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**Limits to Corporate Social
Responsibility: The Challenge of
HIV/Aids to Sustainable Business in
South Africa**

by

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LIMITS TO CORPORATE SOCIAL RESPONSIBILITY- THE CHALLENGE OF HIV/AIDS TO SUSTAINABLE BUSINESS IN SOUTH AFRICA

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Abstract

The legacy of apartheid in South Africa is a divided society with extremes of wealth and poverty. The ANC government has resisted the temptation to overthrow all the institutions established under the apartheid regime and has opted for a slow transformation of society and gradual empowerment of the Black population. The government has attempted to foster private sector initiatives for economic growth, job creation and black empowerment. It has adopted a neoliberal economic policy aiming for growth rather than re-distribution.

This paper examines the role and conduct of government and business in contributing to improving general social well-being in a post-apartheid social democracy. In particular establishing what individual firms were doing and the extent of their involvement and reporting of socially responsible activities related to HIV/AIDS in accordance with the Global Reporting Initiative (GRI). Interviews were held with representatives from a wide range of influential groups such as the Institute of Directors of SA, Chambers of Commerce, SA Institute of Chartered Accountants and, Trade Unions. In addition, site visits were made to three companies.

The evidence suggests that although a changing consciousness on the part of individual enterprises in South Africa is taking place, greater rather than less inequality is emerging, with an economic apartheid replacing a racial one. This may be a surprising result in the post-apartheid South African social democracy.

1. Introduction

Ten years after South Africa's transition from strife-torn apartheid to multi-racial democracy, there was an expectation that the African National Congress (ANC) victory would result in rapid transformation of previous inequalities, both political and economic. While the political inequalities have been addressed, commentators within South Africa see little improvement in poverty, injustice and other inequalities (Koelble, 2004). Instead, commentators have emphasised the continuities in the pre- and post-apartheid South Africa (Bond, 2000). The problem of HIV/AIDS has superseded the freedom struggle as the urgent matter of the day (Carton, 2003, p.199).

Since the ANC took office in South Africa in 1994 what is surprising is not how much has changed, but how little (Williams and Taylor, 2000). The pursuit of neoclassical economic policies by the ANC, no different from those of many other countries, has been bitterly disappointing to activists in SA but has brought praise from the Chief Executive of the IMF (*Mercury*, 1 Sept, 2004, p.1).

It appears that the government has decided that the transformation of its society cannot be achieved without the support of capital, both local and international. Bond (2000) refers to the perceived need for 'homegrown structural adjustment' in South Africa in contrast to the externally imposed structural adjustments forced on other African countries by the World Bank and the IMF. The ANC government inherited a large debt, not financed by international monetary institutions, but by its own corporate sector. It did not possess the financial base to undertake the social democratic reconstruction of South Africa promised in parts of its Reconstruction and Development Programme. It opted instead for liberalisation of the economy, privatisation rather than nationalisation of state enterprises, export promotion, as well as the creation of an environment favourable for local and foreign investment. The hegemony of global capitalism meant that business rather than the state was viewed as the main vehicle for overcoming racial inequalities which were the legacy of apartheid.

The adoption of neoclassical economic policies by the ANC led government is broadly consistent with those who advocate that business has the sole responsibility of pursuing profits for its owners /shareholders (Henderson, 2003). However, this narrow conception of accountability is being replaced by a broader view which recognises a variety of interests in the firm. From this perspective, firms require a broader ethic which goes beyond the pursuit of private interest to include concern for all parties affected by the firm's activities. The concept

of corporate social responsibility is becoming widely advocated. But as the distinction between the firm and its 'external environment' is blurred, the extent of social obligations is debateable; and subject to voluntary definition. The triple-bottom line kind of reporting, epitomised in the Global Reporting Initiative, encourages firms to report on social, environmental as well as economic aspects of performance to a broad, but undefined, spectrum of direct and indirect constituencies.

Beyond this voluntary activity, there is pressure on the state from its previously disadvantaged constituents to interfere more directly in the way firms are owned and managed. The government has acknowledged this pressure through the development of a 'Black Economic Empowerment' (BEE) policy. This policy establishes goals for increasing black ownership and management of business firms. As part of human resource development, it also encourages firms to adopt policies to combat HIV/AIDS.

This paper examines the conduct of business in the changed political and social conditions of South Africa with particular focus on the corporate response to the HIV/AIDS pandemic. The study is conducted against the background of the abandonment by the ANC of social developmental aspirations through its Reconstruction and Development Programme (RDP) in favour of neoliberal economic policies. It also raises questions about the limits to corporate social responsibility and accountability in a third world environment.

The evidence suggests that although a changing consciousness on the part of individual enterprises in South Africa is taking place, little state activity seems to be occurring to coordinate efforts to overcome structural economic and health inequalities. In these conditions, greater rather than less inequality is emerging. This may be a surprising result in a post-apartheid social democracy.

2. Government policies

2.1 HIV/AIDS

A World Bank report entitled: "The Long-run Economic Costs of AIDS: Theory and an Application to South Africa" (June, 2003) warned that South Africa's economy could collapse in several generations if the HIV/AIDS epidemic is not addressed more urgently. With approximately 25% of South Africans aged 15 to 49 HIV-positive, the report estimates that by 2050 the per capita income per family will be half the amount it was in 1990 and suggests that South Africa's economy could face collapse unless further actions are taken to fight

HIV/AIDS. According to the health agency Kaiser, the response of the South African government was to dismiss the report's findings (Kaisernetwork.org). This response is consistent with President Mbeki's long standing refusal to acknowledge the HIV/AIDS epidemic.

By year 2004, it was estimated that approximately 6.5 million people in South Africa would be living with HIV/AIDS, and of those 6.1 million (95.1 per cent) are in the 18 – 64 age group; the age group that is productive, and is responsible for raising the next generation. The tragic consequences are reported by Bell, Devarajan and Gersbach (2003, p.9):

By killing off mainly young adults, AIDS also seriously weakens the tax base, and so reduces the resources available to meet the demands for public expenditures, including those aimed at accumulating human capital, such as education and health services not related to AIDS.

A prominent trade unionist from the National Union of Mineworkers, Makuto Lennox, claimed that Aids was as great a challenge as apartheid had been (interview July, 2003). Yet the ANC does not wage war against HIV/AIDS. The government's position, especially that of its leader Mbeki, has puzzled many observers. It is unclear whether it is philosophical or administrative/ financial constraints that initially prevented the government offering medications to its citizens. Certainly there are concerns that the state health sector may not have the capacity to implement the distribution and oversee the use of medications such as anti-retrovirals. So far the state has relied on employers to administer to their own employees, which has been muted.

2.2 Corporatist state

The July 1996 "Growth, Employment and Redistribution" (GEAR) strategy, drafted by the Ministry of Finance, reinforced the government's emphasis on fiscal discipline, containment of inflation and export promotion as ways to enhance the competitiveness of the South African economy, which would arguably enable public spending to rise some time later. The whole process rather depended on the capacity of GEAR's measures to generate "confidence" among domestic and foreign private investors. In other words, private corporate profitability was recognised as the main vehicle through which some sort of social delivery would take place. The social objectives were to empower historically disadvantaged persons (HDPs) in particular Blacks.

Under its *Strategy for Broad-based Black Economic Empowerment (BEE)*, the South African government defines black empowerment as an integrated and coherent socio-economic process that directly contributes to economic transformation of South Africa (see Appendix one for detail of the BEE). The objective is to bring about significant increases in the number of black people that manage, own and control the country's economy, and eventually overcome income inequalities. Importantly, the empowerment policy is not viewed simply as a process of the redistribution of existing wealth but as part of a growth strategy. According to government an effective process of BEE and accelerated economic growth are mutually reinforcing objectives.

Unfortunately, this approach may do little for the masses of unemployed unless there is substantial economic growth. Yet with an optimistic forecast of 3% growth there will be little job creation. Experts estimate that a 6% growth rate under current economic structures would be needed to create new jobs (IMF, 2001).

Critics of the approach argue that the government is attempting to create a black middle class and the policy will widen the gap between rich and those impoverished South Africans who have been referred to in government legislation as Historically Disadvantaged Persons (HDPs). Though the aim of government BEE policies is to assist HDPs, they may more likely benefit privileged blacks such as those ANC leaders who have left for successful business careers (Koelble, 2004, p.66). For those unemployed, or suffering HIV/AIDS, there will be little immediate or mid-term impact.

2.3 Corporate expressions of social responsibility

Faced with a fragmented approach by central government to tackle poverty and AIDS, private initiatives by corporations were imperative. Koelble (2004, p.63) quotes from the website of the South African Foundation, whose members include the largest and most influential corporations in the country:

The membership of the South African Foundation represents the major sectors of the South African economy. They account for a large party of employment in the formal sector, make significant contribution to tax revenue and engage in extensive social responsibility programs to the benefit of society as a whole with an emphasis on the disadvantaged.

The dependency of the government on the employment capability and tax revenues of the large corporates is emphasised. In addition, reference is made to the wider social responsibility of business. There is a 'society' which contains disadvantaged, and there is an

implication that the corporates will act not only in self-interest but will act in the interests of a wider set of stakeholders than their shareholders.

The genesis of the CSR movement in South Africa was in the King Committee which first met in 1991 and produced in 1994 the King Report on Corporate Governance (King I). Mervyn King, a corporate lawyer and former High Court judge, headed the committee. The 1994 Report was a significant document which incorporated a code of corporate practices and conduct that looked beyond the corporation itself, taking into account its impact on the larger community. It preceded by several years the groundswell of public opinion that resulted in the more general, global, movement towards corporate social responsibility. A second King Committee report, King Report on Corporate Governance for Southern Africa (King II), published in 2002 captured the inclusive approach:

There is a growing weight of expectation on organizations to operate as good corporate citizens. This is because of the influence they exercise on the lives of so many individuals. Each organization is the sum of its stakeholders, such as its shareowners, customers, employees, suppliers, and the communities within which it operates. It depends on them, individually and collectively, for the goodwill required to sustain its operations. (King II, 2002, p. xx)

King II acknowledged that there should be a move away from the single bottom line (that is, profit for shareholders) to a triple bottom line, which embraces the economic, environmental and social aspects of a company's activities. It insisted on corporate social responsibility based on the South African concept of Ubuntu (humanity). Such an approach raises questions about the extent of corporate responsibility, not just in South Africa but everywhere.

King II advised the adoption of policies and practices embraced by the Global Reporting Initiative (GRI). The South African contribution to the Global Reporting initiative, the development of a resource document on the reporting of HIV/AIDS, is reviewed in a later section of the paper.

Of particular interest was establishing the extent of involvement of companies in socially responsible activities related especially to AIDS, and the wider sources of influence be they government inspired or part of the broader CSR movement.

3. Data collection

Documentary evidence was reviewed, including copies of the SA GRI resource document on the reporting of HIV/AIDS; King Report (II); government reports and statistics; and commentaries on SA from institutions and academics.

To get first-hand experience of the influential groups, interviews were held in June/July 2003 and August/September 2004. In the initial round interviews were held with the authors of the GRI, representatives of Institute of Directors, Institute of Chartered Accountants of South Africa (SAICA), the Durban Chamber of Commerce, the National Union of Mineworkers, financial officers of major companies and representatives of companies large and small. Also interviewed was a doctoral student examining the economic impact of HIV/AIDS on households in Soweto. Surprisingly little research on the impact on ordinary families has been conducted.

Semi-structured interviews were conducted with space for personal comment from individuals participating. The interviews were tape recorded and transcribed. During the visit in August/September 2004, a focus group interview was conducted with individuals representing the medical profession, academics, a chamber of commerce representative, and various employers. Thereafter access to several firms was obtained for more detailed scrutiny of actual practices.

Respondents were managers, accountants, shop stewards, as well as those medical personnel directly engaged in company sponsored or financed occupational health programmes. As with the earlier visit, the interviews were semi-structured. A list of broad questions was prepared based largely on information obtained from the focus group interview. The questions were intended to open up discussion rather than dictate the total content. The intention was to encourage participants to express in their own words their responses to three general areas of enquiry:

- a) Policies
- b) Practices
- c) Outcomes

Motivations for and constraints on the programmes were discussed. Documentary evidence of policies, programmes and outcomes were gathered to support the recorded interviews. Two influential documents were constantly referred to by interviewees and are discussed below.

4. Reporting and corporate accountability

4.1 *The King Report*

Explaining the origin of the King Report on Corporate Governance for Southern Africa, Mervyn King says:

By 1991, there was a realization that our previously disadvantaged fellow citizens were going to be in the new democratic society and would be moving from limited involvement into the mainstream. ...There was no guide as to how a board should treat stakeholders other than shareholders. I had practiced as a corporate lawyer for many years in South Africa, and I had sat on many boards. The Institute of Directors [in South Africa] and the Johannesburg Stock Exchange (now Johannesburg Securities Exchange) got together and asked me to chair a committee that was assembled to look at these issues.

Interview reported in the Internal Auditor, 2003

The outcome was the expression of a then novel inclusive concept of corporate governance. King II argued that an inclusive approach to corporate governance requires that the purpose of the company be defined and the values by which the company will carry on its daily life should be identified and communicated to all stakeholders. The report expresses in a uniquely South African way the basic purpose of corporate activities. The report includes the following words at the beginning of the section on integrated reporting (Section 4, p.96):

Umuntu ngumuntu ngabantu

I am

because you are;

you are

because we are

These words express the sense of the interdependence and interconnectivity of humanity. King II reflects on South African values and culture especially that of Ubuntu. Ubuntu means “being human”; “humanness” or what it means to be human. It involves qualities such as cooperation; supportiveness; togetherness or ‘solidarity’, and of being interdependent and interconnected. What matters most is the quality of our relationships with others. This idea of interdependence and quality of relationships is used in a corporate context. What a truly human business organisation would have as its purpose is articulated in the report as follows:

Corporate citizenship is the commitment of business to contribute to sustainable economic development, working with employees, their families, the local community and society at large to improve their quality of life (King II, 2002, p.96).

King II recommends that every organisation should take into account all threats to the health of stakeholders, including that of HIV/AIDS. It proposes a responsibility on directors of companies to ensure that they understand the economic impact of HIV/AIDS on business activities, and have a strategy in place to manage the impact. Moreover, it advises that companies should monitor and measure performance and report on the health and well-being of employees to stakeholders on a regular basis.

A possible criticism of King II is that it has no regulatory backing.¹ Few companies may be persuaded by its call to humanity and inclusiveness. King II itself noted (p.117) that the corporate community had offered little by way of public accounting and reporting on its strategies and actions for combating the social and economic impacts of HIV/AIDS. There was consequently little evidence of measures taken to promote business sustainability in the face of HIV/AIDS. A recommended way forward was that companies report in accordance with the Global Reporting Initiative (GRI), for which South Africa has been requested to develop a Resource Document on reporting on HIV/AIDS.

4.2 Global Reporting Initiative (GRI)

The Global Reporting Initiative (GRI) was first published in June 2000. It represents an international cooperative effort to establish *Sustainability Reporting Guidelines* for voluntary use by organisations worldwide. It develops ways of reporting on economic, environmental and social dimensions of companies' activities, products and services. In an interview, a representative of GRI in South Africa states that the general principles of GRI:

It is to ultimately make social and ecological reporting as normal and in a sense as expected as financial reporting (GRI representative, Interview, June, 2003).

The mission is to provide a framework for disclosure which will result in a new level of accountability and transparency. Among the driving forces for the development of the GRI has been the expansion of a global capital market and developments in information technology. Public demonstrations have drawn attention to problems of governance; to the capacity of existing national and international institutions to govern or regulate corporate activity. There is a need for borderless governance structures to ensure corporate activity results in environmental and social as well as economic benefits. Global standards of reporting are needed, as represented by the GRI.

Companies of all sizes are facing new expectations from informed consumer groups for sustainability practices. The news media and other information technologies make people more aware of such issues. Financial markets are recognising the long-term benefits of sustainability practices and may place a premium on companies with sound environmental and social strategies and policies (Spiller, 2000). New measures of 'social responsibility' are emerging and linkages between corporate sustainability practices and brand image, reputation, and future asset valuation may begin to capture the attention of mainstream financial markets.

¹ Certain of the principles enunciated in King II have been incorporated into the Johannesburg Securities Exchange listing requirements.

Sustainability reporting according to an internationally accepted framework, like the GRI, would assist the better understanding of such linkages.

The GRI is an evolving set of guidelines. The guidelines are as yet incomplete and not yet ready for global use. By November 2003, the pilot edition of *Reporting Guidance on HIV/AIDS: A GRI Resource Document* had been issued for public use and feed back. The contribution of South Africa has been to develop a particular set of guidelines for a particular set of social performance indicators, specifically on HIV/AIDS reporting.

The guidelines in respect of HIV/AIDS provide a full and detailed suite of reporting recommendations, from very broad to very specific. The guidelines take an incremental approach recognising that organisations face different operational situations, reporting capacities, and stakeholder pressures. In so doing, it acknowledges that different amounts of disclosure will be relevant to different organisations. The aim is to allow experimentation by reporting entities.

There are a set of ‘basic level indicators’, and a very much more detailed decomposition of the basic indicators for those wishing to engage in ‘full disclosure’. As a representative of the Durban Chamber of Commerce said:

You have got to achieve a balance between making sure those requirements (for reporting) help that individual business in managing HIV/AIDS, and doesn't overwhelm it with just copious amounts and screeds and screeds of reports that never ever get put into action., and never result in anything. (Interview, July 2003)

Several interviewees expressed similar views concerning the amount of detail required. A common view was that level one, the barest qualitative information about the existence of relevant policies and practices, is the most valuable.

One approach I did like is the incremental approach, saying. Well, here's the first stage. A company should start somewhere; just go through the first basic level indicators (Financial analyst and adviser to GRI, Interview, July, 2003).

The basic level indicators are listed in Table 1 below provide a starting point for those entities reporting for the first time, or low-capacity organisations. Other than requiring entities to estimate costs associated with their various HIV/AIDS programmes, the basic level indicators require no quantitative information, but descriptions of any policies and practices the firm has under each heading.

Table 1 Basic level indicators

Indicator	Response
1. Does the organisation have an HIV/AIDS policy? (Please attach copy)	YES/NO
2. Is there a strategic plan to manage the current and future impact of HIV/AIDS on the organisation?	YES/NO
3. Has the organisation involved stakeholders in the planning and implementation of the response to HIV/AIDS?	YES/NO
4. Has the organisation arrived at an HIV/AIDS prevalence rate for the workforce?	YES/NO
5. What is the organisation's estimated HIV/AIDS costs/losses for the current year in terms of:	
5.1 The cost of programmes in questions 6-9 below	R.....
5.2 Other costs/losses arising from HIV/AIDS	R
6. Does the organisation have HIV/AIDS awareness/education/training programmes for its workforce?	YES/NO
7. Does the organisation have a VCT (Voluntary Counselling and Testing) Programme for its workforce?	YES/NO
8. Does the organisation have HIV/AIDS prevention interventions such as behaviour change interventions, STD-treatment assistance, and a distribution programme for:	
8.1 Behaviour change programme	YES/NO
8.2 STD-treatment assistance	YES/NO
8.3 Condoms	YES/NO
8.4 Femidoms	YES/NO
9. Does the organisation have programmes to assist workforce members who are AIDS sick?	YES/NO
10. Does the organisation provide anti-retrovirals to HIV positive employees, or those who are AIDS sick?	YES/NO

Source: GRI (2003b, p. 16)

Introducing these basic level indicators perhaps recognised that the incremental approach needed a low base from which to commence. Even so, it was suggested by the financial analyst that the “Measurement” indicator was an anomaly and should have been introduced only for the more detailed levels when firms had had perhaps a few years experience with the process. He suggested the question could have been re-phrased: “Has the organization considered the financial costs, or calculated, or estimated the financial costs?”

The more detailed performance indicators were developed in a multi-stakeholder process to ensure that disclosure across the entire spectrum of public interest occurred, from financial to social concerns. These indicators are detailed in Table 2 below.

Table 2 Performance indicators for full reporting on HIV/AIDS

Indicator	Recommended disclosure
1 Good governance Deals with policy formulation, strategic planning, effective risk management, stakeholder involvement (5 indicators)	Firms should describe: <ul style="list-style-type: none"> ◆ Their HIV/AIDS policy (and attach it); ◆ Their overall strategy for dealing with HIV/AIDS; ◆ The extent of preparedness and contingency planning in anticipation of expected HIV/AIDS impacts; ◆ How the firm monitors its progress and reports in terms of the three indicators above; ◆ How stakeholders are involved in the formulation of policy, strategy and implementation.
2 Measurement, Monitoring and Evaluation Detail prevalence and incidence of HIV/AIDS, actual and estimated costs and losses (3 indicators)	Firms should indicate: <ul style="list-style-type: none"> ◆ Current and projected future HIV/AIDS prevalence and incident rates among relevant populations; ◆ Current HIV/AIDS-associated costs and losses to the organisation; ◆ Total assumed future HIV/AIDS-associated costs/losses.
3 Workplace conditions and HIV/AIDS management (2 indicators)	Firms should describe or indicate: <ul style="list-style-type: none"> ◆ The workplace and workplace related HIV/AIDS programmes and interventions, and the extent to which they maintain a workplace environment respectful of human and legal rights; ◆ Total allocated budget dedicated to HIV/AIDS programmes per annum.
4 Depth/quality/sustainability of HIV/AIDS programmes (6 indicators)	Firms should detail: <ul style="list-style-type: none"> ◆ Their VCT programme; ◆ Other support and counselling programmes and measures; ◆ Their HIV/AIDS education and training programmes; ◆ Their condom and femidom distribution programme; ◆ The general health care and wellness provisions for employees (and/or ex-employees) and their families, making specific mention of STD-treatment for those who are AIDS sick ◆ Any additional benefits and support for employees sick, dying or deceased from AIDS-related conditions.

Source: GRI (2003b, p. 9-15)

Within each recommended disclosure there are a further number (between 2 and 10) of detailed instructions and specific indicators that companies wishing to comply with ‘full’ reporting requirements should consider and report on. Even within these more detailed performance indicators it was recognised that firms would have differing operational

situations, reporting capacities, and stakeholder pressures and may not necessarily be able to comply with the guidelines.

5. The corporate response

Though there may be an expectation that organizations will be good corporate citizens, the extreme challenge of HIV/AIDS has no uniform solution. Disclosure requirements being developed recognize that organisations face different operational situations, reporting capacities, and stakeholder pressures.

5.1 Evidence of practice and reporting

A KPMG survey of sustainability reporting in South Africa (2001) indicated that 57% of the top companies report to some extent on sustainability issues. However, HIV/AIDS is one of the issues least reported (across all sectors, an average of 32% of companies mention HIV/AIDS in their annual reports). Interviewees had mixed responses, but the vast majority indicated that the detail of reporting recommended by the GRI was possibly too revealing for external reporting.

There is evidence of internal managerial and workforce changes. A more recent survey (Bendell, 2003) reports:

- *There is a wide variation in the specific HIV/AIDS prevention and mitigation components of these corporate policies and programmes, and the extent of coverage provided to employees and their dependents.*
- *Communities, suppliers and subcontractors are rarely covered by policies and programmes, even though most company respondents consider that HIV/AIDS—and the risks it poses to their workplaces and other business operations—must be tackled beyond the workplace.*
- *Most companies do not consider how their normal operations and strategies affect poverty, and thus HIV/AIDS. This is despite the UN General Assembly Declaration of Commitment on HIV/AIDS, which emphasized the importance of poverty and unsustainable development for the spread and impact of HIV/AIDS.*

The limited scope and scale of corporate action on HIV/AIDS suggests that enthusiasm within the United Nations system, bilateral and multilateral development organizations, and international NGOs, for the voluntary role that business is playing and can play in the fight against HIV/AIDS needs to be tempered with an awareness of the current lack of wholesale and comprehensive engagement on this matter by even the largest companies, and even in the most affected areas, such as South Africa.

To find evidence of the extent of actual practices, several firms were visited in Kwa-Zulu-Natal, the part of South Africa with the highest prevalence rates, and the findings are reported

below. Three organisations, with differing ownership structures, were visited - a wholly owned subsidiary; a joint venture with an overseas company; and a locally owned company operating in Durban. These represented the firms which had benefited from government policies in respect of deregulation and liberalisation of domestic and export markets, though one was now facing increased foreign competition. They are typical of the organisations on which the government was relying to expand productivity and growth and ultimately, to achieve greater equality.

Case examples

Case 1 - A wholly owned subsidiary (WOS)

The first company visited was a wholly owned subsidiary of a major international company. It did not report fully but used information on HIV/AIDS internally to provide educational and medical support to employees and their families.

WOS has approximately 1,100 employees, and is located near the Indian sector of Chatsworth, Durban. Most of the unskilled jobs are contracted out and there are currently approximately 500 permanent contractors on site. The nurse at WOS indicated that when prevalence testing was first conducted among employees, the company had an uptake of approximately eighty per cent, and a prevalence rate of a low 4.5 per cent. A slightly higher rate was found among independent contractors. When the tests were repeated two years later, the rate was slightly above 5 per cent. From this the company were able to estimate that they have approximately 60 HIV positive employees. This relatively low incidence rate probably reflects the close familial ties of the Indian community and strict supervision of younger people. Currently 22 employees are on treatment. WOS has a sophisticated education and training clinic staffed by full time medical staff, which has been running on site for approximately 16 years.

There is an extensive education programme. The programme makes use of HIV positive individuals talking at the company and an annual drive to highlight HIV/AIDS. Local celebrities are also used to talk directly to the staff. On the day of our visit, Naveen Singh, a presenter at East Coast Radio, was touring the plant encouraging staff to be tested for HIV. It was noted that several members of the groups were already sporting their "I know my status" "badges". The previous week the former world boxing champion Baby Jake Matlala, had been on site. When reporting on this visit, The Natal Mercury quoted the CEO as saying, "Knowing your status means that steps can be taken to ensure the best quality of life possible.

We are offering free counselling and testing to all employees and their families. Access to treatment, education programmes and support groups will also be provided." Regular visits by an Industrial Theatre group that makes use of humour and every-day experiences, aims to educate through entertainment.

The message is simple. HIV/AIDS is a personal responsibility. This is in line with the government's approach. The government has emphasised individual responsibility rather than collective action.

Case 2 - partly owned joint venture (POJV)

The second company visited was a joint venture with an overseas company. The South African company did not report externally in accordance with the GRI guidelines. They did not have an accounting system that could identify HIV/AIDS related costs, even direct costs. Privacy of those coming forward for testing and treatment is a major consideration in their data gathering and reporting procedures.

POJV is a member of a group of companies that operates from premises situated in Pinetown, 15 km from the east coast city of Durban. It is a joint venture between a local company and an American company, the largest producer worldwide of paper machine clothing and engineered industrial fabrics. The Durban manufacturing unit employs 251 people (the group has approximately 650 employees). Like other parts of the textile industry, the group has faced heavy competition since deregulation and removal of protective tariffs for local manufacturers. However, it operates within a very specialised part of textiles and employs relatively skilled people earning 40% above industry average wages.

The group has a proactive stance with regards to HIV/AIDS, employing a nursing sister and an occupational nurse who are on site between 7am and 4.30pm each work day. As part of deregulation, the nursing sister is licensed to dispense a restricted list of medications. A wellness program, which includes the provision of vitamins and supplements, also operates and a pathway for the various levels of medication for those testing positive is provided. Because of privacy, the nurse could not reveal to us, nor to the management, exactly how many people were on medication for HIV/AIDS. The nursing sister and management were aware that few employees had taken up the offers to come for testing. Despite encouragement from management and the trade unions, less than 20 people had volunteered for voluntary counselling and testing (VCT). The operations manager felt the main reason was mistrust. The

workers could not accept that management would not discriminate against those testing positive or their status would be made known within the community. The nursing sister had more personal explanations, such as embarrassment at admitting what she called 'shenanigans' that went on between workers in the factory especially those on the night shift.

There are many reasons for refusing to be tested – including the operations manager suspecting basic human denial and not wanting to know. He estimated there may be 20 or so employees who may be positive but had not come forward for testing. He also explained why HIV/AIDS was not especially problematic for this company, at least so far. The records from the time and attendance system linked to payroll indicated that absenteeism had been stable for a long period at between 2.5% and 3%. In March it had risen to 3.5% but investigations revealed that was due to a seasonal factor rather than HIV/AIDS. The manager was aware that they were losing people to aids, but as he said:

We are losing people but we had to downscale. We were carrying too many people, in the industry, and in our firm. So the impact has not been felt yet.

Also, under the government's Skills Development Act they had taken on 'learners' i.e., long term unemployed people for up-skilling. Through appropriate training they had been able to replace people with the trainees. Out of eight 'learners' taken on, seven had been given full-time employment. However, the nursing sister expressed concern about the potential of these long term unemployed providing a potential new source of HIV/AIDS infections. In spite of these concerns, the introduction of learners and the multi-skilling of employees was important in finding cover for absentees.

Though prevalence rates were suspected to be higher than at WOS, the management at POJV were still not experiencing major production problems. There was evidence of a proactive health policy for their employees, and support for those testing HIV positive. The trade union representatives were aware and appreciative of management's desire for more staff to be tested.

Case 3 - Locally owned (LO)

The third company visited (LO) is a family owned and controlled firm. It did not report on HIV/AIDS externally but was very proactive in use of information inside the firm. It operates a website and disclosed detailed information on the ethnic make-up of workers and management and reported on its efforts to assist historically disadvantaged persons (HDPs)

belonging to ethnic groups identified by the ANC government as being disadvantaged under the previous apartheid regime.

The company employs 48 designers, 36 sales and service and 460 production staff. It is now in the hands of the third generation of the family. The firm has joint managing directors who are both committed to employment equity and occupational health. This commitment was evidenced through discussions and providing access to all public documents and to staff.

LO has an affirmative action and equity policy, with a commitment to develop those people excluded from the mainstream of economic activity. By uplifting and empowering the 270 historically disadvantaged in its employ, the management see a ripple effect to members in the community as each employed black supports an extended family. It monitors progress of individuals and responds to personal social requirements. The company aims to provide specific opportunities especially for black employees to develop in those areas they lack skills. The overall racial profile of the company is: 34% Black; 3% coloureds; 42% Indians; and 21% White. Attempts to employ more Black people in the design department, have been hampered by a lack of available skilled individuals. To overcome this lack of qualified Black designers, the company has selected a number of Black employees and is putting them through an intensive in-house training programme. The company has sent some to other countries to visit and tour similar production facilities and to get a better understanding of production processes. Countries visited include England, Turkey, Russia, Poland, USA, Dubai and Saudi Arabia. From these visits new ideas for improving production at LO have resulted. The management profile is: 15% Blacks; 65% Indians and Coloureds; and 20% White². In accordance with a staff suggestion, the company is investigating the establishment of a student exchange programme with companies in the UK ((where the company has a sales facility) and in Turkey (where the company has a production facility). The company has since the beginning of 2004 begun to implement a Black Economic Empowerment Policy to attempt to reach the targets in the Government's Balanced Scorecard. According to the Company's policy statement: "There is no restriction on the Skills Development Budget from Management". In terms of procurement, the company already lists the Black owned and Black empowered companies from which it sources services and supplies. It is close to the targets in the Government's BEE scorecard.

² The terminology used in this paper is consistent with the terminology used to classify people in South Africa

HIV/AIDS has had an impact on the firm. In attempting to explain the difficulties facing the firm, the Operations Manager attempted to articulate the issues facing him on a daily basis as follows:

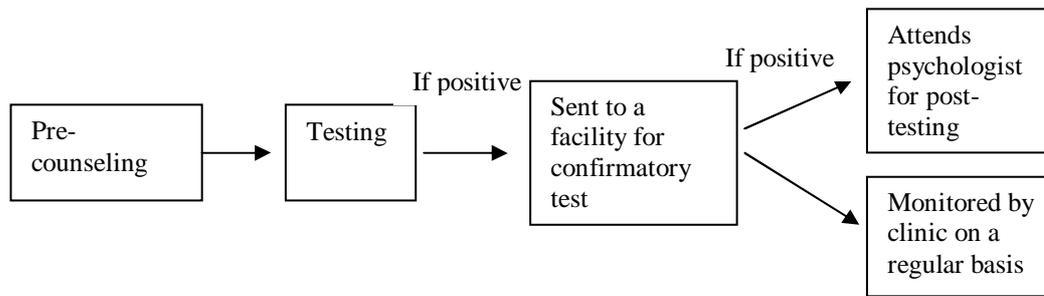
I don't believe that as a company we understand the ramifications of the HIV/AIDS prevalence. I don't. We as a company are just plodding along. I am probably the closest to the absenteeism caused by it and the illnesses that go with it which don't allow people to come to work. I am still learning to understand what is AIDS. Do I go hammer and tongs and dismiss a guy because he has not come to work, or do I take a lenient approach and nurse him along because he has a life threatening disease? (Interview, September, 2004).

Although there are confidentiality issues surrounding HIV/AIDS and there is no compulsion for HIV positive employees to disclose their status to their employees, the Operations Manager was able to estimate the number of HIV/AIDS deaths that has occurred in the company. This was described as follows:

Over the last two years R has lost between 8 and 12 staff members each year to what I would term AIDS. They weren't shot, they weren't run over by a car. They were all young people and they died. For us as a close family business it has hit us seriously.

Unlike WOS, LO does not employ full time medical staff. Approximately one year ago, the company took the decision to provide medical services to their factory staff. This was part of a three pronged initiative to improve the quality of life for their employees, through ensuring that every staff member had access to a reasonable standard of housing, reliable transport to get to work safely and decent health care. A doctor and a nurse are employed to make regular twice weekly visits to the company. A private clinical psychologist visits the company once a week to conduct counselling sessions as part of a voluntary counselling and testing (VCT) programme.

LO has encouraged employees to attend VCT but to date only 15 employees have fronted up, despite requests from management and medical staff to come forward. The procedure an employee goes through can be viewed diagrammatically as follows:



The reporting of prevalence rates in accordance with the GRI requirements is problematical for many firms due in part to the low uptake by potential participants meaning that any statistic quoted could be potentially misleading. A statistic about the possible percentage of the workforce which is HIV positive is therefore secondary to ensuring appropriate support structures are in place. This was confirmed by LO's doctor, who thought companies should not concern themselves at this time with issues such as prevalence rates. For him this came into the category of distracting, as opposed to useful, information. Of more importance was the process and policies followed by the firm. He articulated what he believed the approach of firms should incorporate:

Do you have voluntary counselling and testing? Do you have a health education programme? Do you have peer educators? Are condoms available? Are you making people aware? Is there access to chronic monitoring? Are we making people aware of when there is an AIDS day or a condom week? Do you have a good ill health retirement process? Have you trained your line managers to deal with absenteeism, and production issues? Do you have a good monitoring system that looks at giving you data on who is absent, and which department is being affected? Are you following the Labour Relations Act, Employment Equity Bill in dealing with those people who have productivity and absenteeism issues? Only once you have all the above in place are you able to target the problem areas.

Interestingly enough, the structures that LO's doctor believed should be considered by firms before they focused on their individual prevalence rates, were the same issues the GRI focused on in their Depth/quality/sustainability of HIV/AIDS programmes indicators.

The doctor also believed HIV/AIDS should not be treated differently to any other chronic disease. A normal process of diagnosis of illness followed by the well-known treatment protocols could remove the stigmatisation and reluctance of people to secure appropriate treatment. State provision of medications, if available, would also encourage voluntary testing. Those tested privately could secure faster access to the state's clinical facilities and medications, as the testing procedure is itself expensive.

6. Discussion

The legacy of apartheid in South Africa is a divided society with extremes of wealth and poverty. The government has resisted the temptation to overthrow all the institutions established under the apartheid regime and has opted for a slow transformation of society and gradual empowerment of the Black population. The government has maintained a hands-off approach, attempting to foster private sector initiatives for economic growth, job creation and black empowerment. The government has emphasised individual responsibility rather than collective action. It has not spent heavily on education, health and social services, but maintained tight fiscal control and low inflation. Commentators have suggested the Mbeki administration has followed the advice of a powerful group of domestic financial institutions, export-oriented manufacturers and mining companies at the expense of its traditional allies and partners in the anti-apartheid movement (Koelble, 2004, p.59). The hope is that international investor confidence will generate economic growth and growing prosperity for the population of South Africa. However, the hands-off approach creates growing disparities between the skilled and semi-skilled in full-time employment and the unemployed and perpetuates unequal access to health care and education.

Its critics say the government has been interested not so much in what capital can do for South Africa as what South Africa can do for capital. The initial beneficiaries have not been the masses of impoverished Blacks but manufacturers particularly in the export sector which have been able to expand their operations globally. These firms have the resources to improve the well being of their own local employees through equity and health programmes. For each individual in employment there are many dependents, and in the cases examined some firms provided HIV/AIDS programmes not only to their employees but also to their immediate families. Given the loose arrangements in which men often have several 'wives' the policy may not always be fully effective.

There is a massive surplus supply of unskilled labour and few government initiatives to create employment using Keynesian thinking. The hegemony of neoliberal capitalism means the government follows a policy of deregulation, liberalisation and privatisation. Such policies ignore the struggles of the rural poor and township dwellers. Inequalities grow.

Though the enterprises we examined were flourishing, their ability to make inroads into HIV/AIDS and black empowerment were restricted. In some cases, such as POJV, by the realisation that they could operate a leaner operation if staff got sick and left; at WOS that

prevalence rates among their workforce of skilled and semi-skilled people was not great; and at LO an inability to identify people with HIV/AIDS, despite an enlightened and generous management. The health professionals interviewed were of the opinion that the government should be doing more to set up an infrastructure for the distribution and oversight of use of antiretroviral medicines.

The ability to employ blacks is restricted not so much by management prejudice as by lack of sufficient skills in the black labour force. Relying on private sector to up-skill millions of blacks is a long term strategy indeed. It seems the government has no plans to provide gainful employment outside capitalist structures. The greater the employment of blacks at present the more whites are being disadvantaged. This is in the nature of equity movements, but it is the unskilled and poor whites who are being displaced. There is an economic rather than racial apartheid developing. In time it will need some more direct government intervention. However, the politics of sub-Saharan Africa do not augur well for 'democratic' interventions. The people who have risen to positions within government are distinctively political classes. They have had little or no economic base outside the state. According to Hawthorn (1993) they have not been economically or politically secure enough to allow competition among themselves, have resisted electoral decision, and have usually been unwilling to extend rights. In more or less directly personal ways, they have deployed their positions within what remain the directive and authoritarian frames of post-colonial states. Hawthorn (ibid) quotes from Terry (1986) who characterises the new political states and their elites in the following terms:

[The state] appears as a conglomerate of positions of power, the occupants of which are at the same time in a position to assure themselves of substantial revenues and to spread around situations, prebends, bonuses and services

So for most people in South Africa, it is business as usual. The legacy of apartheid remains and there remain strong institutional forces that resist wholesale transformation of business and society. Resistance to neoliberalism and economic apartheid may have to come in the form of a mass movement of underprivileged, as happened in the fight against racial apartheid.

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Appendix One – The Black Economic Empowerment indicators

There are three core elements of the BEE:

- (1) Direct empowerment through ownership and control of enterprises and assets
- (2) Human resource development and employment equity
- (3) Indirect empowerment through preferential procurement and enterprise development

Firms will be judged against measurable targets in a weighted scorecard.

	Indicators	Target by 2014	Weighting
Direct empowerment score			
Equity ownership	% share of economic benefits	25% (including 10% black women)	20%
Management	% black persons in executive management	33% black persons on the board	10%
HR development and employment equity	Employment equity as per EEA	40 % black persons	10%
Skills development	Skills development expenditure	3% of payroll on training	20%
Indirect empowerment score			
Preferential procurement	% procurement from black enterprises	30%	20%
Black enterprise development	Investment in black-owned enterprises	10% net asset value	10%
Social responsibility	Job creation; HIV/AIDS programmes; and sectoral/enterprise specific indicators		10%

The government intends to use the scorecard to rank and categorise enterprises for purposes of preferential procurement, restructuring of state owned enterprises, financing and other support activities. Government will encourage the private sector to develop similar ranking systems in sector and enterprise charters and to use these rankings in their procurement systems. The goal is that over time, as opportunities become more equally spread throughout the society, a non-racial social and economic structure should develop and take root.

It encourages individuals to grasp opportunities and emphasises self-development rather than a socialist or communal approach to development. Thus is it labelled neoliberal.

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