

Public Sector Unions tackling HIV/AIDS in Southern Africa

A PSI-UNISON project 2008-2011



“If you engage unions things will happen – they’re the voice of the people”.

**(Partnerships Officer,
National AIDS Commission,
Zambia)**



1. Introduction

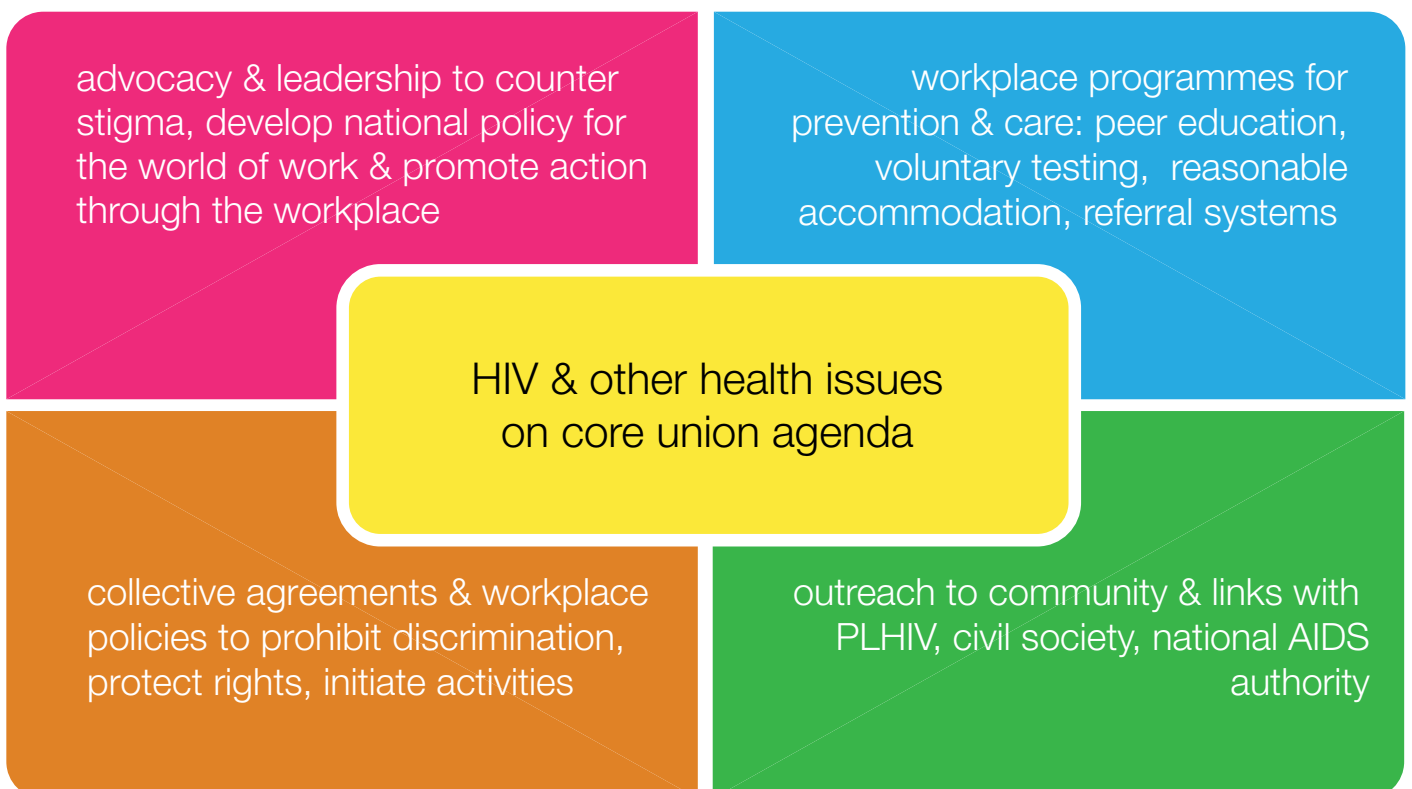
The purpose of this project was to strengthen the capacity of public sector unions in southern Africa to respond to HIV and related conditions. Thirty-two unions in 11 countries (Angola, Botswana, Lesotho, Malawi, Mauritius & Rodrigues, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe), with a combined membership of over 700,000, came together to take action on HIV and AIDS. They brought their comparative advantage in the following areas:

- representing the needs and protecting the rights of large numbers of workers;
- negotiating with employers and advocating with government; and
- informing, training, educating and influencing members, their families and communities.

They were supported by UNISON, the UK public service union, and Public Services International, the global union federation. The project was funded by a grant from the UK Department for International Development. An external evaluation was conducted by Susan Leather in early 2011 and this is a shortened version of that report.

2. Project approach

The challenge for the unions in the face of the epidemic was to protect the rights and health of their members and the broader community and to help maintain vital public services. They developed a two-pronged approach, integrating HIV issues in policy development and negotiation as well as in their organising and educational work:



3. HIV impact on the public sector

Southern Africa bears the burden of high HIV prevalence combined with limited resources to cope. The public sector is the one most exposed to the impact of the epidemic as well as being the major employer: not only does the health service have to manage the most direct consequences of HIV-related sickness and death, but the government must deal with the impact of AIDS on all social and economic sectors. The impact of AIDS on the public sector has not been fully established, but a number of economists¹ have presented clear evidence of a complex web of impacts as well as the benefits of workplace programmes in countering them.

“We have mainstreamed HIV in our policies and in our services to members thanks to the insistence of the project and the guidance we received.”

(Zambia)

4. Project activities

The unions concerned were well aware of the needs of their members in relation to AIDS, their responsibility to defend rights and promote wellness, and the obstacles facing them. A number had previously taken some – often ad hoc – action on AIDS but the project enhanced understanding, skills, knowledge-exchange and coordinated responses. It helped the unions develop the skills and confidence to advocate and bargain more effectively with government at policy level and with their immediate employers, and also provided guidance and technical support for workplace activities. Directly and indirectly it enabled them to reach substantial numbers of adults in the age group most at risk of HIV.

The main areas of focus were:

- deepening understanding of HIV as an issue of human and labour rights and building capacity to advocate, develop policy and undertake collective bargaining in this area;
- strengthen capacity to initiate and contribute to workplace programmes, including peer education for prevention, support and care;
- ensuring communications, exchange and the sharing of good practice among the project unions and with other partners, including civil society and the national HIV/AIDS authorities.

The shift from HIV as an ‘add-on’ to a core part of union business meant that the unions mobilised their networks of shop stewards and branch organisers, undertook extensive ‘training of trainers’ activities, and progressively helped messages about HIV reach the membership at large. The commitment to taking action over the long term was shown through a doubling over the period in the number of unions with HIV policies and budgets. All now have an HIV coordinator, and many have networks of coordinators or focal persons at branch level.

The project provided technical support and enabled the exchange of ideas and experience through a project website; a regular newsletter; the production of 14 ‘How to Guides’ on subjects from stigma and gender to ARVs and nutrition; and an annual regional seminar for all the activists, plus more frequent meetings of a coordinating team.

¹ See for example the work of the ILO and also Markus Haacker at the IMF and Alan Whiteside at HEARD, University of KwaZulu-Natal, South Africa, among others

The newsletter
“records
activities by
different unions,
promotes
networking and
information
sharing”

(South Africa);

“informed the
progress of the
implementation
schedule”

(Zimbabwe); “a
good way of
sharing best
practices”

(Malawi)

The newsletter was also appreciated by external stakeholders for the range of topics covered and the concrete detail included. Organisations requesting it on a regular basis include government departments, UN bodies, NGOs and private sector unions.

The project also provided funding for a national seminar in each country and set up an Activity Fund to provide a modest sum to each individual union for an activity of their choice. These were used well to provide information and training to key officials in order to obtain a multiplier effect. In addition they helped build relations with external partners, especially associations of people living with HIV, but also government. In South Africa, for example, the department of health pointed to the unions’ ‘watchdog’ function and commended them for holding government to account on their commitments; in Angola the ministry of health thanked the unions for interpreting and popularising legal provisions on HIV and AIDS.

5. Stigma, discrimination and the defence of rights

Partner unions gave high priority to defending the rights of those directly affected by HIV, including carers as well as workers living with HIV, whether openly or not – in particular the rights to continued employment, to non-discrimination, to confidentiality, and to ARV treatment, care and support. In Namibia a priority was to ‘normalise’ the epidemic so that it could be discussed openly, thus reducing stigma and discrimination. Union strategies on rights took a multi-level approach:



National Seminar in Swaziland, November 2010

“The Department’s position on trade unions has shifted from suspicion to respect for their AIDS competence. We need them – they’re more knowledgeable than we are!”

(Official at Gauteng Dept. of Health, South Africa)

- i) lobbying and/or negotiating with government to strengthen the national or sectoral policy framework;
- ii) training union negotiators, shop stewards and branch organisers on workers’ rights in relation to HIV and how to secure agreements or policies at the workplace; and
- iii) educating the membership so that they understand their own rights.

All the unions were committed to the introduction of workplace policies and programmes² on HIV, but understood the benefits of linking the issue to other concerns such as occupational safety and health (OSH) or gender equality and making use of existing union and workplace structures. There was an increase of nearly 100% over the period in the number of unions which conducted collective bargaining negotiations that included provisions on HIV. In Zambia no collective agreements included HIV before the project – now many do, in all six public service sectors.



Union activist presenting union plan during national seminar on HIV/AIDS in Mauritius, February 2010.

6. Peer education

The achievements of the unions’ networks of peer educators (PEs) were significant in promoting trust and frankness, encouraging discussion of difficult issues, challenging the myths and taboos around HIV, and helping men and women understand more about each others’ sexuality, feelings and needs. Gender training was a priority in Mozambique. And in Botswana one union was experimenting with workshops for men on gender, violence and HIV. “Violence against women and children is a big problem – the union must take a stand”, said the organiser. “We sensitise male comrades that caring is not only for females to do.” In Zambia peer educator-counsellors took on the difficult task of promoting and supporting partner notification, and in Malawi and South Africa PEs tackled the culture of sexual harassment at the workplace. The educators were often perceptive in their approaches, favouring one-to-one contact over time in order to build trust.

² Key reference documents were the ILO Code of Practice on HIV/AIDS, the SADC Code on HIV/AIDS and Employment, ILO Recommendation No. 200 on HIV and AIDS

“Workers through this project are able to go for VCT and claim their rights to the employer. They are also able to speak freely if they have contracted the virus.” **(Malawi)**

The unions had a number of strategies to encourage voluntary testing, including broad-based campaigns and wellness events. Several were pioneering health tests as opposed to HIV tests – optional broad spectrum tests that included, for example, diabetes, blood pressure, eyesight, and/or STIs.



Tsitsi Mariwo Project Coordinator at the training of trainers on workplace policy development with unions in Botswana, April 2010

7. Health care workers

Almost half of the workers represented by unions in the project were in the health sector, the largest single group being nurses. These unions had clear ideas about the issues and needs in their sector and were doing their best to address them. Apart from work on needle-stick injuries and other occupational risks, unions were promoting the broader concept of ‘caring for the carers’, for example in South Africa and Zimbabwe, including ensuring access to ARVs. Variations on this were the support group set up at the University Teaching Hospital of Zambia, for staff living with and affected by HIV and the wellness centre for health workers in Swaziland offering counselling, voluntary testing, TB treatment and stress management. Another sensitive issue, which the unions discussed openly, was that of discrimination towards patients. The unions concerned were using a combination of negotiation, policy development and education to move forward.

“We discuss who is closest to this one, in age or kinship or from the same village, and that person goes to speak to him – many times if necessary. We explain that if he has the test he can get drugs. Many of our colleagues are now well because we helped them get the test.”

(Malawi)

8. Young workers

The threat of HIV to young people was a preoccupation for many activists questioned. Several of the unions had targeted workshops or training programmes at their younger members, for example in Malawi, South Africa and Zimbabwe, and the unions in Mauritius and Rodrigues had organised a range of activities for young people, some of them out-of-school and unemployed youth, involving local youth clubs, village committees and religious organisations.

9. Conclusion and follow-up

The project evaluation concluded that it should be counted as a success and PSI and UNISON commended for having implemented it. “In terms of meeting the agreed targets and indicators it was largely successful, but its achievements exceeded the requirements of the logframe.” The full evaluation report outlines approaches and activities that are replicable elsewhere as well as identifying lessons learned. In fact, such were the real achievements of the project that PSI and UNISON are working with the unions to find ways of continuing their support, underpinned by the commitments of the union leadership. PSI’s national coordinating committees will continue to provide the unions with a framework for exchange and coordination, and funds have been made available to continue servicing the website and producing the newsletter. UNISON is hoping to replenish the Activity Fund as a boost to the partner unions and to help them extend the project’s benefits more widely.

The report also emphasises the broader development context of the project and urges development planners and decision-makers to learn from it the many ways trade unions can contribute to policy formulation, planning and implementation.



Regional seminar in Johannesburg, February 2011.

“The AIDS epidemic has provided a necessary reminder of the importance of human resources in development. Social and economic planning is strengthened through the involvement of the workers who have responsibility for spearheading change. Health system strengthening, for example, should involve health workers and their organisations in planning as well as implementation.” **(evaluation report)**



For more information about this PSI/UNISON project visit <http://www.psufasa.org>

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