

National Strategic HIV/AIDS Plan

Making it work for labour

Government has adopted an ambitious plan to address HIV/AIDS. **Nina Benjamin** unpicks how labour can convert this Strategic Plan into a set of meaningful demands in the workplace that do not only focus on HIV/AIDS.

“**H**IV/AIDS is not at the centre of the work of the union and it seems to be getting more difficult to put it on the union agenda. It seems that people do not care enough to put the issue on the agenda. In most cases it is not included in the collective bargaining process.”

“It is not that workers are not interested in the issue of HIV& AIDS; it is just that people are tired of hearing the same thing over and over again. Many people feel that we cannot just go on talking about prevention and that we need to start including treatment in more workplaces.”

These are the views of two trade union HIV/AIDS coordinators who participated in a Labour Research

Services (LRS) workshop at the end of July this year.

Over the past year the LRS has conducted workshops with union members involved in HIV/AIDS programmes. The workshops are aimed at strengthening the role of organised labour in implementing, monitoring, evaluating and improving the National Strategic HIV/AIDS Plan 2007-2011 (NSP).

WHAT IS THE NSP?

In 2007 the government adopted the NSP. The plan aims to halve the rate of HIV infections by 2011 and to treat and provide care and support for 80% of people living with HIV/AIDS and their families.

This plan emerged through widespread consultation and negotiations with many sections of civil society and organised labour. With the new NSP there is a shift from the denialism of the past government and an acknowledgement that HIV/AIDS is one of the major challenges facing South Africa today.

The plan focuses on four priority areas: prevention, treatment, care and support, human rights and access to justice and research, monitoring and surveillance and to develop a broader understanding of the causes for the epidemic and possible ways of responding. The NSP recognises several contextual factors such as poverty, unequal gender relations and gender-based violence, cultural attitudes, stigma and labour migration as underlying causes in the spread of the epidemic.

In the view of union HIV/AIDS coordinators who participated in

the LRS workshops the NSP offers labour a number of opportunities.

Firstly, it offers the possibility of rethinking strategies in dealing with stigma by creating programmes and activities which focus not only on prevention but also treatment and importantly human rights and access to justice. Treatment campaigns linked to the NSP can help dispel the fear that HIV equals death.

A focus on broader human rights issues will help people see HIV/AIDS within a broader social context. In the words of a workshop participant: “We can now make a clear connection between sexual harassment and HIV/AIDS and that this should be part of the way we raise awareness about the need for companies to have sexual harassment policies in place – which in turn can raise issues about gender-based violence and the spread of HIV/AIDS.”

Secondly, the NSP allows labour to align existing workplace HIV/AIDS programmes with a broad national plan of action. In some instances this would need a reworking of existing policies and programmes and in other cases it could provide a framework for the development of workplace policies and programmes.

Where employer workplace policies exist, labour is able to monitor and evaluate these policies against the priorities and goals of the NSP. Labour’s hand is strengthened by the NSP as it can be used as a framework in negotiating partnerships with employers and government around treatment and the protection of

human rights of workers.

A Sactwu (South African Clothing & Textile Workers Union) participant at a June workshop gave an example of the effectiveness of such partnerships, “We are building strong partnerships with employer organisations, and government clinics. We have signed an agreement with the Department of Health which is a win-win situation. An example of how this works is the assistance provided to workers in a central clinic in Mitchell’s Plain that has been opened after hours for workers to access the clinic outside of working hours.”

Finally, a national plan assists in providing a set of priorities, goals and targets that are important when framing collective bargaining demands. In the area of prevention it can help to frame demands which focus on an increase in prevention programmes such as a spotlight on male and female sexual health programmes, and the creation of workplace conditions that lead to testing and which prioritise the provision of antiretrovirals (ARVs) and counselling for HIV-positive pregnant women.

DEMANDS BASED ON NSP

The priority area of treatment, care and support can assist in shaping demands for access to ARVs and the establishment of wellness programmes. Presently the provision of ARVs seems to be restricted to larger companies as smaller companies claim that costs are too high.

The demand for access to ARVs could focus on access at the workplace or through employer-government partnerships. Wellness programmes are an important way of dealing with health issues in a

holistic manner. The demand for wellness programmes could also address problems like diabetes and TB and ensure that workers have time off to access treatment.

An important goal that forms part of treatment, care and support is to address the special needs of pregnant women and children. A collective bargaining demand that focuses on improving the general conditions of women and children by for example ensuring that women are fully paid while on maternity leave and that child-care facilities are available, can be an important way of mainstreaming HIV/AIDS. Women who are pregnant and give birth in a secure and affirming environment are more likely to focus on their health and the well-being of the child.

The NSP also has a focus on the human rights of women and girls and people with disabilities. It identifies the importance of promoting gender and sexual equality to address gender-based violence in the struggle against HIV/AIDS. Using the NSP as a framework, labour can locate HIV/AIDS in the union’s gender work, rather than being another marginalised issue dumped onto the gender coordinator.

“Even the gender coordinators in the union, who often are appointed to work with HIV/AIDS issues too, now only focus on gender issues and leave the HIV/AIDS issues aside as they feel overburdened and undervalued,” said a workshop participant.

Using the NSP framework the gendered nature of HIV/AIDS can be made clear as gender activists can best demonstrate how unequal sexual power relations fuel the epidemic. It is clear that challenging sexual gender roles is one of the fundamental pillars for struggling against the epidemic.



CONCLUSION

The government has taken an important and ambitious step in adopting a national plan to address HIV/AIDS. A plan however remains a set of good intentions if different sectors in society do not make it a reality.

We have already passed the half-way mark set by the NSP and many of the targets are still far from being met. Labour has been slow to respond. The largest number of people living with HIV comes from the economically active population, so labour has to make the NSP a reality.

Labour has an important role to play. Firstly, in ensuring that employers and government meet their obligations in fulfilling the NSP targets. And secondly, in turning what is often viewed as an individual, behavioral issue into a political and rights-based issue that deals directly with gender-based violence and sexual, social, economic and political inequalities. LB

Nina Benjamin is the Labour Research Service Gender Research Coordinator.