UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

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

A thesis submitted in partial fulfilment of the requirements of the degree of Doctorate of Philosophy (DPhil) in Sociology

at the

University of Pretoria
Department of Sociology

by

Shivaji Bhattacharya

Supervisor: Professor Kammila Naidoo

Co-Supervisor: Dr Charles Puttergill

March 2009

© University of Pretoria

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.

Copyright

The ownership of any intellectual property rights which may be described in this thesis is vested in the University of Pretoria, subject to any prior agreement to the contrary, and may not be made available for use by third parties without the written permission of the University, which will prescribe the terms and conditions of any such agreement.

Signed ..... on this day of ..... 2009.

Abstract / Opsomming

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 ontleding 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 gedetaileerde vinjette. Hierbenewens word stemme van burokrate ook geïntegreer in ’n poging om bestuurshoudings en sienswyses rakende beleidsake en die hantering van personeel ondersoekend 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 organisatoriese reëlboek verwys. Alhoewel die waardesisteem en politiek van bestuurders in die Verenigde Nasies daartoe lei dat hul as hoogs progressief gedefinieer word, word daar aangevoer dat sommige van hul praktyke 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 organisatoriese struktuur en die stiptheid van organisatoriese beleide en reëls. Die teenstrydighede beklemtoon, vereis ’n noukeurige betragting van organisatoriese dinamika, binne die breër internasionale ontwikkelings scenario, en organisatoriese 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.

Acknowledgements

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.

My Head of Department Janis Grobbelaar has been an inspiration to me. Living with a serious heart condition herself, Janis has stood by me through the whole process and taught me that one is only as ill as one believes one is. She also brought Weber to my thesis, whose views have anchored much of my arguments.

Charles Puttergill made a late but committed entrance. Thoughtful and meticulous, he brought an eagle-eyed scrutiny to the study. I remain eternally thankful for it.

Lopa Banerjee, my partner and love for 31 exciting years, has stood resolutely with me through every serious vicissitude in my life. She bore the brunt of the side-effects of both chemo-therapy and thesis. A stickler for grammar she wasn't frightfully impressed with early drafts of my thesis. To Deepa, who crossed cyberspace to dot the last 'i'.

Every endeavour needs one cheerleader. My 16 year old daughter, Disha Banerjee Bhattacharya has been that cheerleader in my life, cranking up the tempo when problems have loomed large. Whenever she put her arms around me all problems disappeared. As I lose Disha to Oxford and the greater calling of academia, I am grateful for the love, energy and wisdom of youth she has brought to my life.

Peter Vaz and Lorenzo Raynard have been our primary family in South Africa and shall be so for the rest of our lives. I can unequivocally state that we could not have managed the cancer without their presence in our lives.

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.

Table of Contents

Contents

	Page
Chapter 1 - Problem, rationale and research concerns	**1**
1.1 Background and rationale for the study	1
1.2 HIV and AIDS and its socio-medical impact on everyday life	13
1.3 Conclusion	23
Chapter 2 - Literature survey: Organisations, bureaucracies and the rights based discourse on AIDS policies in the workplace	**24**
2.1 Introduction	24
2.2 The sociology of organisations and bureaucracy	24
2.3 Weber's contribution to organisational theory	33
2.4 International development organisations	46
2.5 International regimes: Legitimacies, values and inconsistencies	48
2.6 The United Nations as an international development organisation	56
2.7 AIDS in the United Nations system and the Human Rights discourse	61
2.8 The morality of managing the virus in the workplace	67
2.9 Interpretations guiding decisions of managers: Rational and reasonable options	69
2.10 Exploring possible reasons for slow policy implementation	71
2.11 Policies that guide the management of AIDS in the United Nations system	76
2.12 Conclusion	82
Chapter 3 – Research methodology and research questions	**84**
3.1 Introduction	84
3.2 Methodological approach	85
3.3 Data collection format	88
3.4 Interview sample	90

3.5 Data collection method and fieldwork practice 92
3.6 Interview approach 93
3.7 Interview setting 94
3.8 Key research questions 95
3.9 Data construction and analysis 96
3.10 Ethical considerations 97
3.11 Conclusion 100

Chapter 4 – Rubric of the argument: Analysis and reflection 101
4.1 Introduction 101
4.2 Manifestation of policy: Emerging dichotomies 103
4.3 Perceptions and expressions of power 123
4.4 Trust in the policy: A leap of faith 143
4.5 Organisational preparedness: Struggling to keep up with a galloping epidemic 152
4.6 Conclusion 175

Chapter 5 - Substantive findings and thoughts on implementation: Dichotomy between policy and practice 178
5.1 Introduction 178
5.2 Reflections on the rule book: Synergies and departures evidenced in the study 178
5.3 Key sociological insights 185
5.4 The road ahead: Thoughts on better implementing the mandate and principle of the United Nations HIV and AIDS policy 189

Tables and Figures

Tables **Page**

Table 1.1: Number of UN staff and dependants globally living with HIV 4

Table 1.2: List of UN agencies participating in the ILO/AIDS study 2004 7

Table 1.3: Probability of HIV-1 infection per exposure 19

Table 2.1: Male and female staff by category of job responsibility 30

Table 2.2: Mapping United Nations HIV policy in the workplace within the construct of Aldrich's categories of organisational legitimacy 52

Table 2.3: United Nations system organogram: United Nations 2000 60

Table 2.4: Linkages between the WHO/ILO guidelines and the South African Bill of Rights and the potential consequences 80

Figures **Page**

Figure 1.1: Rapid assessment of the implementation of HIV and AIDS workplace policies and programmes in the UN Workplace in Eastern and Southern Africa 8

Figure 1.2: HIV prevalence by age group in 2003 10

Figure 2.1: Causal relationships 54

Figure 2.2: Causal relationships: Modified to include international development organisations. 55

References **194**

Annexure **208**

- Interview Guide: Information and data needs 208
- Key-concept clusters 217
- UN HIV workplace initiatives 220

Glossary of Terminology and Acronyms

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 micro-organisms 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

[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

HIV, AIDS, International Development Organisation, Workplace Wellness Programme, United Nations, Bureaucracy.