Unrealised obligations: Implementing HIV and AIDS policy in a large international development organisation

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by

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Declaration

No portion of the work referred to in this thesis has been submitted in support of application for another degree of this or any other university or institute of learning.

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Signed ..................................................... on this day of ........................................ 2009.
This study presents a qualitative analysis of the dichotomy between official HIV and AIDS policy and its implementation in a Human Rights based, United Nations (UN) agency, located in South Africa. The study demonstrates that although HIV and AIDS policy is an intrinsic part of the commitment of this large organisation, the implementation of the policy, in the form of a Workplace Wellness Programme supported by budgetary resources, is weak and incomplete. The thesis integrates detailed vignettes in drawing attention to how personnel in the South Africa office perceive and experience the implementation of HIV and AIDS policy. Additionally, the voices of bureaucrats are also integrated in an effort to interrogate management attitudes and mindsets on matters of policy and treatment of staff. The study explores staff members’ sense of being stigmatised and discriminated, when living with the virus and their responses to it. In this, I bring a personal perspective to the study, by relating my own views of living with a potentially life-threatening disease to the views of the participants in the workplace in which the study is conducted.

Classical Weberian and contemporary accounts of ‘bureaucracy’ and the organisational ‘rule book’ are drawn upon. It is argued that whilst the value systems and politics of managers in the United Nations system lead them to be defined as progressive, some of the practices within their own institutions are contradictory, indifferent and manipulative leading to the perpetuation of discrimination and anxiety amongst HIV-positive staff. Thus, human agency and ingenuity supersedes organisational structure and the rigour of organisational policies and rules. The contradictions highlighted necessitate a careful scrutiny of organisational dynamics, within the wider international development scenario, and organisational introspection within individual UN offices vis-à-vis HIV and AIDS policy implementation. It is envisaged that the study will induce the commissioning of a larger study carried out by an independent body and funded by the United Nations, enabling the validation and enhancement of the argument presented in the case study and provide more recommendations for the way forward for the United Nations.
Die studie verteenwoordig ’n kwalitatiewe ontleiding van die digotomie tussen amptelike MIV en VIGS beleid en die implementering daarvan in ’n menseregte-gebaseerde, Verenigde Nasies geaffilieerde kantoor, gesitueer in Suid-Afrika. Die studie demonstreer dat alhoewel MIV en VIGS beleid ’n intrinsieke deel van die verbintenis van hierdie groot organisasie is, die implementering van dié beleid in die vorm van ’n Werkplek-welstandsprogram (WWP), gerugsteun deur begrotings-hulpbronne, swak en onvolledig is. Deur die aandag te vestig op die wyse waarop personeel in die Suid-Afrikaanse kantoor die implimentering van MIV en VIGS beleid beskou en ervaar, integreer die proefskrif gedetaaldeerde vinjette. Hierbenewens word stemme van burokrate ook geïntegreer in ’n poging om bestuurshoudings en sienswyses rakende beleidsake en die hantering van personeel ondersoek te beskou. Die studie verken personeellede wat met die virus saamleef se gevoel van stigmatisering en vooroordeel, asook hul reaksie hierop. Deur my eie standpunt om met ’n potensiële lewensbedreigende siekte saam te leef in verband te bring met sienings van die deelnemers in die werksplek waarin die studie uitgevoer is, bring ek ’n persoonlike perspektief na die studie.

Daar word na klassieke Weberiaanse en kontemporêre beskrywings van ‘burokrasie’ en die organisatorsie reëlboek verwys. Alhoewel die waardesisteem en politiek van bestuurders in die Verenigde Nasies daartoe lei dat hul as hoogs progressief gedefinieer word, word daar aanvoer dat sommige van hul praktike binne hul eie instellings teenstrydig, afsydig en manipulerend is, wat lei tot die voortsetting van diskriminasie en angs onder MIV-positiewe personeel. Dus, vervang agentskap en vindingrykheid organisatorsie struktuur en die stiptheid van organisatorsie beleide en reëls. Die teenstrydighede beklemttoon, vereis ’n noukeurige betragting van organisatorsie dynamika, binne die breër internasionale ontwikkelings scenario, en organisatorsie introspeksie binne individuele VN kantore vis-à-vis MIV en VIGS beleidsimplementering. Daar word in die vooruitsig gestel dat die studie die opdraguitvoering van ’n breër studie, befonds deur die Verenigde Nasies en onderneem deur ’n onafhanklike liggaam, teweeg sal bring wat die geldigheidsverklaring en uitbouing van die argument wat in hierdie gevallestudie aangebied word sal bevorder en wat verdere voorstelle sal verskaf rakende die weg vorentoe vir die Verenigde Nasies.
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2008 has been a momentous year. I weathered cancer, four surgeries, 576 hours of chemotherapy and a PhD. Frightening as this list may appear it came not without its advantages. I lost a couple of kilograms which for the better part of my life appeared to be an unachievable ambition. Alas!!! It was a pyrrhic victory.

A crucial and more lasting benefit to my doctoral thesis accrued from the cancer with which I cohabited briefly. It privileged me with an insider’s perspective of living with a potentially life-threatening ailment. Working with HIV and AIDS, this perspective was an incomparable gift to my thesis. My dear professor, adviser and friend Kammila Naidoo brought it to my notice in one of many wonderfully empowering feedback sessions. For that I am immensely grateful to Kammila. At the best of times, middle-aged academics are not the easiest to coach. Kammila did it with patience and determination and is largely responsible for my finishing the study.

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For my father and father-in-law who didn’t live to see the completion of my thesis and my mother and mother-in-law who did and doted unabashedly. To my sister-in-law Vaishali Banerjee, who dropped everything and came when we needed her and my baby sister Sharmila Bhattacharya who completed her post-doctoral studies decades before I embarked on my PhD and who never ceased to extol the virtues of pain in the pursuits of health and intellect, I owe an immeasurable debt of gratitude.
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A glossary of terminology and acronyms used in the thesis is presented below. Many of the terms are used specifically in the context of HIV and AIDS and do not constitute regular idiom. Some of the key phrases are contextualized and explained in greater detail at the point at which they are introduced in the thesis.

- AIDS: Acquired Immune Deficiency Syndrome
- ARV: Anti-retroviral drugs. A form of medical therapy that controls the viral load in the human body
- Aston Group: A group of theorists from the University of Aston in Birmingham
- BER: Bureau for Economic Research
- CD4: T-cells are specialized white blood cells that play an important role in the body's immune system. These "helper" cells initiate the body's response to invading microorganisms such as viruses.
- ECA: Economic Commission for Africa
- ECOSOC: Economic and Social Council of the United Nations
- GA: General Assembly of the United Nations
- GATT: General Agreement on Trade and Tariff
- GIPA\(^1\): Greater Involvement of People living with HIV and AIDS. It is a formal global movement
- HIV: Human Immunodeficiency Virus
- HR: Human Resources, an administration department in organisations
- HQ: Headquarters
- IFC: International Finance Corporation
- IDO: International Development Organisation
- ILO: International Labour Organisation

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\(^1\) I believe it is important not to label individuals or groups of individuals in acronyms. It is crucial for me to state my personal belief in the light of the fact that I will be using terms such as PLWHA or GIPA for convenience in this study.
• IMF: International Monetary Fund
• IOM: International Organisation for Migration
• MSF: Medecins Sans Frontieres
• NGO: Non-governmental Organisation
• PGC: Gewirth’s Principle of Generic Consistency
• PLWHA: People Living with HIV and AIDS
• RCT: Rational Choice Theory
• SAA: South African Airlines
• SABCOHA: South African Business Coalition on HIV/AIDS
• SARS: Severe acute respiratory syndrome
• SC: Security Council of the United Nations
• Sero-positive: A person who has tested positive for HIV, the virus that may cause AIDS
• SIV: Simian Immunodeficiency Virus
• SSA: Short Service Agreement
• TAC: Treatment Action Campaign
• TB: Tuberculosis
• UIF: Unemployment Insurance Fund.
• UN: United Nations
• UNO: United Nations Organisation
• UNAIDS: The Joint United Nations Programme on HIV/AIDS
• UNDP: United Nations Development Programme
• UNEP: United Nations Environmental Programme
• UNESCO: United Nations Educational, Scientific and Cultural Organisation
• UNFPA: The United Nations Population Fund
• UNHCR: United Nations High Commission for Refugees
• UNICEF: The United Nations Children's Fund
• VCT: Voluntary Counselling and Testing
• VCCT: Voluntary and Confidential Counselling and Testing
• WFP: World Food Programme
WHO: World Health Organisation
WTO: World Trade Organisation
WWP: Workplace Wellness Programme

**Keywords**