

From Maputo, a first shot in the war on Aids

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A NATIONAL Aids task force, rooted in progressive health organisations and led by the African National Congress, will be established within the next four months.

This decision, part of a detailed resolution on Aids, was taken at the Fourth International Conference on Health and Welfare in Southern Africa, held in Maputo last week.

The seven-day conference was the first major consultation on health and welfare to involve the internal health, union and political organisations, the external ANC, international support groups and health officials from the Frontline states.

Delegates discussed proposals "for the structure, organisation, financing and development of health and welfare services for a truly democratic South Africa".

Aids and human immunodeficiency virus (HIV — the virus which causes Aids) infection was identified as one issue "of urgent priority".

The Maputo Statement on HIV and Aids, which the conference adopted, maps out a position which directly challenges the approach adopted by the South African government.

"The HIV campaign waged by the state has been grossly inadequate," it says. "Communities have not been involved, nor have representative organisations been consulted."

"Too little 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."

The statement calls for a campaign based on community organisations, which must be given adequate resources by the state, and the involvement of credible political leadership at every level.

It calls for the abolition of discriminatory legislation against "gays, commercial sex workers and foreign migrant workers" and for factors which contribute to the spread of Aids, such as migrant labour and homelessness, to be addressed.

The Maputo document is the most coherent statement yet of an alternative approach to Aids. But its real significance lies in the proposed task force. The success or failure of that will decide whether these ideas can actually be put into practice.

ANC executive member Steve Tshwete told delegates that progressive efforts against Aids were assured of support from the highest levels of his organisation.

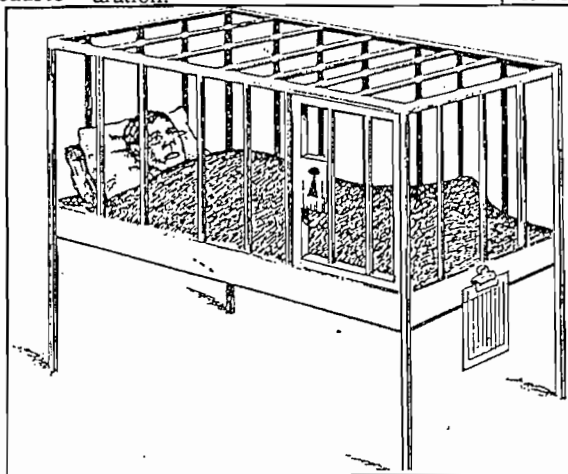
The ANC's backing could make a crucial difference to the organisations

The African National Congress and progressive health groups this week made their strongest commitment yet to fighting Aids. It is a crucial step, writes **JOHN PERLMAN**, but it is only the first

which have been struggling to make communities aware of Aids.

It will provide a strong counter to the suspicion and mistrust which the government campaign — and past public statements linking Aids to the ANC — have created.

If senior political leaders make it their task to raise awareness of Aids, it will certainly seed progressive efforts to prevent it. But what fruit that seed yields will depend crucially on how, and by whom, the ground is ploughed in preparation.



Breaking the isolation of Aids ... organisation the key

There is no questioning the need for a national task force — it has been an urgent one for some time. At present, the government decides on Aids policy, education and budgets, allocates resources and, in effect, sets the agenda for debate around the issue.

Organisations have criticised this policy and complain that it denies them cash and resources, but the murmured dissent has mostly come from individuals.

While groups like the National Progressive Primary Healthcare Network have begun to build links between Aids groups, a national task force would be better placed to challenge policy and campaign for resources.

It could also draw on international support and established much-needed contact with the World Health Organisation's Global Programme on Aids. The WHO, from which South Africa is suspended, sent representatives to the Maputo conference.

But if the task force is to make a difference, three problems will need to be addressed. The first is that the organisa-

tions represented in Maputo are already over-stretched.

The National Medical and Dental Association, for instance, held a conference on Aids last year and 10 months later has not come out with a single policy statement.

The Congress of South African Trade Unions passed a resolution on Aids last year. But apart from the Transport and General Workers Union, which appointed a full-time Aids worker, few affiliates have acted.

The task force's influence will thus depend considerably on the extent to which it draws in organisations outside the progressive fold, something the Maputo statement clearly commits it to doing.

The Gay Organisation of South Africa, for instance, represents the country's oldest and most comprehensive community-based response to Aids. Yet it was not invited to contribute to either the Namda conference or the Maputo meeting.

The second problem will centre on how the task force decides to relate to the government. Checking the Aids epidemic will require a massive commitment of resources — money, facilities, health workers — and in the end only the state can provide that.

This cannot wait for a change in government. At present some of the best Aids work — both education and care — is being done by individuals based in local health facilities. The task force should give clear guidelines on how to extend this.

The third problem, and the thorniest, is reconciling the need for consultation and grassroots support on the one hand, and for urgency on the other.

Aids prevention will not work if it does not have this support and does not recognise and challenge the way apartheid forces people to live.

But the need to build carefully at this level should not prevent the task force from mandating its leadership to move decisively on others.

It is one thing consulting the community on policy; it's another looking to them to develop it. The task force will be hamstrung if it has to move at the speed of organisations who do not yet recognise Aids as urgent.

In many countries that sense of urgency, so crucial to fighting the disease, has come from people with Aids and those who treat them. In South Africa it is estimated that close on 200 000 people may already be infected with HIV.

The task force can only be strengthened by empowering those people. They will be far less tolerant of unnecessary delays. For them, time is an unaffordable luxury.