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Responding to HIV/AIDS in the world of work in Africa: the role of social protection

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and
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ILO Programme on HIV/AIDS and the world of work
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PREFACE

The ILO estimates that over 70 percent of the 40 million adults presently living with HIV/AIDS are workers, engaged in both formal and informal economic activities; most of them are in their productive prime and, as such, are essential to social and economic security and national development. It is therefore important that the provision of social protection, which includes social security, health insurance schemes and medical benefits, should be part of a comprehensive response to managing HIV/AIDS at the workplace.

A key area of focus for the ILO's programme on HIV/AIDS and the world of work (ILO/AIDS) is research and advocacy around the social, economic and development consequences of the epidemic, and the provision of policy guidance in the context of poverty reduction and social protection. AIDS is part of a vicious circle whereby susceptibility to infection is increased by poverty, and the impact of the disease makes poverty worse. The ILO supports a range of initiatives to help mitigate the impact of the epidemic on lives and livelihoods, from guidance on social security and human resource management to income-generation and micro-insurance schemes.

This paper was prepared for the 6th International Conference on Community and Home-based Care for People living with HIV/AIDS (Dakar, December 2003). It reviews and suggests a number of responses, not only to HIV/AIDS itself but to broader needs in Africa for the protection of its people from economic and social insecurity.

Starting with a historical overview of care and social policy in Africa in the light of the development challenges of the HIV/AIDS epidemic, the paper analyzes social responsibility in the private sector; decentralised system of social protection; and health and micro insurance schemes. It addresses how individuals and households cope with the impact of HIV/AIDS when they have little access to viable systems of social protection. It also looks at mechanisms for a more effective response to the epidemic; including, adapting and extending social protection systems, and public-private partnerships.

The ILO and its tripartite constituents (governments, employers and workers) acknowledge that solidarity, care and support are critical elements of a workplace policy to mitigate the impact of HIV/AIDS. This is articulated in the ILO Code of Practice, which provides guidelines for the delivery of HIV/AIDS care and support.

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I. BACKGROUND

1. AIDS and the social fabric in Africa

Governments throughout sub-Saharan Africa (SSA) are now facing the challenge of how, with severely limited economic resources, to provide basic levels of care and support to everyone affected by HIV/AIDS. In developing countries, family and community members have always played a key role in delivery of healthcare. When someone falls ill, the person is looked after by a community member, the extended family contributes what it can and fellow workers may give up leave days to the sick person. To date, more community-rooted initiatives have been developed than government ones, including initiatives by people living with HIV/AIDS. An example of good practice in community based-care and sharing of responsibilities is that of the AIDS Support Organization (TASO) in Uganda.

But AIDS has cut deep into the social fabric of affected African communities, which now face a severe challenge. Because of the breakdown of the social cohesiveness of communities caused by socio-economic and political changes, they can draw on less willingness and fewer resources to face up to it¹. Squeezed on both sides, what future is there for care for HIV/AIDS infected and affected people in Africa?

2. Care and social policy

Caring properly for people, individually and collectively, requires an effective social policy even in the absence of an epidemic. Caring requires the investment of time, money, structures and institutions. Support is necessary not only for the care recipient, but also for the caregiver who will find it difficult to earn a living full-time while caring.

The quality and quantity of support a society allocates to care recipients and caregivers signals the value people place on each other, the nature of their human and spiritual ideals and the strength of their commitment to these.

Adequate social arrangements become even more of an imperative in an epidemic such as HIV/AIDS, though the need to “put out the fire before the house burns down” may obscure this. Even while in the middle of the emergency, the need for new, more effective social arrangements should be addressed; care solutions provided in a virtual policy vacuum and spotty institutional framework will not be sustainable. Fighting the diseases of poverty takes more than medical solutions, or shifting the burden of care to the community.

This paper will try to demonstrate that African countries need to completely revise their socio-economic arrangements if they are to reconcile their social and productive systems, and so reverse the impoverishment that leads to disease and other scourges. For the ILO, employment and social protection are two sides of the same coin when it comes to fighting poverty: often the working poor are just managing to keep their heads above water, when along comes a catastrophe in the form of accident or illness which takes them

¹ Maxine Ankara: *the impact of HIV/AIDS on the family and other significant relationships: The Africa Clan revisited*. AIDS Care, 1993, 5:5-22

down. Ill-health not only affects their capacity to earn, it can also deplete the resources of the family. The result is absolute poverty and a host of social ills such as child labour.

Social arrangements in African countries (and generally in developing countries) are a neglected area for decision-makers. They have received little attention in comparison to that received by economic policy, because those who set the development agenda believe that economic development comes before social development. The latter is therefore considered a luxury for Africa's mainly poor countries. Searching the literature for "social policy" and "Africa" comes up with few hits, most of them links to the World Bank, the United Nations Development Program and other UN agencies, a few universities and a failed attempt by the Council for the Development of Social Science Research in Africa (CODESRIA) to launch a future for social policy in Africa in 1994.

Paradoxically, the object of social arrangements, what we call today "socio-economic security," is something upon which African societies were built. Traditionally, ensuring the socio-economic security of all was the very focus of collective life, around which societies elaborated very complex, egalitarian, and solidaristic arrangements.

3. A historical overview of social policy in Africa

3.1. Pre-colonialism: social policy as a lost way of life

Basically, social arrangements concern themselves with care for the family – particularly children, the elderly and the sick; with food security; with education and skills development for leading a productive life of one's choosing, with becoming a fully-fledged member of society and discharging one's duties honourably.

In Africa, the values that infuse care with meaning arise from the worldview that all that lives is the physical, visible manifestation of a transcendent reality or principle, whom Africans call God. This led to a respect for the living such that everyday, mundane affairs, family life, community life, productive activities were all carried out in a way that recognized this sacred underlying dimension.

Despite an impressive variety of societal structures (matriarchy, patriarchy, monarchy, egalitarian society, etc.), this respect led to highly inclusive societies which, up to the colonial invasions, had evolved in such a way to meet each member's need for care at different stages of life, according to the prevailing social norms and expectations. Typically, everyone had a place and role in traditional societies: the young, the old, the mentally ill, women, men, defined by age and sex. It was, for example, men's duty to give up their lives to defend the clan, while women's giving was on a more daily basis by looking after the household. The elders were looked after by their children once they had lost strength and vigour.

Bonding between individuals was extremely strong (though "individuals" is probably an inappropriate word since other members of the same extended family, clan or village were considered the same, or much the same, as self). The nature of the bonding appears incongruous in modern times and to individualistic natures, but it ensured the socio-economic security of all. Whatever you had, you shared with any member of your family, who was welcome to visit you for any length of time, and you were happy to be together. This way of life was not without costs, but every person in the group invested or sacrificed time, resources and individual destiny to it. The institutions and structures supporting this way of life were the extended intergenerational family, traditional leadership structures such as monarchs, councils of villagers and elders, women's and men's initiation teachers, peer group associations and inter-clan alliances. Implementing social policy was a way of life.

Life soon changed drastically: African kingdoms and political structures were lost to the Europeans, and their people first experienced slavery and then colonialism. Under colonialism, and then under independence, a new public sphere was set up to administer the relations of production, and it took collective decision-making away from the traditional African sphere. New socio-economic arrangements incorporating the values, norms and social relations of the Northerners were introduced where the purpose was not the welfare of the Africans. Under the new system, nature was to be dominated and exploited to produce accumulation, employment-related benefits replaced kinship-related benefits, a male breadwinner was presumed head of a nuclear family, and women's social and economic roles were downplayed. Useful notions such as efficiency, technological mastery and others were introduced, but Africans' everyday life was split into two worlds premised on very different values, norms and world visions: an official world and a familiar world, in which they spoke different languages and were even called by different names. Social policy dealing with the real structures that nourished African societies was evacuated from the new public decision-making arena and has since yet to reappear, despite independence.

3.2. Post-independence: the losses continue

After independence, the new states continued with the dual social arrangements which they had inherited. They carried out a certain broadening of the provisions for care: under the state-led economic development models, the newly independent states started providing more public sector jobs, which came with statutory social security. Thus, a proportion of workers were insured against loss of income due to old age, sickness, invalidity and death, while the majority continued to work in agriculture. The small numbers of workers in the formal private sector also had access to these benefits, which rarely included maternity and child benefits. It has been estimated that even today, those directly covered make up less than 25 per cent of the total population – and are mainly male.

In addition to the traditional networks of provision, people have had to develop new forms of social solidarity, giving rise to a variety of associations based on mutuality, self-help organizations, consumer and savings associations, cooperatives, informal trade associations and what are called decentralized systems of social protection (DSSP).

With the benefit of hindsight, it can be seen that the post-independence leaders did not – could not – think of addressing the hidden but crucial issue of how the socio-economic and welfare functions of the extended, intergenerational African family would relate to the requirements of economic modernization. This is the source of a host of problems such as corruption and nepotism, and not having sufficiently strong social arguments to counter or adapt proposed structural adjustments. As Lieven (2001) comments, describing the slow pace of development in another part of the world with strong social traditions, the Caucasus and Central Asia:

Where an effective extended family does exist, its members would feel it as an utter disgrace to see one of their old people starve or beg. If only one member of such a family group has a good job, even distant relatives will benefit to some degree. But of course, as everywhere else in the world where such ethics apply, they have a colossal downside as far as the interests of the state and modernization are concerned. For they also mean that anyone with access to state funds will feel morally obliged to share them among his relatives and give those relative precedence in gaining state jobs. In any case, where the interests of the state and those of the family clash, there is not much doubt which will win. This clash of official state ethic and social ethic—or between the pays légal and the pays réel – is of course characteristic of most of the “developing world”.

Two decades after independence, choosing to believe that they had no alternative, Africans accepted structural adjustment programmes in which basic services such as health, education, clean water and sanitation were no longer provided by the state or were priced beyond the reach of populations. This turned the 1980s into “the lost decade for development” that has since become the lost quarter century for development for most African countries. Poverty reduction has replaced structural adjustment, keeping the same macroeconomic structure, while allowing some of the concerned populations to say something about it in a public forum. They can also put their views down in a Poverty Reduction Strategy Paper which guides the diminishing flow of Official Development Assistance in their direction. As yet, these discussions and papers have not been used to raise the raging issues of the effectiveness of social policy, issues such as employment, how the limited statutory coverage and the small-scale community-based social provision efforts of the majority could be tied together and so on.

To summarize, the explanations for the neglect of the natural structures of the community and the extended intergenerational family in official social policy are perhaps:

- the colonial legacy, leading to an inability to consider the domestic and familiar as a subject for serious public debate;
- a conflict of values between *pays légal* and *pays réel*;
- not being inclined to think, research and analyze what seems only natural;
- a surrendering to others of the responsibility for charting one’s own path;
- lack of creativity, or perhaps inability to leverage up small-scale proven solutions;
- insufficient representation and voice of those concerned: even where the laws exist, e.g. freedom of association, there is insufficient participation in decision-making, and
- discarding/demobilization of the elders, and the usually limited role of traditional leadership.

4. Development challenges of the HIV epidemic

4.1. Poverty and HIV/AIDS

Thus, no matter what regime it has been placed under in recent decades, social provision has failed African societies, whether it is from the perspective of being the “handmaiden of the economy” for those who take the utilitarian point of view or of enabling people to fulfil their sacred duties towards one another. Even before a major epidemic declared itself, the inadequacy of the social arrangements which let slip into poverty far more than they retained was patent. High infant mortality, malnutrition, wasted human resources, the high rates of women affected, precarious employment, limited coverage and overwhelmed systems of social security/protection institutions, all contrived to set the scene for an epidemic of dramatic proportions. The HIV epidemic has shone a harsh and glaring light on the inconsistencies and inadequacies of the collective social arrangements that Africans have agreed to since independence.

The global pattern of the disease shows that it has had a limited impact in richer countries, whereas in poorer countries prevalence of HIV infection can rise to as much as 38% in the general populations².

Low nutritional status precipitates the onset of the disease, and makes it difficult to treat very poor people; the reassuring information that asymptomatic, HIV-infected people who can maintain a good nutritional status can live longer is filtering through³. What is more, the administration of antiretrovirals (ARVs) to AIDS patients with low nutritional status is likely to be of limited effectiveness.

Much of the behaviour that leads directly to infection results from the efforts of poor people to survive. For example, they will migrate to places where they can earn a living and send money back home, or participate in commercial sex. Earning insufficiently to make a living despite long hours in unhealthy, unsafe working conditions increases vulnerability to all kinds of diseases and accidents. And where there is poverty, ignorance is never far away, and people still undertake certain practices that spread the disease. All efforts to reach the Millennium Development Goal of halving absolute poverty by 2015 will contribute to reducing HIV/AIDS incidence.

4.2. Poverty, work and health

As poverty is such a fundamental determinant of susceptibility to HIV and the onset of AIDS, a primary determinant of poverty itself is the lack of access to employment that is sufficiently productive to attract a living wage, that is carried out under decent working conditions, that sustains health and well-being, and that ensures material socio-economic security. The 1.3 billion people living in absolute poverty, whose numbers all countries have undertaken to cut in half by 2015, are in fact supported by 560 million working poor⁴. In today's Africa, close to 80 per cent of non-agricultural employment, over 60 per cent of urban employment and over 90 per cent of new jobs over the past decade have been in the informal economy⁵. With most of the labour force in the informal economy, the majority of people with HIV/AIDS would naturally be found working there. The measures to combat the epidemic must imperatively address the medical, public health and socioeconomic dimensions simultaneously in order to be effective.

Informal economy workers are not alone in that plight - public sector workers are considered to be working poor in several African countries due to low wages. But while public sector working poor will have privileged access to prevention, treatment and care, informal sector working poor do not find information and prevention measures at their workplaces and they will have to fund and provide treatment and care out of their pockets or that of the extended family. This is because to work in the informal sector generally means that people are not recognized or protected within the legal and regulatory frameworks; they receive little or no legal social protection whereas they are the most exposed to life-threatening working conditions (i.e. no sick leave, maternity leave, no compensation for accidents, no health insurance, no pensions); they are unable to enforce

² UNAIDS/WHO, *AIDS Epidemic Update 2002*, Geneva 2002

³ "HIV/AIDS patients living under appropriate nutrition can live for up to ten to twelve years with the virus" *Positive nutrition vital for HIV-positive people*, by Lilian Muendo in the East African Standard newspaper, Saturday, September 13, 2003

⁴ ILO, *Global Employment Agenda*, Geneva 2002

⁵ *Employment and poverty in Africa : an overview*, African Union, Addis Ababa 2002

contracts and have no property rights. They are rarely able to organize for effective representation, and have little or no voice to get their needs and concerns taken into account. Access to public infrastructure and benefits which could improve their living and working environment is limited. Even more critical is that the informal economy is becoming unable to absorb all job-seekers and open unemployment is starting to occur⁶. People in such circumstances are vulnerable to diseases such as HIV, malaria and tuberculosis.

There are more links between HIV/AIDS, work and production. Because of its mode of transmission, HIV primarily affects adults, the productive force of the country, seriously weakening the main resource for its construction and development. Teachers and other workers are particularly badly hit. The effect can be as far reaching and severe as to threaten food security when it is the productive force in the agricultural sector that is diminished. According to the AIDS Epidemic Update (2002), “The food crises faced in [Lesotho, Swaziland and Zimbabwe] are linked to the toll of their longstanding HIV/AIDS epidemic, especially on the lives of young, productive adults”.⁷

With youth unemployment a serious and persistent problem, young women are particularly hard hit: the age group of 15-24 has the highest incidence in several countries. This reflects a total breakdown in the social control of sexuality, with poverty at work again. The young women sell their bodies to help their families, and men take advantage of the opportunity, or express feelings of powerlessness and despair through sexual violence - when they are not driven by a mistaken belief in the healing power of the virgin female body. Africa has come a long way away from the life of honour that used to prevail in traditional communities, just two or three generations ago.

4.3. HIV/AIDS, work and care

There are, on the other hand, several positive links between HIV prevention, treatment and care, and the world of work. The workplace represents a suitable channel for information and education to workers and their families about rights and prevention, and for actively involving them in their treatment and care. Care and support are critical elements of a workplace policy on HIV/AIDS and the ILO Code of Practice recommends that “solidarity, care and support” should guide the response to HIV/AIDS in the world of work, and that workers with HIV should not be discriminated against in accessing and receiving benefits from social security and occupational health schemes.

Employment helps HIV-infected people to be as productive as possible for as long as possible, even when they start suffering from AIDS. It can help them afford proper food and treatment for themselves and to retain a life-enhancing sense of dignity and belonging. It is important to stress the importance of adequate workplace support, including non-discrimination. Employment or income transfers on special terms help those caring for AIDS sufferers to be able to care for their loved ones while remaining active. The growing army of grandmothers looking after their orphaned grandchildren, at a time of their lives when they are supposed to be recovering from a lifetime of work, also need financial support or social protection benefits. The limited and poorly conceived pension schemes operating in their countries generally fail to distribute these.

Nonetheless, in Africa there are several encouraging signs that the rate of infection can be brought under control. The AIDS Epidemic Update (2002) notes that a number of

⁶ ILO, *Global Employment Trends*, Geneva 2003

⁷ UNAIDS/WHO, *AIDS Epidemic Update 2002*, Geneva 2002

countries are demonstrating that prevention efforts are paying off.⁸ Uganda continues to demonstrate that the epidemic does yield to human intervention: it is witnessing a steady drop in HIV prevalence among 15-19 year-old pregnant women, with condom use almost doubling between 1995 and 2000/2001 in the 15-24 age group, and more women in that group delaying first sexual intercourse or abstaining entirely. Prevalence rates are dropping among specific groups in other countries including South Africa and Ethiopia. As prevention efforts are stepped up, and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) interventions come on stream, prevalence rates will hopefully stabilize and start to drop in more and more parts of the continent. But the challenges will turn to providing adequate treatment, care and support to the millions of people living with HIV/AIDS, and children orphaned by the epidemic.

⁸ UNAIDS/WHO, *AIDS Epidemic Update 2002*, Geneva 2002

II. SOCIAL RESPONSIBILITY IN THE PRIVATE SECTOR

1. Workers in Africa's formal sector

The epidemic has seen the formal private sector, on its own initiative, rising to new levels of corporate social responsibility. Large companies in several African countries are playing key roles in prevention, treatment and care for their workers and their families, and several are also extending support to the communities surrounding the workplace.

The companies have calculated that the costs of intervention can be minimal in comparison to the benefits (keeping their skilled employees, less absenteeism due to illness or funerals, maintaining productivity and profits, gaining/keeping a good name, and so on), even where assistance is provided to the community: the World Economic Forum Global Health Initiative documents a range of intervention costs from \$17/employee/year to \$60+/employee/year, including with community outreach programmes.

Companies are engaging in public-private partnerships that are more comprehensive and far reaching than before, particularly for community outreach, supporting the government-provided medical and social services or working with NGOs. The ILO has agreed with the Global Fund that public-private partnerships for prevention, treatment and care can be financed through the Fund, and is developing a co-investment programme to expand the business response to the epidemic.

Some companies are also undertaking business-to-business outreach, in which they coach other (formal) companies in their supply chains – though they have not usually extended this to informal firms, even when these are part of the supply chain.

Botswana has become the first African country to adopt a policy to ultimately make ARVs available to all citizens who need them. About 2000 are currently benefiting from this commitment. In addition, a handful of companies (such as AngloGold, De Beers, Debswana and Heineken) have announced schemes to provide antiretrovirals to workers and some family members. These are valuable efforts. Measured against the extent of need, however, they are plainly inadequate.

AIDS Epidemic Update 2002

While there are several examples of companies supporting public services, there are virtually no examples of companies getting involved in supporting social protection approaches in the general population, like health micro-insurance systems (MHIS) or pensions.

2. Workers in Africa's informal economy

While a minority of workers in the formal economy in Africa stand an increasing chance of being treated through their workplaces if they fall sick, the majority of the working population in Africa is found in the informal part of the economy, or in small and medium enterprises. Here, prevention, treatment and care through the workplace are very remote possibilities. And yet, this is not because people in the informal economy have the wrong attitudes to corporate social responsibility. Production units in the informal economy are typically family businesses, with the workforce comprising unpaid family members and apprentices. A minority will be hiring salaried workers, and then usually on a temporary basis. A large and growing proportion will be very small-scale women-operated

units. The motivation for going into business of most operators will be survival, rather than growth. Informal units “do business” simultaneously within two distinct frames of reference which sometimes collide and sometimes converge. The modern and traditional values between which informal units swing can be captured in the following manner⁹:

| Modern Eurocentric values | Traditional African values |
|---|--|
| <i>the individual is a singular entity, carrying inalienable rights</i> | <i>the belonging and the allegiance of the individual to the group gives rise to a high degree of socialization in the different aspects and spheres of the daily life</i> |
| <i>behaviour is guided by autonomy, self-interest, individual rationality</i> | <i>behaviour is guided by integration, the need for security within the local community, collective rationality</i> |
| <i>the search for promotion and (upward) social mobility generally prevails</i> | <i>obligations of reciprocity and sharing generally prevail</i> |
| <i>the aim of savings, accumulation and development is economic growth</i> | <i>the propensity for redistribution, consumption and prestige-spending aims at reinforcing alliances and community ties</i> |
| <i>more importance is given to consensus to preserve law and order</i> | <i>more importance is given to unanimity to preserve harmony and understanding within the group</i> |
| <i>the legitimacy of commitments and contractual obligations is based on legal acts sanctioned by the State</i> | <i>the legitimacy of promises, agreements and symbolic sureties is sanctioned by local norms of customary law</i> |

In the informal economy, therefore, separation of the workplace from the family or the workplace from the community is rare. Extending treatment and care from the informal workplace would happen easily, if prevention, treatment and care could be channelled through informal sector organizations. People have nonetheless been doing the best they can with the means within their reach, and coming together in organizations of their own to pool their resources and to share risks. They have set up “tontines” or savings and credit groups and various decentralized systems of social protection including mutual health organizations, health micro insurance schemes (HMIS), cooperatives, microcredit schemes and ethnic and regional groupings, to access services and acquire voice. Examples of informal trade associations are found in most countries. In Tanzania, the informal trade movement VIBINDO has been providing direct support to trade groups in establishing and running HMIS. In Mali, HMIS have constituted themselves into a federation; in Uganda, a national network facilitates exchange among HMIS and provides technical support. The

⁹ *L'économie informelle en Afrique francophone. Structure, dynamiques et politiques*. ILO, Geneva 2001

ILO, the World Bank and an NGO - Women in Informal Employment: Globalizing and Organizing (WIEGO) - have surveyed the field with regard to extending social protection to the poorest and least protected who tend to be women in the informal economy¹⁰.

“Micro-insurance is not merely another form of insurance or health care financing. It is a form of social organization, based on the concepts of solidarity and risk-pooling, which involves the active participation of the groups’ members.”

World Labour Report 2000: Income security and social protection in a changing world. ILO, 2000

3. The potential of community-based insurance mechanisms

Decentralized systems of social protection (DSSP) can also increase the capacity of the community to interact with government and non-governmental institutions. Informal evidence shows that since DSSP recognize their limitations in covering the needs of beneficiaries affected by HIV/AIDS, they provide support by linking individuals, families and communities to a variety of service providers that can assist members not only with health problems, but also with the provision of psychosocial support, support with the planning for the well-being of children (including their education, legal support relating to issues of inheritance, and financial support to cover costs of burial and loss of income). Examples already exist where HMIS reach agreements – sometimes contracts – with NGOs or government institutions whereby the HMIS identifies and refers households and individuals in need so that they can benefit from services. For example, the *Mutuelle des volontaires de l’éducation national et des maîtres contractuels* of Senegal works with the NGO SOS Children’s Village to find placements for orphans in difficult situations.

To the extent that DSSP are truly community-based and governed by democratic principles, they are responsive to community needs and accountable to their members. They can therefore be used by government and NGOs to channel resources and penetrate deeper into communities so as to reach those in greatest need. This is perhaps one of the lines of action with the greatest potential. Government institutions and NGOs can channel substantial support through DSSP by providing them with grants or subsidies to undertake local action related to prevention or care; this would typically benefit the community broadly, not only the members of the scheme. The channelling of resources should entail a contractual agreement between the support structure and the DSSP that defines the responsibilities of each of the parties.

The problems seem to be related to the following issues:

- poverty, since (informal) entrepreneurs are ready to improve working conditions and hire if they see good market prospects¹¹;
- small-scale, local, dispersed, uncoordinated and unsupported nature of the efforts - solidarity is more stable when more people participate to share the risk, as the burden on each one becomes smaller;

¹⁰ F. Lund and S. Srinivas, *Learning from experience: a gendered approach to social protection for workers in the informal economy*, STEP and WIEGO, ILO, Geneva 2000

¹¹ *Report on the influence of national policies, laws and regulations on employment in micro and small enterprises*, ILO/SEED, Dar es Salaam 2001 (draft)

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- lack of official/legal recognition of DSSP (i.e. the separation between the *pays légal* and the *pays réel*), the absence of a framework within which they can be organised and link up to the national social security system, the lack of resources and financial support, and the need to build the capacity of managers and members of these systems.

4. The challenges of social solidarity

Furthermore, these organizations, to the extent that they bring together people from different backgrounds and different ethnic groups, like informal trade associations, promote what are termed “weak links”, which are essential for improving social cohesion and stability in African societies where “strong links” still prevail. The bonding that may bring one group in society together against the interests of the others is a strong link, whereas the coming together of people from different backgrounds to promote a common interest – a weak link – promotes a broader social solidarity.

The informal sector is thus far from disorganized. Its problem is that its organizations are only starting to be recognized by the State, historically blinded to their contribution. The legitimacy of the modern African state is thus not natural, or organic, as part of it is inherited from the former colonial power. If the people could see the *pays légal* coming to meet the *pays réel* and strengthening it, this would go a long way toward ending the crisis of the nation-state in Africa. For Africans to reclaim and reinvest in social policy will be the real end of colonization. Political liberation is one thing but true liberation is the freedom to be who you are, and live by your values: social liberation. On another practical level, one of the effects of the recognition of the *pays réel* by the *pays légal* would be to strengthen the productive and therefore economic capacity of society. The support the formal sector is giving to care and treatment not only for their workers and their families, but for the communities around them, demonstrates that there is awareness of this link.

Nevertheless, the formal sector represents 10 per cent of the working age population, and the majority of the most vulnerable people will not be reached through efforts in the formal sector. The state needs to be able to fulfil its role of ensuring that social protection is extended to all, and the efforts of the poorer segments of the population to meet their care and social protection needs have to be supported. Several initiatives in these two directions have been developed and promoted in association with the ILO.

III. NEW INITIATIVES IN CARE AND SOCIAL PROTECTION

1. Galvanizing and guiding the world of work's response

Social protection is a key area in the ILO's agenda for fighting poverty through generalizing decent work, with a voice for all and rights at work. Through the Programme on HIV/AIDS and the world of work (ILO/AIDS), the ILO and its tripartite constituents are leading the response to the HIV/AIDS epidemic in the world of work, together with the ILO's tripartite constituents: workers, employers and governments. Together they have elaborated the *ILO Code of Practice on HIV/AIDS and the world of work*, which has become a key resource in helping governments, businesses and workers' organizations to clarify and structure their policies, strategies and concrete responses. The ILO works with governments to create a conducive national policy and legislative framework to fight HIV/AIDS through and at the workplace; it promotes the workplace as a facilitator for access to care and support; and it promotes access to social protection and to HIV-related drugs through the implementation of social security and health insurance schemes.

The ILO has partnered a number of governments and donors to guide the implementation of programmes for the workplace, and for key sectors of the national economy (health, education, transport and mining). Together with the Governments of Ghana, South Africa, the United Republic of Tanzania and Uganda, it is working on a pilot project to promote prevention in their informal sectors, to assess the impact of AIDS on business and work, and to adapt the Code of Practice to the needs of informal workers and employers. The ILO has agreed with the Global Fund to promote and support proposals for public-private partnerships and workplace-based community outreach programmes.

Other programmes can inspire and directly support efforts to promote more widely spread social protection in agreement with African values and supportive of African social institutions, among them: Strategies and Tools against Social Exclusion and Poverty (STEP), the Cooperatives Programme (COOP), the Global Social Trust programme, and the International Programme for the Elimination of Child Labour (IPEC).

2. Supporting people's social institutions

STEP has been exploring the potential for and supporting the development of DSSP, the health care systems set up by Africans who do not have access to official social protection. Such systems perform both a health role and a social role, strengthening the community's capacity to take collective action relating to health and care; facilitating the linkages of affected individuals and households to support structures providing a variety of social services at the local level.

Many hospital-based HMIS cover the costs of HIV/AIDS testing and counselling and some link it to other benefits. The community-based Ishaka Hospital health Plan in Uganda, established by the hospital to increase access of the local population to health care, strongly advises pregnant women to undergo an HIV test during antenatal sessions.

STEP and ILO/AIDS, *Contributing to the fight against HIV/AIDS within the informal economy: the existing and potential role of decentralized systems of social protection*, ILO, Geneva 2002

Strengthening DPSS and HMIS not only has the potential of helping HIV/AIDS programmes to penetrate deeper into communities, it helps to build the social fabric by which Africans can recognize themselves. The programme promotes HMIS through an international network, which can be found at www.concertation.org.

In 2001, the ILO organized a national seminar in South Africa where the concept of social cooperatives providing care and services to their members, was discussed. The Soweto Home-Based Care-Givers Cooperative Ltd was an outcome of the partnership between ILO COOP and participating organizations providing support for people infected with and affected by HIV and AIDS. The members of the cooperative:

- Provide health care
- Provide counselling
- Conduct house-to-house information and education programmes for families and communities
- Work closely with communities in taking initial care of orphans after death of a parent
- Deal with the employers of those infected and affected
- Integrate activities of the cooperative with other social and community services.

<http://allafrica.com/stories/200203250203.html>

3. Channelling solidarity

The Global Social Trust allows international solidarity to flow through an innovative channel. It aims to encourage individuals in richer countries to voluntarily increase their social security contributions by a marginal amount which will be used to build up basic social protection systems in developing countries, particularly pensions. The Trust is piloting twinning between Luxemburg and Namibia, and aims to extend rapidly to four other countries. In Ghana, it is also pilot-testing the possibility of linking community-based health insurance with a national social security institution.

4. Developing and promoting pensions systems

As has been argued above, providing pensions would simultaneously eliminate old age poverty and provide a solution for the grave problem of care of orphans.

... A policy priority for developing countries should be to provide regular, even if small, cash incomes, preferably on an individual basis, universally to all the elderly, especially, the "hard to reach" elderly poor. ... Pension policy and pension system design for developing countries should and can contribute to the pursuit of the dual goals of growth and equality [...]

R. Charlton and R. McKinnon, *Pensions in development*, Ashgate, Aldershot 2001

The Global Social Trust and the promotion of pensions are developed by the ILO unit that builds the capacity of developing countries to operate national social transfer systems (SOC/FAS). It has estimated that the majority of countries have enough to redistribute to eliminate absolute poverty and insecurity, since it would cost each country in the region of 1.0 to 2.5 per cent of GDP. Countries do not seem to be aware of this possibility, as none include reviewing, adapting and expanding pension schemes in their proposals to the Global Fund.

5. Promoting social protection through collective agreements

In addition to state provision of social security, and support to community-based social protection, the ILO has also promoted the provision of social protection through industry-wide agreements. A good example comes from India, from the *bidi*-making industry. *Bidis* are hand-rolled cigarettes, made on a piecework basis by mainly female homeworkers for the companies. The companies agreed to pay a small percentage of the price of a *bidi* into a fund, from which the women workers' social protection needs are financed.

6. Allocating a basic income for all

Another ILO initiative, the InFocus Programme on Socio-Economic Security (SES), is promoting an idea which may seem ambitious to some, but represents an opportunity for African countries to aim anew for something they used to practice in the past: the allocation of a basic income to all members of society – in the past all were given land they could farm. Today's basic income would be paid from birth, irrespective of income from other sources and without any conditions. The main argument in favour of a basic income is that it should ensure the healthy levels of private consumption which are needed to prime growth and development. The idea is starting to make its way onto the agenda of a number of countries including Mozambique, South Africa, and Brazil. Although one may ask whether it is feasible to envisage a basic income for all in any African country, a more positive approach is for African countries to decide to put this in place even if it takes them a hundred years, and to start acting on ways of incrementally turning it into a reality.

The SES Programme has recently completed People's Security Surveys and Enterprise Labour Flexibility and Security Surveys in 23 African countries, and presented the findings and policy proposals at a workshop in Dar es Salaam, Tanzania. The main findings are that people in Africa are experiencing spiralling healthcare costs as the biggest source of financial crisis, and that the vast majority foresee financial insecurity in old age. Globalization, it was observed, has intensified social and economic insecurities across Africa, eroding traditional support networks while inhibiting the growth of modern alternatives. The workshop had a positive message: a strategy to give all citizens basic economic security is feasible, and must strengthen the values of universalism and social solidarity

7. Extending social security to the poor

Finally, the ILO is supporting African countries in a new social protection initiative to create and/or reinforce local structures in charge of extending social protection. The ILO is seeking to promote the extension of social security throughout society, including to the informal economy. The aim is to have all major components of social protection (social security, occupational health and safety, working conditions, combating HIV/AIDS at the workplace, improving the situation with regard to labour migration) fully taken into

account in exercises such as the PRSPs, the United Nations Development Assistance Framework and NEPAD.

The ILO promotes a step by step approach to the extension of official social security systems. These usually start by providing a certain level of service to a limited number of groups in society, and progressively either improve the level of service and/or extend basic services to more groups. In the context of the response to HIV/AIDS in Africa, the elderly and children should be priorities for this extension.

This range of social initiatives represents an opportunity for African societies to develop their outdated and ineffective social arrangements on a more realistic and comprehensive basis. However, few of these types of initiatives are reflected in the proposals African countries have made to the Global Fund.

IV. CONCLUSION

1. More effective action

1.1. *Re-engineering the social protection system*

Where care and social protection are concerned, African countries need to actively pursue a dual track of action: strengthening and supporting their own social institutions, and extending the coverage and benefits of official social security to the elderly and to children.

In an attempt to deal with impacts, it is now common practice for health care facilities to ration services to people with HIV. Much of the burden of HIV care in developing countries is now falling onto households and communities. ... Yet decades of experience in implementing primary health care have shown that meaningful community involvement in health services is not easy to develop and sustain, and is especially hard to institutionalise on a wide scale. Similarly, evaluations in various southern African countries have dispelled the idea that home-based care is necessarily a quick-fix ...

A rapid appraisal of community-based HIV/AIDS care and support programs in South Africa.
www.hst.org.za/research/hivsupp.htm

The primary responsibility for ensuring social protection and social security remains with the government. This does not imply necessarily that the social protection needs of the people can only be met through government institutions: a community-based delivery system is feasible if there are clear relationships between the government and the community organizations with defined roles and responsibilities. Government can support social protection schemes directly or indirectly.

A major area of work is the analysis of the existing legal, administrative and policy context, to see how it can support and strengthen the institutions and relations which are holding African societies together in the face of unprecedented threat. Countries need to assess and reform their social policies and laws relating to social security and protection: are these more or less as they were inherited from colonial times? What role do they give African social institutions? Does the law allow communities to become legal entities that can enter into contractual relations or control the flow of funds? Does it recognize the social protection role of community entities? If no provision is made in law, then a reform of the relevant legislation should be undertaken.

The institutional framework also needs to be scrutinized. The main issues are:

- a) extending the classical systems of social security to provide universal pensions and child benefits (the cost the ILO has estimated is in the order of 1.5 – 2.5 per cent of GDP of most countries) and
- b) analysing how existing classical systems of social protection and DSSP can be linked so as to develop truly national systems of social protection which effectively meet the needs of the majority, not just a small minority, and respect their cultural identity: bridging institutions and mechanisms are needed.

The impact of DSSP on prevention and care of HIV/AIDS would be very limited if the schemes relied solely on the contributions from their members: an adequate legal and institutional framework would enable necessary financial resources to be channelled from government and other sources to communities in an accountable and effective manner. To fully achieve this would require attention to one more aspect of re-engineering the social protection system: capacity building, of staff of health and social security ministries, as well as of DSSP in financial and other management, monitoring and other skills. The ILO has initiated such skills training for communities, the most recent being a course developed with the World Bank on fiduciary management for communities. When the foundation of laws, institutions and skills becomes operational, it will become possible to effectively channel the larger flows of resources that are absolutely imperative, to the frontline of caring for HIV/AIDS sufferers: families and communities.

Reforming social protection and security so as to provide more effective care to the population will be essential to preserving the pact between the government and the governed in Africa. It will help to move further away from the divisiveness of the systems inherited from colonial times, and encourage merger of the *pays réel* and the *pays légal*.

1.2. Public-private and private-private partnerships

Another line of action which needs to be actively promoted is also two-fold: public-private partnerships and private-private (business-to-business) partnerships. Public-private partnerships bring the resources of the formal private sector to complement those of the government, and within the framework of clearly defined roles and responsibilities, can substantially increase the delivery of care, treatment and prevention. Governments, and initiatives such as the Global Business Coalition on HIV/AIDS and the WEF Global Health Initiative, need to encourage co-investment schemes, as well as business-to-business outreach.

Formal companies with active programmes on HIV/AIDS should be encouraged to coach and mentor other businesses, particularly when they have in-country supply chains and distribution networks, and particularly when those chains or networks involve the informal part of the economy. The existence of legal and strengthened institutions emerging within the informal sector, and of “bridging institutions”, will make it easier for formal business to work with businesses at the informal end of the spectrum.

1.3. Channelling migrant remittances to the response to HIV/AIDS

Migrant remittances to several African countries now exceed foreign direct investment flows, and are coming close to equalling official development assistance (ODA). The ILO estimated that in 2002, migrant remittances to Senegal contributed 7 per cent of GDP and were equivalent to 80 per cent of ODA. This money is going from individuals to individuals and households and improving the lives in the receiving households. But greater impact on communities could be achieved if a means could be found to make the money work harder for the greater good. Part of the answer lies in strengthening community institutions so that they have the credibility and accountability that will reassure migrants that any money sent to them will effectively spent for the benefit of their families and communities. Another part of the answer could come from inviting migrants to participate in an initiative like the Global Social Trust. Governments, migrants associations of the various diasporas, and other concerned parties should investigate the possibilities of stepping up the social and development impact of remittances.

To respond to the scale of the HIV/AIDS challenge, no project by project approach will do: a system-wide response is needed. The Country Coordinating Mechanisms

(CCMs) of the Global Fund should make it their task to include components for such system-wide reform in their proposals to the Fund, demonstrating the relevance of such components for effective and sustainable action to provide ordinary people with adequate access to the care they require.

2. Reflection

While the above practical steps are being taken to “put the fire out”, African societies also need to look at the house which was in poor shape even before the fire broke out - the poverty which gave rise to the epidemic was already there.

2.1. Expressing values, goals and objectives:

It is necessary for individual African societies to critically appraise the values they uphold (e.g. strong social cohesion, the family, etc.) in the light of social and economic goals, and to see how to chart a path to the goals, given their strengths and weaknesses. The economic objective of the sustainable, widespread creation of wealth in a globalizing world may be easy to express, but they will surely need to articulate the social objectives more clearly than they have done in the past, and define the relative priorities.

What could the social objectives be?

- Security (food, income, social)? For some or for all?
- Fulfilment of sacred duties to elders and children?
- Promoting broader social cohesion through institutions and mechanisms that encourage “weak links”, bringing together people from different ethnic groupings (including from the diaspora) around a common cause?
- Restoring the dignity of African societies as members of the world community?
- Strengthening the credibility of the nation state in the eyes of the citizens? (Nation-building does require that people see that the state requesting their allegiance is doing something for them).
- Tightening the relationship between the official economic and real social spheres? (To generate wealth more effectively and so eliminate the poverty which takes these diseases to such a scale).

2.2. Defining the roles and responsibilities of African society

The roles for the state, the community, the African social structures, enterprises and the individual should be discussed in the light of these values and objectives, negotiated and agreed. Critical governance issues will need to be addressed with sensitivity and firmness; it remains the responsibility of government to ensure social security, whoever else it makes sense to involve in the delivery. Social investigation and public discussion should be undertaken, to assess people’s desire to pool risks and assert solidarity. Studies should be commissioned as to how others have gone about it elsewhere, in Asia, in South America and in Europe, highlighting the values pursued and the delivery systems adopted, and relating the type of problems being encountered. What are the long term prospects? How do these systems perform with respect to the African societies’ values and choices? What are the impacts on social cohesion/inclusion, the family, children, elders, solidarity, security, fertility, financial viability – and happiness?

In spite of everything...

A new study of more than 65 countries published in the UK's New Scientist magazine suggests that the happiest people in the world live in Nigeria. Nigeria has the highest percentage of happy people, followed by Mexico, Venezuela, El Salvador and Puerto Rico. But factors that make people happy may vary from one country to the next, with personal success and self-expression being seen as the most important in the US, while in Japan, fulfilling the expectations of family and society is valued more highly. The survey appears to confirm the old adage that money cannot buy happiness. The researchers say that happiness levels have remained virtually the same in industrialised countries since World War II, although incomes have risen considerably.

BBC News 2.10.2003

While some governments will initiate these processes themselves, a range of stakeholders - NGOs, traditional leaders/opinion leaders, the media, and employers' and workers' organizations will have to play a crucial role in prompting other governments to take reform of social arrangements seriously.

The civil service should be energized, encouraged to deliver on its defined responsibilities. To date, with regard to HIV/AIDS and child labour, most public sector energy has gone into inter-ministerial discussions and planning. It is time to move beyond those discussions and implement plans at all levels, especially at those close to where adults and children live and work.

Bill Rau, *Combating child labour and HIV/AIDS in Sub-Saharan Africa*, IPEC Paper No.1, ILO, Geneva July 2002

Armed with a better perception of their values, and clearer objectives and definitions of roles and responsibility, African societies can then gird their loins to take on the tasks of really fighting poverty and warding off disease: obtaining positive action on terms of trade and on the debt, and achieving full employment with rights at work and rising standards of living.

More proposals from African countries should use the opportunity of the broad, participatory nature of its CCMs and the additional resources the Global Fund makes available to put in place the elements of appropriate, sustainable social arrangements for a level of care and social protection that will support this goal. It is when Africans start taking their social issues seriously, seeing them as a central area of collective, public decision-making and action, that their societies will receive the energy to surge forward and occupy a rightful and dignified place in today's world.