

HIV/AIDS and co-operatives

By Andrew Bibby

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Cover picture: Members of the Soweto Home-Based Care Givers Co-operative outside the old shipping container which is their base. Peter Wilson.

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Foreword

The ILO's responsibility for the world of work places an enormous challenge before us. In many of our member States well over half the workforce is active in the informal economy, often in peri-urban and rural areas. We recognise the need to take our message about decent work, and our tools and instruments to protect rights and promote employment, outside the formal workplace to those who need us most. This need is also recognised in the ILO *Code of Practice on HIV/AIDS and the world of work* which makes clear that it applies to "all employers and workers (including applicants for work) ... and all aspects of work, formal and informal."

In order to respond to this challenge and reach out to workers in informal and rural workplaces, we need to create and strengthen alliances with a range of organizations. One of the ILO's longstanding partners has been the co-operative movement nationally and internationally. We therefore welcome the opportunity to consolidate our collaboration as we face the particular threat of AIDS to our constituents and co-operative members. Co-operatives play many roles. They are member-based organisations, employers, and providers of services, including home-based care. In these and other capacities they have much to offer to national efforts on HIV and AIDS. This handbook represents a statement of commitment by the international co-operative movement and its vast network of national co-operatives. It also brings to public attention the many practical ways that co-operatives of different types are offering care, protection and hope to their members and the wider community. We thank the Co-operative College in the United Kingdom for taking the initiative to bring together such useful and interesting information.

The ILO's HIV/AIDS Programme is now working with the ILO's Co-operatives Branch to enhance the capacity of co-operatives to respond to HIV/AIDS in a number of countries. We have already produced a joint guideline on HIV/AIDS for co-operative board members, which is being used in nine countries in Africa. We look forward to making use of this new handbook, which will help to intensify prevention efforts and extend access to treatment, care and support at workplaces.

Sophia Kisting, Director
ILO Programme on HIV/AIDS and the World of Work

Introduction

This report has a strong message to offer: that co-operatives internationally have a major role to play in the challenge of confronting the HIV/AIDS pandemic.

Why should co-operatives be interested in HIV/AIDS? Partly because, as this report documents, co-operatives themselves face difficulties and challenges directly as a result of HIV/AIDS.

But the primary reason is because co-operatives, as democratic member-led businesses, subscribe to a set of beliefs which give them a particular reason to want to address the issue of HIV/AIDS. The Statement of Co-operative Identity, adopted in 1995 by the International Co-operative Alliance and recognised worldwide as the defining document of the modern co-operative movement, includes among the declared co-operative values those of social responsibility and caring for others.

The UN agency the International Labour Organisation (ILO), in a report for co-operative members, has summarised the key issue in this way: “Whilst most other enterprises talk always about money, co-operatives talk about the value of a human being ... The co-operative movement works on principles ...”¹

As will be seen, HIV/AIDS poses some extremely difficult challenges to co-operatives in many parts of the world. But co-operatives are responding, using their strengths – of economic activity, democratic accountability and commitment to community – to fight back. As will be clear from the pages which follow, co-operatives in many countries around the world already have powerful tales to tell of what they are doing. There is a body of good practice to build on.

Why HIV and AIDS matter

In less than three decades, HIV/AIDS has become a global disaster and a threat to our common future. It has killed more people than any previous pandemic. It has already killed more people than all the soldiers killed in the major wars of the twentieth century.

The statistics are numbing:

- 60 million people have been infected since the late 1970s.
- In 2004, 3.1 million people died.
- In 2004, 4.9 million people were infected.
- Every minute, ten people are infected with HIV.
- At least 20 million have died as a result of the infection.
- 15 million children have been orphaned. The number is anticipated to increase to 42 million by 2010.
- HIV/AIDS is a major cause of death in the world today. In Sub-Saharan Africa, it is the leading cause of death.

HIV/AIDS has ceased to be just a health issue. It is undoing many of the development gains made in recent decades. If we are not successful in stopping the HIV/AIDS pandemic, it could result in countries being left with reduced populations and weakened economies.

It is a major cause of poverty and of discrimination. It worsens existing problems of inadequate social protection and gender inequality.

There is no cure. The available treatments are still expensive and unavailable to the vast majority of victims (only 7% of people who need treatment in low and middle income countries have access to anti-retroviral medicines).

However, there are many places where the spread of HIV/AIDS has been slowed down, and examples of how people living with HIV/AIDS can live for

many years after diagnosis, and carry on working and leading a full life. We are learning how to mitigate the effects of the epidemic and live more positively with the virus: HIV is not an immediate death sentence.

Saludcoop, the major health co-operative in Columbia which provides healthcare for more than four million people, is committed to ensure that it is able to provide affordable access to antiretroviral treatment for those with HIV/AIDS.²

From the early days of the pandemic there have been scare stories, misreporting panic reactions and discrimination. Gradually, the ignorance and prejudice are being dispelled and a rights-centred approach has developed. But many myths persist which prevent a rational approach to the illness. In fact, the greatest threat to fighting HIV/AIDS is ignorance and prejudice.

Faced with knowledge of the true scale of the HIV/AIDS pandemic, one reaction might be to succumb to despair. But we should remember the words of Kathleen Cravero, deputy director of UNAIDS, who called for **action, not denial**. As she has put it, “We can continue to debate these issues, lament the size and complexity of the challenge and avoid risk and innovation. Or we can decide to engage immediately, apply what we have learned, invest in new solutions and seize the opportunity”.³

It is in this spirit that this report has been produced. Though the picture is currently a bleak one, there is hope too.



Archana Bandar (centre), a young Nepali nurse from a co-operatively funded health clinic in the Patan district of Nepal, with members of the Padmavi Savings and Credit Union who are educating their community about HIV/AIDS.

© Canadian Co-operative Association

HIV/AIDS and women

HIV/AIDS affects women and men differently, both in terms of their vulnerability and the impact it makes. There are biological factors which make women more vulnerable to infection than men. However, more significant are the structural inequalities in the status of women.

This means that it is harder for women to take measures to prevent infection. They may not have enough power, for example, to negotiate safe sex with their partner. Women's access to HIV/AIDS awareness messages is hampered by illiteracy, something which affects more women than men worldwide. Poverty contributes to the risk of HIV/AIDS, and women make up the majority of the world's poor (in a family crisis, girls are more likely to be withdrawn from school than boys, for example).

The burden of caring for HIV-infected family and community members, and of bringing up children who have been orphaned, also falls disproportionately on women.

The voice of women, particularly poor women, will never be heard unless and until they are empowered financially and their capacities increased to a level where they can be able to make informed choices based on high quality skills and knowledge.

Mary Mathenge, General Manager, National Cooperative Housing Union, Kenya⁴

This is why HIV has become 'feminised' – most people who are infected with HIV or who die of AIDS in developing countries are now women. The risk of transmission is greatest for girls and women: worldwide, women represent 60 per cent of new HIV infections.

For more than ten years, the Uganda Co-operative Alliance has been offering loans to women wanting to start their own micro businesses. Because of AIDS, many women find themselves having to be sole breadwinners for their families. The loan scheme is supported by the Canadian Co-operative Association.⁵

There are about 180 hospital co-operatives in India, with membership of over 110,000 people. Family welfare and health awareness programmes are a regular part of the work of co-operatives in India, and in recent years many hundred special health awareness programmes on HIV/AIDS have been organised. The National Co-operative Union of India has also established four field projects focused exclusively on women. Health care is one of the main activities of these projects, and HIV/AIDS education classes have featured prominently in their activities.⁶

The economic and social impact of HIV/AIDS on co-operatives

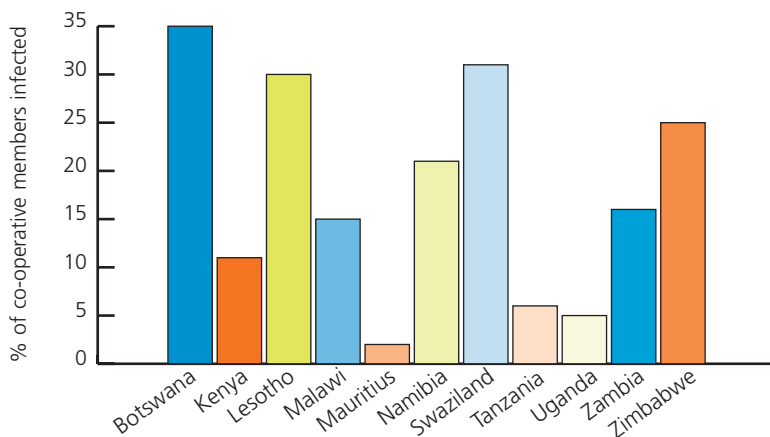
The ILO has spelled out in clear terms the economic implications of HIV/AIDS on development: "By causing the illness and death of workers, the HIV/AIDS epidemic reduces the stock of skills and experience of the labour force, and this loss of human capital is a direct threat to goals for poverty eradication and sustainable development."⁷

HIV/AIDS can have a devastating economic impact on countries with severe infection rates. Estimates suggest when the prevalence in a country's population of HIV/AIDS reaches 8 per cent (the situation in several southern African countries) the cost in terms of economic growth is about 1 per cent a year. In some countries, the loss of economic growth is greater: an estimated 2.8% pa in Botswana, for example, according to ILO estimates.

Co-operatives are as affected as other types of business in this respect. The implications of HIV/AIDS for co-operatives in southern Africa were discussed at a meeting held in 2001 in Swaziland, when representatives of the national co-operative apex bodies for ten countries (Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe) met together, with ILO and International Co-operative Alliance members. Their conclusion was later summarised as follows: "There are no doubts that co-operatives in sub Saharan Africa have been severely affected by the epidemic. With AIDS-induced mortality, membership declines and member participation is depressed due to morbidity. As more members get infected with HIV and develop AIDS, their health status and productivity deteriorate thereby limiting economic performance of their co-operatives. Since HIV/AIDS affects people in their prime ages, it impacts on the most productive workers particularly in the agricultural co-operatives."⁸

Representatives of co-operatives in Lesotho, a country particularly badly affected, warned this meeting that HIV/AIDS could even lead to the closure of co-ops. "AIDS overthrows all the good intents of the co-operatives' members," they said.⁹

An indication of the possible decline in co-op members as a result of HIV/AIDS is given in the table below, presented by the UN agency UNAIDS to the International Co-operative Alliance two years later, in 2003. It shows the prevalence of HIV/AIDS among co-operative members in eleven countries in Africa.¹⁰



The impact of HIV/AIDS on co-operatives is not restricted to membership issues. As employers of staff, co-operatives have to face the fact that their own employees may become HIV-positive. There are economic costs to bear here, including the cost of training and replacing experienced workers. But there are also, of course, the human costs which have to be addressed.

Already some co-operatives have had to tackle sensitive questions. In Kenya, for example, the high number of AIDS-associated deaths has forced a number of credit unions to have to ask staff only to take leave to attend the funerals of close relatives.¹¹

In their role as employers, co-ops can benefit from the work undertaken by the ILO, and in particular from the *ILO Code of Practice on HIV/AIDS and the world of work*. The Code of Practice offers detailed advice and

recommendations for good practice, arguing that “solidarity, care and support should guide the response to HIV/AIDS in the world of work”.¹²

There are also issues to address by co-operatives in countries particularly hard-hit by HIV/AIDS to ensure that they are adequately taking steps to protect their medium- and long-term financial viability. The World Council of Credit Unions explored in detail the implications for Kenyan credit unions of HIV/AIDS in a 2002 study which drew attention to the risks of default by members on loans issued. It suggested that this would affect credit unions’ profitability and could also, in certain cases, lead to bankruptcy. The report suggested several practical ways to minimise these risks.¹³



AIDS widows in Kenya participate in an art workshop to chart the impact that the disease has had on their lives.

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How co-ops can play their part in the global campaign against HIV/AIDS

If co-operatives have to face significant challenges, they also have a major, very positive, role which they can play in global efforts to defeat the HIV/AIDS pandemic.

Mwelukilwa Joshua Siza of the Co-operative College in Moshi, Tanzania, has put it like this: "Co-operatives are long established social institutions. Because of their history in socio-economic development of many African countries, they stand a big chance to contribute positively in the fight against HIV/AIDS. Indeed from the perspective of their proclaimed values and principles, co-operatives are obliged to play a very active role in the battle against HIV/AIDS. Joining the battle makes economic sense. It directly enhances the health status of the community in which the co-operatives are located. A healthy community is the source of healthy members. Healthy members are a critical productive resource contributing to the economic growth of the co-operative enterprise."¹⁴

Co-operatives can help in three key ways:

- By directly helping meet the needs of members with HIV/AIDS and their families.
- By using their experience and community involvement to increase awareness on HIV/AIDS.
- By developing new types of co-operative, such as home-care co-operatives for AIDS patients.

By their very nature of being community-based institutions, co-operatives have a tremendous potential in the fight against HIV/AIDS that is ravaging our country.

Clement Mwale (Zambia Cooperative Federation), Justin Mwansa (Registrar of Cooperatives), Grieve Sibale (Coordinator for HIV/AIDS Prevention), Zambia¹⁵

All types of co-operative can play their part.

For example, *agricultural co-operatives* are well placed to reach people living in rural communities, often those who are least well informed about the risks of HIV/AIDS. Agricultural co-operatives have well-established facilities and organisational infrastructures which can be used to disseminate HIV/AIDS awareness information. Co-operative premises can be used for the distribution of condoms. Events linked to co-operatives, such as General Meetings, co-operative market days and agricultural shows can be used.

Housing co-operatives, by providing low-cost but decent housing for poorer members, can help reduce the number of people living in housing squalor. Housing co-operatives can also help meet the housing needs of those who are HIV-positive or who are ill with AIDS-related illnesses.

Co-operative banks, insurers and credit unions have a particularly important role to play. The importance of microfinance institutions which are able to offer small scale savings and credit services has been increasingly stressed in recent years, and there is growing awareness of the importance in the development context also of microinsurance.

The work of co-operative microfinance institutions such as credit unions directly addresses the HIV/AIDS crisis in several ways.¹⁶ Firstly, they can provide members with the means to build a much-needed financial safety net. For example, members can set aside money for their households while they are still in good health and can save for health-related expenditure such as medical bills and medicines, for funeral costs or for future school fees for children.

Secondly, microfinance co-ops can provide members with the means to launch and develop their own microenterprises. When a primary breadwinner is lost because of AIDS, many people are looking to start small enterprises as a way to generate income.

Thirdly, credit unions have traditionally offered an element of life insurance to members, which ensures that a credit union debt dies with the member and is not transferred to other family members. This is an extremely useful provision. (However, credit unions may need to review the pricing of this insurance element to ensure that the viability of the credit union itself is not jeopardised, as HIV/AIDS increasingly takes its toll.)

Roseline Wangawi, a teacher and member of the KITE SACCO credit union in Kenya, was able to borrow 30,000 shillings (£230) from the credit union to buy an embroidery machine and launch a sewing and embroidery business. With the death of her two brothers from AIDS she has become responsible for their five children as well as her own four children, and she needs the extra income from her microenterprise to augment her teacher's pay. Her finely crafted embroidered tablecloths are sold in local markets for 17,000 shillings (£130).¹⁷

In Mozambique, the organisation Esperanca assists HIV-positive people and children orphaned by AIDS. A sewing co-operative provides work opportunities and a theatre group varies out HIV/AIDS awareness in markets and schools.¹⁸

Co-ops and HIV/AIDS awareness

Co-operatives have the opportunity to play a very significant role in increasing awareness about HIV/AIDS and in helping to spread the message of how to avoid infection.

The ILO, in its resource pack for co-op members in developing countries *Co-operatives in the Fight against HIV/AIDS*, gives one reason why this is the case:

“While big institutions like WHO [World Health Organisation] and UNAIDS have concentrated effort on urban and suburban areas, mostly for lack of infrastructure, primary co-operative societies have the leadership, proximity and the necessary know-how to convey meaningful messages on the AIDS virus to rural target groups.”¹⁹

In Ethiopia, four hundred co-ops, with a total family membership of 2.5 million people, are developing HIV/AIDS educational materials, with help from the US co-operative development agency ACDI/VOCA. The co-operatives use music and drama to convey health messages, and sell condoms in co-operative shops.²⁰

In Malaysia, co-operatives are taking the initiative in generating awareness about HIV/AIDS through campaigning and leaflet dissemination and via health clinics.²¹

Some co-operatives have already taken a lead in developing HIV/AIDS awareness initiatives. Nevertheless, there is clearly more that can be done.

Mary Mathenge, General Manager of the National Co-operative Housing Union in Kenya, drew attention in 2003 to the need to establish networks within the co-operative movement in her region of Africa which would enable co-operatives to share their experience of best practice in tackling the HIV/AIDS issue. She also pointed out that training materials were not generally available. Her assessment was that the co-operative movement had, up to that point, not been actively engaged in HIV/AIDS awareness.²²

There is, however, clear evidence that co-operative members would welcome their co-operatives' involvement in this area. The World Council of Credit Unions report on Kenyan credit unions referred to earlier surveyed seventy members of Kenyan SACCOs (credit unions) and found that every single person would welcome their credit union offering HIV/AIDS prevention information. 95% said they would welcome training in home-based care (including diet advice) and 92% asked for legal advice on inheritance and children's rights.

A manager of the Kisumu Teachers SACCO has put it like this: "I feel that awareness would actually do us a great good, because our people are actually prone to this AIDS scourge. We see that with awareness there are chances of reduction, for example with behaviour change. It would be good to provide advice on how to avoid infection, have open discussions at branch levels, provide protective devices like condoms, and organise seminars."²³

New technology is being combined with AIDS awareness and health care at a community development telecentre project in the village of Dumrana in South Africa.

Telecoms resources help the village, which has 50,000 people, have access to the internet, computer facilities and ICT training. The telecentre also acts as a central point to develop HIV/AIDS awareness training for the community and to train volunteers to visit and care for the sick. The telecentre is being supported by rural telecoms co-operatives in the US through their umbrella body the National Telecommunications Co-operative Association.²⁴

Ghana has a strong credit union movement, with about 200 individual credit unions which together have about 110,000 members. For the past three years the Credit Union Association of Ghana has been actively involved in a HIV/AIDS awareness programme.

Many Ghanaian credit unions have a specific focus on young people, and school-based savings clubs are a feature in many areas. Credit unions also often sponsor youth activities and events. This direct contact is particularly valuable in reaching young people at the time when they are beginning sexual experimentation.

The Credit Union Association's initiative includes information on how the disease is transmitted, signs and symptoms, the fact that carriers may appear healthy, and methods of prevention. The credit union movement is also confronting prejudice against those with HIV/AIDS and is encouraging members to be HIV tested.²⁵

Co-ops in action

1: Co-operative home-care in South Africa

One in three people living in the sprawling township of **Soweto**, South Africa is HIV+ or has AIDS. Hundreds of thousands of people are struggling to cope with the day-to-day problems of the epidemic, including caring for ill and dying family members.

The **Soweto Home-Based Care Givers Co-operative** provides much-needed support in caring for those with HIV/AIDS. The story began when a nurse with the International Red Cross trained fifteen people (at that time, volunteers) to provide home-care services, including bathing patients, treating bed sores and renewing dressings and bandages. The volunteers subsequently decided, in 2001, to set up together as a properly constituted co-operative.

The co-operative is trying to raise funds to establish a purpose-built health centre in the Bochabelo area of Soweto, but in the meantime operates out of a small former shipping container. Each co-operative caregiver sees at least 25 patients a week, providing nursing care, counselling, hospital transport and distribution of food parcels. The co-operative members also assist in fundraising for burials. Over 75% of the families being cared for have children, and the majority of patients are between 20 and 30.

Marian Lucas-Jeffries, a Canadian nurse who visited the Soweto co-operative in 2004 on behalf of the Canadian Co-operative Association, has described what she found there: "The women of this co-op have been empowered and educated through the experience. Not only do they help the dying and orphans, they support their own families and contribute to the community at large. Theirs is a model that could be applied throughout Africa, North America and Europe to address many situations, including care of the elderly."

One patient cared for by the co-operative was Jo Sambo, a Mozambican builder and widower who was homeless and starving when co-operative members first began to look after him. The co-operative members found him a shack to live in, and visited regularly, preparing food, massaging his limbs and caring for him. Jo died in mid-2005.

The co-operative has been supported by the Canadian co-operative movement and by church groups in Canada. Marian Lucas-Jeffries stresses the need for Western support for this sort of work. "Governments, churches and other funders need to recognise that home-based care is essential, and that the co-operative model is effective and efficient," she says.²⁶



Members of the Soweto Home-Based Care Givers Co-operative outside the old shipping container which is their base.

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James Outa of the Kaloka Fishermen's Co-operative addresses other co-op members at an HIV/AIDS awareness session.

© Canadian Co-operative Association

2: HIV/AIDS awareness in Kenya

Villages such as Kaloka Beach on the shores of Lake Victoria are visited by overseas tourists to **Kenya** looking for the safari experience. But Lake Victoria is much more than a tourist attraction. For local people the lake is important as a source of fish.

Kenya's fisheries industry has great potential, although up to now most of the fishing has remained at subsistence level, with few people engaging in commercial fisheries business. This is due to a range of factors, including lack of marketing infrastructure. The **Kaloka Fishermen's Co-operative**, which brings together 110 local fishermen, is one initiative to try to improve the situation.

But the co-operative's development is at risk from the high levels of HIV/AIDS in this part of Kenya. "It poses a threat to the survival of not only our co-operative, but to our whole community," James Outa, a member of the co-operative, told Canadian journalist Peter Wilson, on a visit in early 2005 sponsored by the Canadian Co-operative Association. "When a man is too sick to go fishing his whole family suffers. If he dies they can be left destitute," James Outa added.

The area around Kaloka, which has a population of about 15,000 people, is experiencing an average of 30 deaths a month, more than half from AIDS, Peter Wilson reported.

The co-operative is playing a valuable role in helping local people find out more about HIV/AIDS. For example, the co-operative hosted an AIDS awareness workshop in March 2005, which brought together the co-operative's managers, members and their children. The workshop was organised through the work of CEEDCo, Community Empowerment and Enterprise Development through Co-operatives, an initiative of the Swedish co-operative movement.

The workshop aimed to encourage different ways of mobilising around the issue of HIV/AIDS, with the focus particularly on using art techniques. The aim was to design and paint posters, which could then be displayed around the community. The workshop leaders also demonstrated how condoms worked.

According to the International Co-operative Alliance, the workshop worked well: "Participants enjoyed the activity and expressed a variety of perceptions and stories via the posters. High participation of children was also achieved." ²⁷

3: Sex workers take action for themselves

People who work in the sex industry are particularly at risk from HIV/AIDS. They also are extremely vulnerable to exploitation and can face unthinking moral censure which hinders efforts to improve their position.

In **Calcutta and West Bengal**, the answer has been co-operative self-help. The creation by sex workers of the highly innovative co-operative **Usha Multipurpose Co-operative Society** has, in the words of the co-operative

“changed the lives of hundreds of sex workers and their children, by providing them economic security, skills training and support”.

Usha began in 1995 with just a handful of members but has grown very fast in the years since then, and now has more than 7,000 people in the co-operative, mostly women but also including male and transgender sex workers. One of its most popular services is the microcredit scheme, which is open to all members and which offers loans at a modest 12% interest. Members are encouraged also to deposit a certain amount of money each day in the co-operative.

Access to a microsavings and microcredit facility has helped protect the sex workers from being exploited by pimps and brothel owners and from being



India's network of cooperatives provides a valuable way of getting the message about HIV/AIDS out to the grassroots. This conference for coop leaders was held in Delhi in 2004, under the auspices of the International Cooperative Alliance.

© International Co-operative Alliance

forced to borrow money from money-lenders at very high rates of interest. It has also provided a welcome economic safety net.

Usha members see the work of the co-operative as directly linked to HIV/AIDS prevention. As Rekha Chatterjee and Sujata Dutta, Usha's president and secretary, point out, "We need to be able to refuse unsafe sex, and to be able to do the latter we need economic security. In the absence of economic security we cannot exercise choices whether to continue or not in sex work or to seek other occupations."

Usha (the word means 'dawn' in Bengali) provides the sex workers with everyday items they need at fair prices and also helps market handicrafts manufactured by them. Usha has particularly helped older sex workers, who previously did not have any resources to fall back on after they ceased to work.

For Rekha Chatterjee and Sujata Dutta, one of the most positive aspects of Usha has been that sex workers have been seen by outside agencies as contributing to the fight against HIV/AIDS - part of the solution, not part of the problem. As they have said, "We were able to collectivise, manage and own the co-operative business as our potential for change agents was respected and we were accepted as part of the solution to the HIV epidemic".

Usha is affiliated to an informal collective of autonomous organisations known as Durbar ('indomitable'), which links 60,000 sex workers across West Bengal. Durbar has taken over the management of an HIV prevention programme in the Calcutta red light district of Sonagachi, a peer education programme encouraging safe sex which is led by sex workers themselves.²⁸

4: Positive action in Swaziland

Like many other women in **Swaziland**, Joyce Nxumalo is HIV positive. But this has not deterred her from linking up with others to create the organisation SWAPOL (Swazis for Positive Living). "I am HIV positive, but I'm positive about life," she says. "This work gives me something to do. It's good to do something for other people, and not just worry about yourself."

Swapol has already organised the training and placement of community outreach counsellors to assist AIDS orphans and widows and has successfully tapped into international grant support to help build up home-



School children in Uganda hear the message about HIV/AIDS from a Canadian co-operative intern.

© Peter Wilson

based care and assistance networks. But Swapol is keen not to rely solely on donor funding. In 2003, the group set up a commercial **agricultural co-operative**, based on a 23 acre field at Mahlangatsha thirty miles south east of the capital Mbabane.

Initially, the co-operative decided to grow maize, the staple food in Swaziland. The 2003-4 harvest brought in 300 bags of maize, the bulk of which were sold commercially. "Half the profits are put back into the field for purchases of fertiliser and tools, 25% is shared among the members, and the remaining 25% goes directly to assisting people living with HIV and AIDS," explains Ellen Hlatswako, a founding member of the co-operative who supervises the work at Mahlangatsha.

But, as so often in Africa, the co-operative had to take the prices it was offered for its products. With maize prices dropping because of exchange

rate fluctuations, the co-operative decided just in time to diversify into other crops. "In agriculture you have to be flexible," Ellen Hlatswako says. "For 2004-5 we have planted vegetables, groundnuts, potatoes and sweet potatoes and beans, which are high in protein. We still grow some maize, not for sale but for the children's consumption."

The women had to overcome initial scepticism from Swazi chiefs to launch the co-operative, using a field which had previously not been cultivated. But with the success of the Mahlangatsha operation, they are now hoping to expand, and have plans to cultivate a second field in the southern town of



Members of the Kiyoola Youth Cooperative in Uganda perform a play for primary school children, to help them understand and avoid HIV infection.

© Canadian Co-operative Association

Hlatikhulu. This will enable them better to meet the needs of orphans and those with HIV/AIDS in that area of the country.

Sadly, there is plenty of opportunity for Swapol's work, in a country where the numbers of AIDS-related deaths has been increasing in recent years. The co-operative itself has been affected: Thelma Dlamini, a key figure in the creation of the agricultural co-operative, died of an AIDS-related illness in 2004.²⁹

5: Community-led health services in Africa

The experience which has come from the successful development of agricultural co-operatives in **Burkina Faso** is now being used to provide community-led accountable **health service** facilities in several African countries.

In Burkina Faso itself over seven hundred village health committees have been established involving 60,000 villagers, a third of whom are women. The framework for these initiatives is taken directly from that used to build agricultural co-operatives: a tiered network of elected village committees which are linked to about seventy regional health management committees. The network is based on the co-operative principles of democratic control, autonomy and independence, as well as education and training at village level. After more than ten years, the network has proved itself very effective, and all the regional health committees have developed revenue generating activities (including pharmacy services) to ensure that they are sustainable.

The initiative, which involves support from the US National Co-operative Business Association (NCBA), has now been replicated in neighbouring Benin and also in Kenya, where the Amkeni ('awakening' in Kiswahili) health project is encouraging communities to take direct control over health care issues. Women's involvement is being particularly encouraged.

Active community involvement is especially important on issues as sensitive as sexual and reproductive health, where many misconceptions and myths can abound. The Amkeni concept seems to be working: demand for family planning, reproductive health, health education and disease prevention is on the increase as more women get the confidence to ask for the information they need.

In the process, old ideas about who should get to sit on committees are being overcome. Far from being sinecures offering status, positions on the village health committees (which set and control the agenda for their community's needs and raise the money to provide local services) are seen as being part of the process of democratic accountability which is necessary for the ventures to be successful.

For the NCBA, it is this element which is helping to make these health projects work well. "The core co-operative principle of democracy – implemented at all community levels – appears to be the key to success. Only with the active involvement of local men, women and youth in local healthcare solutions will many small African countries begin to reverse the devastating trends on infant mortality and HIV/AIDS," it says.³⁰

6: Helping HIV+ people find housing

HIV/AIDS is not just an issue for co-operatives in developing countries. In the developed world, too, co-operatives have an important role to play.

In **Toronto**, for example, the **Margaret Laurence Housing Co-op** has been meeting the housing needs of people with HIV/AIDS since its creation in 1987. The co-operative is a 17-storey apartment block in central Toronto, built in what had previously been a run-down neighbourhood. As well as the 133 apartments (the majority available at levels of rent affordable by those on low and moderate incomes), there is also space for offices, meetings rooms and for the rooftop garden. Thirteen units are wheelchair accessible.

From the start, the Margaret Laurence co-op has been providing accommodation for the needs of residents with HIV/AIDS and currently about a third of the co-operative's residents have HIV/AIDS. The co-op is committed to protect the privacy and dignity of these members. The co-operative has traditionally had close links with the gay and lesbian community in the city, and with the Persons with AIDS Foundation who have the right to refer people to the co-operative for housing. The co-op aims, however, to be an inclusive community with diverse membership. Some people join the co-operative after waiting on the City of Toronto housing waiting list for somewhere to live.



Board members of the Margaret Laurence Housing Co-op (left) in central Toronto, Canada, a supportive community where about a third of the membership have HIV/AIDS.

© Co-operative Housing Federation of Canada

The units which are specifically designed for those with HIV/AIDS are deliberately scattered throughout the building. A lot of informal volunteer work takes place among neighbours, and the co-operative has created a community where gay and lesbian members can live comfortably without having to suffer homophobia. New members are told that the co-operative has a large gay population when they first apply for accommodation.

Members of the co-operative have had to cope with the death of other co-op members, particularly in the early years of the epidemic. Nevertheless, the co-operative has successfully developed a strong, supportive culture. As one resident put it, "Everybody is so kind and friendly – there is a very home-like feeling".³¹

Action in Britain

UNAIDS estimates that in 2005, US\$12 billion needed to be spent by the world community to tackle HIV and AIDS. This figure will increase to \$20 billion by 2007. The total amount spent in 2003 was \$4.7 billion.

Those in the co-operative movement can help in lobbying the government to give HIV/AIDS the priority it deserves, and by subjecting its actions to careful scrutiny. In this context, it is appropriate to recall that the UK government's strategy for HIV/AIDS in the context of development was set out in July 2004 in the report *Taking Action*. The strategy, which is coordinated by the Department for International Development, aims to narrow the funding gap and improve the international response, to strengthen political leadership in both developed and developing countries, to provide better support on the ground (especially for women, young people and other vulnerable groups) and to work to minimise HIV/AIDS in the longer-term. Over three years, the UK is committing at least £1.5 bn for this work.³²

The co-operative movements in developed countries such as Sweden, Canada and the US have already built up a considerable track record in working with sister co-operative organisations in developing countries in the battle against HIV/AIDS. The co-operative movement in the UK, which surely shares the same commitment to tackle this issue and demonstrate practical solidarity, will be able to learn from these, and other, examples. The development of a dedicated development charitable foundation for the co-operative movement in Britain could be one way of deepening this work.

British co-operatives will also need to bear in mind that HIV/AIDS affects people in this country, including co-operative members. Many of the same steps which co-operative bodies in developing countries can take to combat HIV/AIDS can be taken in this country as well.

Humanity is facing the greatest single crisis this planet has faced in 700 years ... The co-operative movement has an extraordinary contribution to make at the grass roots level in country after country under siege.

Stephen Lewis, UN Special envoy on AIDS, 2001³³

Appendix 1: International Co-operative Alliance Strategy to Fight HIV/AIDS

Aim:

The Strategy aims to accelerate a response to the HIV/AIDS epidemics through strengthening prevention and impact mitigation. Implementation would be undertaken at both the global, regional and sectoral levels.

Actions:

Awareness-raising

- Disseminate of information and existing materials in appropriate languages (ex Workplace action on HIV/AIDS published by ILO AIDS; Resource Packet on Gender and AIDS published by UNAIDS, etc).
- Organise sensitisation seminars and workshops at regional and national levels for co-operative leaders and decision-makers.
- Encourage sectoral organisations to address the issue with seminars and studies at global and regional levels.
- Include HIV/AIDS awareness components in existing ICA training programmes and activities and where possible linked to promoting gender equality.

Capacity Building

- Organise training of trainers programmes to enable existing co-operative training personnel and institutions to effectively provide information to members and employees of co-operatives.
- Promote healthcare and appropriate treatment.

Good Practice

- Collect and make available materials that have already been developed by co-operatives who are dealing with the HIV/AIDS issue.

- Adapt existing materials to the co-operative movement at regional and national level.

Networking

- Seek partners at the global, regional and national levels to work with the co-operative movement in combating HIV/AIDS as well as in the care and support of its victims.
- Encourage national movements to seek out national and local partners for the implementation and support of activities.

Demonstrate ICA Political Commitment

- Create sufficient awareness and support within the ICA in order to enable the Board to propose a resolution for adoption at the ICA General Assembly in Cartagena in 2005 on HIV/AIDS which would demonstrate its real commitment to fight HIV/AIDS.

Revised 21 July 2005³⁴

Appendix 2: Some facts about HIV/AIDS

Definitions

HIV stands for Human Immunodeficiency Virus

The virus weakens the body's immune system.

AIDS stands for Acquired Immune Deficiency Syndrome

The full name for AIDS – Acquired Immune Deficiency Syndrome – describes several of the characteristics of the disease.

- *Acquired* indicates that it is not an inherited condition.
- *Immune Deficiency* indicates that the body's immune system breaks down. Because the body's immune system is weakened by HIV, a person becomes vulnerable to a range of opportunistic infections which normally the body could fight off. It is one or more of these infections which will ultimately cause death.
- *Syndrome* indicates that the disease results in a variety of health problems.

How HIV/AIDS spreads

The Human Immunodeficiency Virus (HIV) is transmitted through body fluids – in particular blood, semen, vaginal secretions and breast milk.

Transmission occurs through these routes:

- Unprotected sexual intercourse with an infected partner (the most common); it makes no difference if this is heterosexual or homosexual sex.
- Blood and blood products through, for example, infected blood transfusions and organ or tissue transplants, the use of contaminated injection or other skin-piercing equipment (this can be through shared drug use or “needle stick” injuries).

- Mother to child transmission from infected mother to child or at birth, or by breastfeeding.

After infection, a person develops antibodies; these are an attempt by the immune system to resist the attack by the HIV virus. If a person is tested for HIV, and the presence of HIV antibodies is found, they are sometimes referred to as *HIV-positive* or simply *HIV+*.

| | |
|-------------------------------------|--------|
| Blood transfusion | 3-5% |
| Mother to child transmission | 5-10% |
| Sexual intercourse | 70-80% |
| Injecting drug use | 5-10% |
| Health care (needle stick injuries) | <0.01% |

HIV weakens the human body's immune system, making it difficult to fight infection. A person may live for many years after infection, much of this time without symptoms or sickness, although they can still transmit the infection to others. Of course, if a person is not aware that they are infected, they do not take precautions and, without knowing, may pass on the virus.

Periods of illness may be interspersed with periods of remission. If a person is well cared for, can eat properly and rest, they can live for a number of years with a good quality of life. They will be able to work. But AIDS is ultimately fatal.

Protection against the risk of HIV/AIDS

HIV is mostly spread through sexual contact, and people need to know what to do to minimise their risk of infection. The appropriate choices are summed up in the slogan ABC: that is, practise **a**bstinence, **b**e faithful to a single sexual partner, use **c**ondoms.

Unlike other communicable diseases we have encountered most often in the past, HIV is transmitted through the most intimate and private human relationships, through the sexual violence and commercial sex and because of women's poverty and inequality.

... we must summon the courage to talk frankly and constructively about sexuality. We must recognize the pressures on our children to have sex that is neither safe nor loving and provide them with information, communication skills and yes, condoms.⁵

Pascoal Mocumbi, Prime Minister of Mozambique

Appendix 3: Some resources

UNAIDS: www.unaids.org

International Labour Organisation

Home page: www.ilo.org

HIV and AIDS: www.ilo.org/aids

Co-op branch: www.ilo.org/coop

International Co-operative Alliance: www.ica.coop

World Council of Credit Unions: www.woccu.org

Department for International Development

Home page: www.dfid.gov.uk

Taking Action report: www.dfid.gov.uk/pubs/files/hivaidstakingaction.pdf

Co-operative College: www.co-op.ac.uk

World Bank: www.worldbank.org/aids

Other selected sources of information on AIDS

AIDS-Africa discussion forum: <http://health.groups.yahoo.com/group/aids-africa/>

Aids and Africa: www.aidsandafrika.com/

IRIN Plus News (news about HIV/AIDS and Africa): www.plusnews.org/

Kaiser Family Foundation (US) www.kff.org

A wide range of other resources are available on the internet.

Details of some of these are included in the references section of this report.

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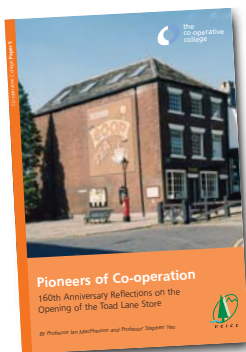
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