

HIV and AIDS in Southern Africa

Draft Maputo Statement

Introduction

This statement was prepared and agreed to by delegates at an International Conference on Health in Southern Africa held in Maputo, Mozambique in April 1990.

The conference acknowledged research which shows that human immunodeficiency virus (HIV) infection and acquired immune deficiency syndrome (AIDS) is an established epidemic in South Africa and throughout Southern Africa.

The magnitude of the epidemic is increasing rapidly within the Southern African region. Recent research has shown that nearly 60 000 people are thought to be infected in South Africa alone. The number of people affected by this disease is expected to double every eight and a half months.

Delegates at the conference agreed that if no significant intervention is made within the next few months, there would be little chance of avoiding its disastrous consequences.

It was noted that the South African state response has been totally inadequate. Lessons drawn from throughout the world have emphasised the crucial role representative organisations have to play in combatting this disease. These community-based organisations need to develop an appropriate strategy which will reach the mass of our people.

The conference therefore made the

following recommendations as policy guidelines for developing programmes around AIDS and HIV infection:

An HIV campaign must have the following features:

- It must be nonstigmatising and avoid stereotyping individuals and groups.
- It must be founded upon community-based action. Political and other leadership must be involved.
- It must identify and address the social and political factors relating to the spread of the disease.

The political profile of HIV and AIDS must be raised

HIV/AIDS is a social disease and should not be approached in a narrow biomedical fashion. Economic, political and social factors are major determinants of the rate of development and extent of this epidemic.

Features of life in South Africa and Southern Africa facilitate its spread. Poverty, migrant labour, population relocation, homelessness, forced removals, unemployment, lack of education and poor housing play major parts in the development of this epidemic.

The health care system is fragmented and discriminatory. Little emphasis is placed on prevention and health promotion. Communities do not participate in promoting their health and health services.

The HIV campaign waged by the

state has been grossly inadequate. Communities have not been involved, nor have representative organisations been consulted. Too few funds have been allocated to HIV prevention and the care of people with HIV disease. The media and education campaigns have promoted fear, stigmatisation and discrimination.

Political organisations must play a leading role

Any attempt to deal with the HIV epidemic must be situated within the broader struggle for sociopolitical change. This will provide a context for preventive work amongst the broad group of people most affected by HIV infection.

Progressive organisations should inform their membership of the magnitude and importance of HIV infection. They should examine, analyse and respond to HIV with the support of their membership.

We can start by involving senior progressive political leadership within and outside South Africa. The African National Congress has a major role to play in this regard. The involvement of political leaders will help overcome suspicion and mistrust created by the South African state. A high public profile will raise awareness and stimulate appropriate action.

We need to involve worker, youth, women's, religious, political and other community-based organisations at all levels of work on HIV infection and

AIDS. We should assist these organisations to recognise the importance of this epidemic. Wherever possible, committees to develop a response to the epidemic and related problems should be formed within organisations and communities.

Change in personal politics is required

The HIV epidemic has revealed inadequacies in how we relate to one another. Sexism, victim-blaming and racial stereotyping decrease our ability to deal effectively with HIV infection at a grassroots level. Discrimination against prostitutes, members of the gay community, injecting drug users and other marginalised groups should be overcome. Programmes to rectify these discriminatory forms of behaviour should be initiated as part of the response to HIV disease.

The rights of people with HIV disease, as with any other health condition, must be firmly recognised.

Demands of the South African state

The South African state has not displayed any genuine commitment to dealing with the problem facing the population. We need to develop a set of demands directed at the state so that it does not neglect its responsibilities. These will include:

- undertaking a serious preventive programme for HIV infection in the country. Adequate resources must be provided. Free condoms should be supplied throughout the country.
- committing itself to providing comprehensive preventive, promotive, counselling, support, hospital and community-based services.
- making available material and other infrastructural resources to community-based organisations involved in HIV campaign work.
- abolishing discriminatory, repressive and restrictive legislation such as that discriminating against gays, commercial sex workers and foreign migrant workers.

The progressive movement should be at the forefront of developing appropriate strategies and should demand the resources to achieve this. State resources

are ours and should be used as such.

Developing a community-based approach

A multisectoral community-based approach is needed to effectively tackle HIV infection. Communities must have control over activities and resources. Representative structures must ensure accountability.

We must acknowledge the importance of working with the unorganised and identify ways of facilitating their involvement and representation.

Broad programmes need to be translated into local-level activity. Safer sexual practices and behaviour change must be encouraged. Condoms must be made widely available and local educational materials and mechanisms developed.

Workers must be protected

We acknowledge the work undertaken by the trade unions in identifying and tackling the work-related problems associated with HIV infection. These include such issues as discrimination, testing without consent, denying medical and other benefits, and the lack of facilities for conducting appropriate worker-controlled educational programmes around HIV infection in the workplace.

We need to provide whatever assistance is required by the trade union movement in campaigning for employers and the state to fulfill their social responsibility to workers and the community at large.

Health workers

Health workers have a responsibility to care for people with HIV disease in a caring and nondiscriminatory way.

Adequate protection against the risk of HIV and other infections should be provided at all worksites.

Appropriate structures should be formed

An AIDS Task Force should be established. This must coordinate and promote HIV and AIDS work nationally in the progressive movement. It should develop a programme for preventing this infection from spreading and ensure that

appropriate services are put in place to provide care. It must demand resources from the state to achieve these goals. It will need to build on existing organisations and involve all AIDS interest groups. A democratic structure, including representatives of the progressive movement, must be formed within the Progressive Primary Health Care Network.

An interim committee set up at the conference has undertaken the following urgent programme of action:

- to set up a mid-1990 national conference on HIV and AIDS at which the National AIDS Task Force will be elected.
- to distribute this statement and consult with organisations about the development of an appropriate response to HIV and AIDS and the formation of a representative structure to take this forward.
- to draw in progressive political and community-based leadership in order to gain their support and involvement in urgent action to prevent the further spread of HIV infection.

Evaluation

The state programme needs to be examined and monitored in an ongoing way. We should reveal the weaknesses of such a campaign and articulate demands and alternative structures which will more directly address the prevention of this epidemic.

Our programmes need to be carefully and scientifically evaluated at regular intervals and modified accordingly.

Conclusion

South Africa and the whole Southern African region is facing a crisis over the HIV epidemic. Urgent action must be initiated immediately. The state programme is fundamentally limited and flawed. An alternative progressive campaign with the support of political and other representative organisations must be set up immediately.

An AIDS Task Force is proposed to take this urgent programme forward. Realistic objectives must be set, based on grassroots participation. The sociopolitical context of this disease must be acknowledged in all programmes. Safer sex must be promoted to protect the health of the community. □

Maputo, April 1990.