically explored. Azad Essa is a researcher at the industrial Organisation of Labour Studies Research Unit at the University of KwaZulu-Natal.

Case study: National Union of Metal Workers of South Africa's (Numsa) response to HIV/AIDS

Numsa passed resolutions as early as 1991. Between 1991 and 2000, *Numsa Bulletin* and *Numsa News* had published less than five articles on the issue of HIV/AIDS.

By 1996, new resolutions passed had failed to progress beyond calls for AIDS awareness. Numsa still had not developed policy or implementation plans.

In 1997, it supported the government in the struggle to institutionalise the Medical and Related Substances Control Act, which saw generic (cheaper) medication as well as parallel imports legalised.

In 2000, Ford SA and Daimler Chrysler SA were among the first companies in South Africa to develop HIV/AIDS policies, even before Cosatu or Numsa. Both companies consult Numsa in steering an effective workplace policy that includes safe sex campaigns and peer educator training programmes.

Also in 2000, Numsa called for a more vigilant approach from government, unions and the private sector. Resolutions recommend methods to address the disease rather than itemising Numsa planned activities. However, Cosatu and Numsa protested alongside the TAC against global pharmaceutical companies' stranglehold on antiretroviral (ARV) medication.

In 2002, Numsa (and Cosatu)

issued a final working policy. Between November 2002 and December 2004, *Numsa Bulletin*, carried an average of one article per publication over the two years, indicating a significant attempt to engage with the pandemic. Yet HIV/AIDS is still to assume priority status within Numsa as the list of its key focus areas in their work adopted by the Numsa Central Committee in November 2003 indicate:

- "Ensuring that we complete shop stewards' elections as a build-up to LOBs (local office bearer) and ROBs (regional office bearer) elections.
- To make a meaningful contribution towards a decisive ANC victory in the elections, particularly in the KZN and the Western Cape.
- Create space in our work for an organisational momentum towards the Workers' Parliament - the Numsa National Congress in September."

The existing National Health, Safety and Gender coordinator was given the HIV/AIDS portfolio which indicates that the status of this issue is still peripheral.

While NUMSA advocates resistance and lobbying for necessary treatment in their resolutions and policy, it refused to join the TAC in acting against government through the TAC's litigation and civil disobedience

campaigns in 2003. Numsa's President Mtutuzeli Tom argued for "other avenues to put pressure on pharmaceutical companies that controlled the manufacture, supply and distribution of antiretroviral drugs". What "other avenues" means, was not elaborated.

In early 2004, delegates from all nine regions met to review the implementation of Numsa's 2000 Congress resolutions on HIV/AIDS. They found that progress had been made only in large companies, which included access to ARVs. The meeting made it clear that Numsa is far from effecting a coordinated and directed workplace policy across all its companies, large or small. A direct inference from this finding and the experience of Daimler Chrysler SA and Ford SA is that Numsa has reacted to business initiatives rather than the other way round.

Numsa's approach to HIV/AIDS is at best an attempt to educate and to alleviate workplace discrimination in employment practises and the encroachment on human rights with regards to forced testing and towards improving health benefits. There is no attempt to move the battle beyond the workplace as a socioeconomic disaster facing their membership, their families and communities.

At present, an estimated 20-40% of workers in the metal industry are HIV positive.