Implications of people living with HIV in the struggle against HIV: Case of a company in Cameroon

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1. Outlook of the geographical, social and institutional situation

Cameroon National Electricity Company (SONEL) employs 4400 workers located all over the country. SONEL was privatized in May 2001, and taken over by an American multinational AES SIROCO. The Cameroonian State owns 49 % of the shares, while 51% are held by the American company. AES-SONEL headquarters are located in Douala, Cameroon’s economic capital.

Cameroon has approximately 12 million inhabitants, and in 2000 the HIV prevalence rate was 11%. If we had to apply that national prevalence rate to the total number of AES-workers we would have approximately 484 infected workers. Nevertheless, the official figures, which are very hard to collect, indicate that in 2000 some sixty HIV positives workers were identified, and that there was a growing rate of suspicious death (generally attributed to “low poisoning!” or witchcraft).

So far, AES-SONEL almost retains the monopoly of production, transport and distribution of energy in Cameroon. At a local level, AES-SONEL is among the five major employers. Of its 4400 workers, there are 400 executives and hundreds of women. SONEL workers have benefited so far from a relatively good medical coverage, but unequal for all workers: 100 % reimbursement for the admissions and 80% reimbursement for the pharmaceutical products with a rather advantageous ceiling for the executives. The workers’ family members are also cared for through the company or its insurance policy, which would take the total number of persons covered to more than 9000.

AES-SONEL is experiencing a difficult transition period which is common to all pre- and post-privatization situations. It is in this atmosphere that many infected or affected workers are worried about the arrival of the new management. If most workers seemed to be favourable to the setting up in September 2001 of the Task Force on Health and HIV, others remain suspicious or surprised by the suddenly increasing activities around HIV/AIDS. They wonder if all this activity does not hide a strategy by the new management team to dismiss workers living with HIV!

It is in this framework of uncertainty that the new management has committed itself not only in maintaining the former healthcare policy of SONEL (payment of the antiretroviral (ARV) treatments etc.), but to improve it.

2. Description of the process which has led to the handling of the battle against HIV/AIDS by the workers

Phase 1:
In 1999, a SONEL worker living with HIV who had just lost his wife and whose physical state was dramatically deteriorating, addressed a plea to the General
Manager (GM) asking him to finance his therapy, otherwise he would soon face death. The General Management’s first response was to ask the company’s medical doctor to make a survey on the number of workers HIV infected in the whole company. A list of some 60 cases was therefore addressed to the GM. Discovering the impact of the pandemic, the GM granted the Human Resources Department a budget for the exceptional reimbursements of pharmaceutical products related to recurrent diseases. But, regarding the high cost of the treatments, they were asked to avoid any publicity in order not to be overwhelmed by too many demands. Up to May 2001 the cost of a month treatment was CFAF 600 000, the equivalent of an executive’s monthly pay.

Phase II

In February 2001, financially broken by four months of treatment paid out of my salary, I discovered by chance that Sonel could provide ARV treatment to all those who had the courage to ask! Thanks to my personal medical doctor, and very shameful, I asked the Human Resource Department to help me financing my treatment. I was very surprised to receive a response and in less than 3 hours – 2 months treatment to a value of CFAF 1 200 000. In addition to that, there was no comment on me being HIV positive!

Relieved, but worried by the future (the privatisation of SONEL was very soon coming, and the lack of an official policy made the medical support system very uncertain), I thought it was urgent to lobby inside the company and nationwide for a proper access to treatment policy. This is how the idea of creating my NGO of people living with HIV came into being along with PROJECT SUNSHINE.

Phase III

In June 2000, we asked the GM to sponsor our travel to Durban, South Africa, for the 13th International AIDS Conference. My objective, I wrote, was to look for donors or would-be partners capable of co-financing the therapy heavily paid by SONEL. Once again I was very lucky that my request was accepted. This is how a SONEL five-member team attended the conference. This included the medical doctor, a welfare assistant, two nurses and a person living with HIV/AIDS (PLWHA).

Back from Durban, I sent PROJECT SUNSHINE to the General Manager for the psychological, medical and nutritional support of workers living with HIV via a programme which encouraged collective programmes between companies. SONEL’s medical doctor also sent a project for a wide programme of the sensitization of workers. None of the two projects was ever officially accepted. Nevertheless, we decided with the medical and welfare department to do what ever could be done in an informal way.

3. Intermediary results

Two women (Marlyse and Marie), living with HIV, broke the silence by publicly revealing their status and by publicly sensitizing their colleagues in and out of the company. Two other men also sensitized their colleagues after entering our NGO, but in a more discrete way.
We have succeeded in getting SONEL to publicly inform the workers of the existence of an ARV reimbursement procedure which encourages other workers to ask for a reimbursement. A sensitization campaign has also been made in SONEL Douala and Yaoundé, in collaboration with the Medical and Social Welfare Department and people living with HIV/AIDS. This includes conferences, condoms and HIV red ruban distribution, increasing the number of posters asking to "break the silence" etc., permanent informal sensitization towards workers and those infected. Dedramatization and destigmatization of workers affected or infected by HIV. Voluntary testing, etc.

We have also been involved in the setting up of a procedure to reimburse the ARV treatment which puts an emphasis on confidentiality, via a governmental project, DARVIR, based at Laquintinie Hospital. Instead of passing through a private pharmacy, a deposit of a global amount by AES-SONEL to the Laquintini Hospital (which hosts project DARVIR), enables a monthly individual retrieval of the cost of treatment by the infected worker at the hospital’s pharmacy. Laquintini Hospital provides a receipt to the worker. The money is deducted from AES-SONEL total amount.

Questioned by a worker living with HIV on their policy on HIV, AES’s new management asked her to set up a task force on Health and HIV in order to propose a policy to fight the pandemy. A CFAF 9.000.000 budget was allocated to the Task Force for a three month study. The Task Force (which comprises 12 members, representing all the 10 provinces) has gathered for 3 days each month since September 2001. They have just handed to the General manager a three-year plan of action (2002-2004). This proposed plan of action aims at reducing the evolution of the pandemy in the company and to provide a better support of the workers infected or affected by HIV (medical, psychological, nutritional support). While waiting for the final decision of the General Management, the AES-SONEL Health and HIV Task Force has started sensitization in the business units (Douala, Ebolowa, Garoua). Exchange of experience with other companies who are also pioneers in the struggle against HIV (CHOCOCAM, ALLUCAM, etc.) has also started.

AES SONEL will soon receive a network of young journalists from 15 French speaking countries, lead by "Press Jeunes" and other companies, to debate on the possibility of a common collaboration to fight HIV/AIDS in the working place.

Unfortunately there still is a lot of work to do because many infected workers still refuse to take the treatment, which is 100 % taken in charge by the company (either because they fear stigma or deny the existence of AIDS).

Even though it has no official existence in the company, SUNSHINE PROJECT policy is being experienced in an informal manner in AES-SONEL, where it has succeeded in developing a “bubbling up”. Since April 2002, we have started organizing women’s workshops in the company. They are entitled “AIDS: women can make the difference”. The workshops are open for female workers and the spouses of the male workers. It aims at empowering women and giving them the necessary information to become peer educators in the company. It also aims at helping those who are HIV positive to have the courage to go for appropriate treatment.

So far we have held 2 workshops in Douala and Yaounde, with a total of about 90 participants. We intend to continue in another town where the company is represented. At the end of each workshop, women are invited to contribute in a collective artistic painting organized by SUNSHINE and young artists from New...
Art. The paintings are offered to the company to symbolize women worker’s determination to fight AIDS.

SUNSHINE PROJECT is dedicated to all workers and companies via the Sunshine Listening Center, based at Douala 1st City Council, where “Médecins Sans Frontière” already provides free medical advice once a week. Free drawing lessons for children and adults are given each Saturday by a young benevoles artistes from “New Art”.

SUNSHINE intends to help companies in setting up their own HIV/AIDS policy based on the workers’ aspirations and not on already made programmes imposed on them. This policy should include people living with HIV who are willing to serve as peer educators. A good collaboration between the workers, the medical and social welfare and the General Management is very important. In addition to that, those implementing the policy should be trusted by the workers and have a strong capacity for lobbying!

SUNSHINE, in spite of it’s numerous pleas, is entirely financed by it founder’s personal salary. This leads us to believe, with a lot of bitterness, that donors and international organizations who – even though they applaud and praise the project which they like to present as “best practice” – have never ever given us even the equivalent of the price of one box of fluconazol to our customers or a taxi fee to go and visit those who are sick! They prefer to finance very costly seminars and conference and production of endless documents!

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