

POVERTY, HIV/AIDS AND INEQUALITY IN SOUTHERN AFRICA

SEMINAR REPORT¹

HIV/AIDS,
Poverty &
Inequality

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1. INTRODUCTION

Oxfam GB and SARPN both have a public commitment to address issues of poverty. The additional focus on inequality and HIV/AIDS is because the latter two issues are integral to poverty. Oxfam GB, in particular, has been working in development for a number of decades focusing on issues such as sustainable livelihoods and gender-based violence and over time, incorporated HIV/AIDS to the extent of re-designing its programmes. However, effecting change within the development sector and at an influential level requires *inter alia*, strategic partnerships and concerted evidence based advocacy strategies. For this reason, the Southern Africa Regional Poverty Network (SARPN) and Oxfam GB joined forces to begin a process for in-depth discussion of these issues. The overarching goal of the seminar was to strengthen their current partnership and to initiate future partners. The seminar thus, brought together high-level researchers, policy makers and stakeholders in the area of poverty, development and HIV/AIDS targeting in particular heads of organizations and foreign representatives.

The following objectives informed the presentations and the discussions:

- ✘ Provide participants with a solid understanding of issues relating to poverty, HIV and inequality in South Africa and in the region
- ✘ Discuss and challenge experiences and issues in depth to gain a deeper understanding
- ✘ Identify key issues and opportunities for tackling poverty, HIV/AIDS and inequality
- ✘ Provide Oxfam GB Senior Management Team members an analysis and overview of poverty issues in South Africa with a focus on inequality and HIV/AIDS.

The structure of meeting was participatory and for this reason presentations were not only informative but also provocative. This report is an overview of all presentations and discussions. It is structured around the various themes that emerged throughout the day.

2. SUMMARY OF PRESENTATIONS AND DISCUSSIONS

2.1 *Naming the problem*

Naming the problems is critical for two reasons. Firstly, to facilitate common understanding of the problem and its constituent parts and secondly, to ensure that responses address the actual issues thus effecting real change. This is particularly important in the context of HIV and AIDS and for an honest dialogue about its context, causal relationships, impacts and necessary responses.

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Two main challenges related to naming the problem include the environment available for engaging with the naming of the problems and the actual content such as defining various terms.

In respect of the first, a number of concerns exist, such as considerable closing down of the public space to engage on controversial or non-mainstream issues related to HIV, AIDS and poverty; an 'informal' censoring of who is allowed to ask the questions and finally, what kind of issues/questions are asked. For example, in an effort to address and understand the linkages between poverty, HIV and AIDS, the South African government has come under much criticism for its handling of the epidemic with senior politicians, in particular the President and the current Minister of Health, as the primary targets for criticism. This controversy has largely contributed to restrictions on robust and honest engagement on critical issues related to the analysis of the context of HIV and AIDS and appropriate responses. It has subsequently led to a cautious attitude on the part of political leaders in the examination of some of the difficult issues of HIV and AIDS. In addition, it has had the effect of limiting civil society's influence and advocacy strategies to influence choices government makes. What is needed, therefore, is an environment conducive for asking of questions; one that is not by characterized by animosity or cross-accusations.

With regards to the actual content such as defining various terms - the causal link between HIV, AIDS and poverty has been, and remains the topic of much debate. While there is international consensus that HIV causes AIDS and that social and economic conditions play a major role in the individual's susceptibility to HIV and AIDS. It is however, more difficult to say that poverty causes AIDS or that migration and displacement causes AIDS. There is also consensus that the relationship between HIV, AIDS and poverty go in both directions and, as indicated by empirical data, the presence of HIV and AIDS increases the economic burden on households even though some households have the ability to recover from this particular impact of HIV. In many respects though, this HIV and AIDS related economic burden is similar to that brought on by long-term illness of any kind. To single out the specific economic burden by HIV and AIDS seems therefore, false.

As with poverty, unemployment also suffers from lack of agreement on one definition with both an official (StatsSA) and expanded definition of unemployment currently in use. (It was reported that there is some progress towards developing a common definition by Statistics South Africa (StatsSA) as well as the Presidency). Fueling this dilemma is the inevitable relationship between poverty, unemployment, HIV/AIDS and inequality. The South African economy is growing and profits are increasing in a context where wages are not increasing for a vast majority of workers. A large number of people are being sustained by a second economy, the numbers of unemployed adults (according to any definition) are increasing and that a qualification does not guarantee employment. Thus, problems of definitions aside, what is required is recognition of the level of the crisis of unemployment and the unequal distribution of resources be addressed.

AIDS statistics shares a similar fate. There are various models and different uses of the AIDS statistics and this causes confusion. Using 'life expectancy at birth' is a good measure because counting number of deaths is problematic. While the problem about framing the issues and defining the concepts may seem academic, they are considered central to designing effective responses which are evidence based and to gather the evidence, one requires accurate definitions.

2.3 Inter relationships of poverty, HIV/ AIDS and inequality

This is a particular complex issue. Does poverty cause and accelerate HIV and AIDS? Poverty and HIV/AIDS co-exist and whether the one is made worse because of the presence of the other is debatable. Eg. is the immune system of the poor compromised because of HIV or

because they suffer from malnutrition as a result of being poor? What is an environment conducive for the spread of HIV and AIDS?

While it is recognised that the social and economic conditions of people are central to their exposure to HIV and AIDS and the acceleration of the epidemic, it follows that responses to HIV and AIDS should incorporate these environments if it wants to achieve any kind of success. There is growing consensus within the discourse on HIV and AIDS on this.

In SA, the linkages between HIV, AIDS and conditions of poverty are very obvious and it is not easy to distinguish whether someone is destitute because of HIV and AIDS or because of poverty. Inevitably, this scenario highlights the difficulty of viewing SA (or southern Africa) through the lens of HIV and AIDS only. Messages of HIV and AIDS are not necessarily the main entry point for people if they have other critical social and economic issues by which they define their lives.

2.4 Social security as a response to poverty, HIV and AIDS

Social security grants, as part of a comprehensive system, are generally considered as providing an appropriate safety net for the poor. While the objective of social security is to provide a safety net for the poorest of the poor, in reality it cannot provide for everyone in need and for this reason the ongoing discussion of a basic income grant (BIG) in SA.

The twin epidemics of HIV, AIDS and poverty however, has led to a number of social phenomena that, whether urban myth or reality, poses difficult challenges to policy makers. These include:

- ✘ Deliberate pregnancies in order to access a child support grant. The latter is paid to mothers when they receive no financial support for their children from the fathers.
- ✘ Deliberate infection with HIV to access social grants. As with the above, there are allegations that people deliberately become infected with HIV with a view of progressing to AIDS so that they can access a social grant as one of the criteria once their CD 4 cell count is below 200.

While there is insufficient research to prove these concerns valid, the real concern is that certain strategies are employed by poor, desperate women which same strategies not only expose them to HIV; it also undermines any HIV prevention strategy including those of condom. Unsafe sex is a one way, albeit limited and dangerous, out of poverty. Further, there was no consensus on whether a social security system should continue to 'target' vulnerable groups and whether 'targeting' opens the system up for abuse.

The current process therefore, to assess and re-design the South African social security system comes at an opportune moment. Delegates agreed that there are many problems with the social security system least of all that it is out of step with the South African reality. What is needed is a system that breaks inter generational poverty and government intervention to ensure other means of income are part of that process.

2.5 Impacts of policies and debates at community level

It is at community and household where people experience the effect of government policy, whether determined at national or international level. For example, the disinvestment in social expenditure such as health and education via GEAR and NEPAD is a mirror of the frameworks of WTO and other international forums/institutions. A deconstruction of the work of community based organisations (CBOs) provides some insight into this.

CBOs are often women-led, have little financial resources and organisational skills. Yet, they provide essential services such as home based care and a range of support services to child headed households.

National debates on HIV and AIDS become trite when one faces the daily realities of living with HIV and AIDS in conditions of poverty and lack of access.

- ⌘ The choice is not about ARVs or healthy living; rather it is about how people will access food in order to live a healthy life to delay the onset of AIDS or when needed, have food in order to take ARVs?
- ⌘ Government operates in a structure where different departments provide specified services. While this may have been the best way to manage the bureaucracy, the reality of HIV and AIDS means that people are forced to go from one office to the next in order to access government assistance. The challenge of HIV and AIDS to any bureaucracy is that it cannot be business as usual and in the area of service provision, an alternative that minimizing the burden on citizens have to be sought.
- ⌘ In the township/informal settlements, people with TB almost always have HIV as well. When TB is diagnosed, people are advised to get appropriate treatment before they can commence ARV therapy, if available. However, people still face problems accessing TB treatment.
- ⌘ Distinguishing between AIDS orphans and other types of orphans as a criterion for the identification of 'those in need' for the provision of social services, raises a number of problems. The 'AIDS orphan' label exposes children to discriminatory practices and causes them to be stigmatized. The distinction foolishly attempts to prioritize the underlying causes for those in need and deserving assistance. The difficulty in establishing the presence of HIV or AIDS in any particular household unless and HIV test was conducted. The need for such distinction is eliminated given the difficulties posed by the interrelationship of HIV, AIDS and poverty. And, finally, it introduces a form of callousness into deciding on the beneficiaries of public goods even in a context where government resources are limited.

2.5 Political conditions governing the response to the epidemic

One of the real challenges to an effective response to HIV and AIDS is the political response. Since the early years of the existence of HIV, the response has been fraught by weak political leadership. In 1980s when HIV became known, the Apartheid regime did not address it. In addition, Black people saw it as a disease of white men, in particularly, white, gay men. This delay has exacerbated the situation leading to the current crisis.

During 1990s, SA focused on the political changes of building a democratic society. Politicians talked about free housing, health care, etc. and no one talked about HIV or AIDS. This was not because they did not know about it because other people were talking about HIV and AIDS hoping that the ANC government would do something. Many black people are illiterate and semi illiterate and rely on the President to speak out. Tragically, the president did not speak out.

However, ten years after the first democratic election and facing an ever growing epidemic of HIV and AIDS with increasing numbers of unemployed, the question is what really drives the SA development model? It seems to be a model out of step with a liberation movement, which should be pro-poor? There is no question about the fact that the SA government has a serious commitment to 'creating a better life for all'. Government, however, had expectations that private sector would contribute to the fulfilment of this commitment but; the state has realized the limitations on what exactly private sector can do to realize this ideal.

International responses to the political context of HIV and AIDS in SA are divided. The activism within civil society - primarily by the Treatment Action Campaign (TAC) known for its

radical and confrontational politics to AIDS - is welcomed in many quarters in that it is seen as an important strategy to effect change. Responses by government and multi-lateral organisations however, are mixed with some commending the government's response and others criticizing it.

2.6 Obligations to respond to issues of HIV/AIDS, poverty and inequality at international level, particularly in Africa

Since 1994, there has been a shift in the role of SA in Africa. It has adopted a more integrationist approach driving its economic investments and political activity. Some of the factors that influenced this new role and in many ways made it easier for SA's venture into Africa include the post Apartheid liberation government's commitment to the renewal of Africa; the political liberalization of Africa influencing greater liberalization of African economies and the post cold war disinvestments and for example, a rise in commodity prices in key export commodities.

SA has now become one of the greatest beneficiaries of this process. This does not mean that investing in Africa does not have challenges. For example, there is a perception among northern investors that many African countries suffer from either over or a lack of regulation; political instability, inefficiency and corruption all of which dissuades them from investing in Africa. SA's role in Africa does not necessary prove that these complaints by northern investors are not valid. It is indicative of the fact that SA sees political and economic opportunities in Africa and is taking full advantage of those opportunities. As a result of this vision, it is possible to overcome those difficulties.

The political motivations for SA's involvement in Africa involve playing a leading role in peacekeeping and conflict resolution (i.e. the Democratic Republic of Congo and Sudan) as well as leading the discussions on good governance in Africa.

This political involvement though, is not entirely devoid of immediate and possible future economic gains. Following the signing of the peace agreement in the Sudan, SA received drilling rights in that mineral rich country. It is also known that the DRC has enormous mineral potential which cannot be exploited unless there is stability and this situation could be the answer to SA's energy needs. Apart from these two instances, corporate SA has moved into Africa with what has been described as 'the third scramble for Africa'. Research results show that corporate SA are almost everywhere in Africa with a steady increase in levels of foreign direct investment (FDI) and portfolio investments. In 2005, SA was the single largest FDI in Africa - larger than US and Britain combined. SA's only competitor in this regard is China. Further analysis show that all SA's investment span a range of sectors. This trading activity is largely export and the top ten trading partners being Zimbabwe, Nigeria, Mozambique, Angola, Zambia, Kenya, Tanzania, Mauritius, Malawi and the DRC.

In the global context, SA's investment in Europe is still bigger than its African investment even though the latter is growing and SA has a negative trading balance in the rest of the world but a positive one in Africa, i.e. more export than import in Africa.

While all this information is useful, the more important question related to the themes of this seminar should be 'what does this mean for poverty, HIV/AIDS and inequality?'

As noted above, the problem of framing the issues is also prevalent when seeking an assessment on whether SA's economic involvement has positive impact in economic growth terms both in recipient country and in SA. On the one hand, SA's expansion of capital into Africa is considered as representing a new colonial power set on exploiting Africa's resources and harnessed by a government with a certain political agenda. Scholars who hold this view

further content that SA's capital does not create jobs rather, it sheds them; it exploits weak labour laws, crushes labour unions and marginalizes small (local) trading partners. SA's role is therefore a negative one perpetuating poverty. As part of the solution, these scholars call for an intervention by the SA government to regulate the behaviour of corporate SA in Africa.

The response to these arguments has been that there is not sufficient evidence to prove these contentions. One case study (the operations of Checkers in Zambia) is not sufficient to substantiate the entire list of contentions by those critical of corporate SA's involvement in Africa. However, the dilemma is that there is equally insufficient evidence to build a counter argument.

The consequences of corporate investment in Africa can therefore not conclusively be linked to exacerbating poverty or increasing people's vulnerability to HIV and AIDS however, two pieces of information shared by delegates provide some insight into that causal link. The first is the work by development agencies in Malawi, where the sale of SA rice by Checkers Malawi has resulted in job losses in the rice industry in that country. The imported SA rice sells at a cheaper price than the local rice and this affects the entire industry from farmers to local traders. The second example is from SA where it is clear that companies do not necessarily follow a developmental approach to HIV and AIDS. The expansion of big companies into rural areas has a direct link to subsequent food insecurity thus increasing people's vulnerability to poverty, HIV and AIDS however; the emphasis for the corporate sector is usually one of minimizing the risk to company and not contributing to minimizing the risk to HIV or AIDS by workers.

In addition, current trade agreements and cross border economic investments operates within a specific framework characterized by, *inter alia*, two critical themes. Firstly, the framework is gender neutral to the extent of doing more harm to women's interest. Secondly, that each country has competitive edge and all of its citizens will share equally in the spoils of the trade arrangements. It should further be noted that trade agreements prioritize movement of capital and do not make development a core ingredient of that agreement. In addition, the current framework is one where market access is very much one way, i.e. north to south and not vice versa.

The consequences of these principles and frameworks fuel poverty and inequality - poor women and poor men in the South remain at a disadvantage and this has been borne out by past agreements.

As summarized by one of the delegates; 'with great power comes great responsibility' and this is particularly relevant when looking at corporate behaviour. SA, both government and its private sector, enjoy a comprehensive constitutional framework incorporating the promotion and protection of human rights. This demands that it acts with moral authority even in areas where there are no adequate protection for workers, a request for contribution to development by alleviating poverty and reducing people's vulnerability to HIV and AIDS.

There have thus been proposals that the SA government regulate the behaviour of corporate SA in Africa by developing a code of good practice that will govern investment in Africa. A number of imperatives demand this intervention including SA's liberation history, its current rights framework affording protection against exploitation to its citizens, achieving economic justice elsewhere and its stated objectives on regional integration and its promotion of African renaissance.

The development of a code of good practice has its own challenges. Firstly, the critical question is whether SA government has sufficient muscle to ensure compliance by corporate SA once a code has been developed. Secondly, this scenario is similar to the current China - SA position with the flooding of SA market with cheaper Chinese goods. The formal

government to government response, *inter alia*, consists of SA negotiating voluntary restraint with China. On a more market economy based argument, it is said that the market is doing what it does and that some sectors benefit and others loose out.

3. ISSUES THAT REQUIRE DEPTH RESEARCH AND DISCUSSION

A number of issues were pointed out by delegates as issues to be incorporated in the process of this particular dialogue as they were either not directly or sufficiently dealt with during the seminar. These issues are:

- ✘ The disproportional emphasis on access ARV therapy and thereby neglecting firstly, other aspects related to ARV roll out and secondly, other aspects of HIV and AIDS such as economic and political factors; reasons for and consequences of displacement (including migration, armed and peacekeeping forces), etc.
- ✘ Engaging International partners and donors on the need for more flexibility and contextual responsiveness in the financial and other support provided to SA and other developing countries.
- ✘ The challenge of managing HIV in a context of poverty in particular access to food or a balanced diet. This problem is not only food insecurity; it poses an enormous challenge to the roll out of ARV therapy. The latter generally commences once the CD4 cell count is below 200, according to current social security guidelines, however, there are large numbers of HIV positive people who are not yet at the stage of needing ARVs. The missing link therefore, is ways of healthy living prior to a low CD 4 cell count and it is in this area where there is not only a gap in the discussions on HIV, AIDS and treatment; there is a consistent critique of government's promotion of healthy living.
- ✘ The underlying reasons the severity of HIV and AIDS in southern Africa and how the impact of this catastrophe can be managed.
- ✘ Designing innovative processes that can facilitate constructive discussion of HIV and AIDS in SA moving away from the polarization that has set in.
- ✘ More discussion required around advocacy strategies including analysis of where the centers of powers are and the nature and effect of private and public partnerships. There is a need for a common agenda within civil society for advocacy around HIV/AIDS and poverty. Agreement on these issues should go along way in effective mobilization.
- ✘ There was an obvious gap in the deliberations relating to the role of the media in stimulating and driving debates in relation to the themes of the seminar. It was noted that the media as development partner cannot be underplayed. While some broadcasters and community media are doing a lot of work particularly about HIV and AIDS, the media's take on these issues is still very much sensationalizing it. There are efforts underway to change role into a more development, educational and advocacy role.
- ✘ The correlation between HIV, AIDS and unemployment requires further investigation.

4. CONCLUSION

In conclusion, it is apparent that context does matter especially in the areas of HIV/AIDS, poverty and inequality and that a multi dimensional approach is needed to understand these issues. It is clear the benefits of liberation are not being enjoyed by everyone but then, as one of the delegates reminded the gathering, 'SA is only ten years old and Europe has been

grappling with these some of these issues (in particular unemployment, job creation and poverty) for many decades and they have had the time to find some solutions'.

In their vote of thanks to the speakers for insightful presentation and the delegates for their time and sharing their insights during the seminar, representatives from both Oxfam GB and SARPN invited colleagues to continue engagement on these issues in particular, future conversations around advocacy for change.