

Combining worker and user interests in the health sector: trade unions and NGOs

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This paper examines the relationship between workers in the health sector and users of health services as seen through two case studies of trade unions and NGOs working together, one in Malaysia and the other in South Africa. Despite a history of tensions between these two types of organisation, when they work together effectively the results can be influential. The Malaysia Citizens' Health Initiative has set up a separate organisation and now has the power to mediate differences between trade unions, NGOs, and the government. The partnership between the Treatment Action Campaign and the Congress of South African Trade Unions (COSATU) in South Africa is providing a unified voice demanding government action on HIV/AIDS.

Introduction

This paper describes some of the relationships between trade unions and NGOs in relation to health policies and services. It first looks briefly at various changes that trade unions and NGOs have made in the past two decades. It then gives two case studies of trade unions and NGOs working together, in spite of having had to overcome antagonisms and conflicts. Finally, the paper identifies conditions that can lead the two sectors to work together, what successful collaboration can produce, and what prospects there are for future alliances.

Changing trade unions

Trade unions have undergone changes in the last 20 years, many of which have weakened their position. The expansion of multinational companies and the privatisation of public services have led to a decline in union membership in many countries. It has taken time for national unions to recognise that action has to span national boundaries if trade unions are to limit the power of multinational companies to move from country to country in their search for cheaper sources of labour (Gallin 1999).

Trade unions are also becoming aware that they have to act in coordination with other organisations. In some countries, trade unions are becoming involved in campaigns for human rights. A specific example of a trade union declaring its belief in the importance of working with other organisations is the case of Finland's Municipal Workers' and Employees' Union

(KTV), which recently published a book entitled *Everything at Stake: Safeguarding Interests in a World without Frontiers* (Artto 2001). In the book's introduction, the KTV president states: 'Even the most powerful multinational enterprises and other elements of international capital are not immune to pressure. People around the world can influence these forces in many roles: as employees, as consumers and as public activists.' He calls for the 'renewal of international collective bargaining by the trade union movement', and he also emphasises the common cause that developed and developing countries have in this struggle against global capital. One of the book's recommendations is: 'The trade union movement will achieve the best results by engaging in broad cooperation with non-governmental organisations, experts and policy-makers—and, on an equal footing, also with employers.' This is an important policy position for KTV, and it forms the basis for future campaigning with other organisations. KTV is now developing a campaign with NGOs to fight against the privatisation of municipal services.

A continuing strength of the trade union movement is that it is the largest representative movement worldwide. However, one of the issues that trade unions, particularly in developing countries, must face is how to become more representative of the informal employment sector, in which the majority of workers in most developing countries find themselves. Informal employment has expanded because of industrial restructuring, with the result that outsourcing and contracting are now worldwide phenomena. Established trade unions are now beginning to support people working in this sector (ILO 1999; WIEGO 1999).

Changing NGOs

NGOs have also changed extensively in the last two decades. This has partly been caused by changes in the role of the state and public sector as a result of neo-liberal policies. Many NGOs were set up to work with specific communities or interest groups and to develop services that governments were either unable or unwilling to provide. NGOs have moved in two, sometimes contradictory, directions. Public services have decreased because government budgets are limited; certain NGOs have therefore taken up provision of some of these services, sometimes under public contract. This role is similar to that of the private sector and in such cases NGOs may be actively participating in the neo-liberal project. On the other hand, some NGOs that traditionally developed innovative services have decided that they would now campaign for the public sector to recognise the needs of specific groups. Pearce (2000) argues that NGOs can go in four possible directions in the future: (1) work within the neo-liberal model and deliver services; (2) push for new systems of market regulation and for international policies that favour the poor; (3) support anti-globalisation movements; or (4) focus on grassroots work. Whichever route is taken, the future of NGOs is being debated extensively.

These changes in the role of NGOs have been taking place in both developing and industrialised countries. Among national and international NGOs alike, advocacy and campaigning have expanded, with many NGOs using increasingly sophisticated techniques to promote their views. Their advocacy work has also led some NGOs to become involved in formulating policies, bringing on criticism that they have lost their independence. In cases where such NGOs have been contracted to deliver public services, questions have been raised as to whether their religious or ideological ethos undermines the neutrality that public services should have.

As NGOs have become ever more successful in campaigning in the area of international policies, they have also been criticised for not being truly representative of the interests for which they speak and campaign. This is in contrast to trade unions and the trade union movement in general, which are indubitably representative.

Coming together

A conference held in Thailand in 2001 set out to clarify some of the positions of trade unions and NGOs following uneasy relations that had emerged during the 1990s.¹ The tensions between them had become more visible in the demonstrations at the WTO meeting in Seattle. The differences centred around the International Confederation of Free Trade Unions (ICFTU), other trade unions, and some NGOs that wanted to set up a working group on social standards at the WTO Millennium Round. Trade unions advocated establishing linkages between trade and labour standards within the WTO system. Many NGOs, especially those from the South, opposed this and wanted the approach to globalisation to be more centred on development. This difference in orientation is indicative of some of the tensions that have developed in the past decade between trade unions and NGOs, the former often focusing on workers' rights while the latter emphasise the interests of other groups.

There is much to be gained if trade unions and NGOs work together effectively. For trade unions, NGOs may provide access to a wider economic and social agenda, one where labour issues are very often not the priority. For NGOs, trade unions represent a large number of workers to whom they are accountable—few NGOs have such well-organised constituencies. Both groups can contribute ideas about future policies, campaigning tactics, and strategies that have been developed from different perspectives.² This paper shows that, with regard to health issues, relationships between trade unions and NGOs are influenced and often determined both by the interface between users and service providers and by wider social movements.

Interface between user and service provider

The relationship between users of health services and service providers in the health sector has changed in the last 20–30 years. In developed countries, there has been growing awareness that involving patients in their own care can lead to better health (Gatellari et al. 2001). Traditionally, patients had to struggle to get information about their illnesses and treatments. Although many national government policies now acknowledge the importance of keeping patients involved in their treatment, actually doing so is more difficult. But it is slowly being recognised that patients need information and support in order to take part in influencing the services and treatment that they receive. Examples of groups that have fought for more information and more informed choices include people with chronic diseases, users of mental health services, women using maternity services, and most recently HIV/AIDS patients. Many NGOs have been set up to fight for the rights of these groups.

NGOs have also been established to support the right of people to accessible healthcare. In India, for example, the Centre for Enquiry into Health and Allied Themes (CEHAT)—the research centre for the Anusandhan Trust—undertakes research and advocacy projects on socio-political aspects of health and 'works to establish direct services and programmes to demonstrate how health services can be made accessible, equitably and ethically'. It works with people's movements to improve healthcare through research, training, and programme development.³ In the USA, the Health Consumer Alliance (HCA) is a non-profit partnership of eight Health Consumer Centers and the Health Rights Hotline, all of which provide one-to-one legal assistance to poor people through representation, education, and advocacy. A recent evaluation found that since it was set up in 1997, the HCA has helped over 45,000 people from disadvantaged communities in California enrol in the medical services, gain access to them, and retain them. It provides educational and outreach services for disadvantaged people so that they can become aware of their health rights and of how to get legal advice to secure those rights. The HCA also advocates improvements in health services in general.⁴

Changes in the user–service interface often threaten the power of health professionals. The growing ability of patients to gather information and to question and guide their own treatment means that health service providers must also change their approach.

The differences between industrialised and developing countries in relation to the involvement of patients in health services are still significant. The concept of the ‘health consumer’ has been adopted in many developed countries, further supported by the private healthcare sector. This implies, however, that there are healthcare choices available for patients needing treatment, which is not always the case. It has led to wider acceptance of the right of patients to receive a certain quality of care. However, health consumerism or patient involvement is often seen as an individual process rather than part of a collective action.

NGOs have played an important role in developing models of participatory involvement, which involve consulting service users. ‘Consultation with users is a necessary counterpart to the exercise of influence—providers need some way of knowing how users want services organised’ (Standing 1996:12). Although many NGOs have contributed to setting up models of participation and consultation, their own practice is often open to question.

HIV/AIDS has changed relationships between users and service providers, and may also have contributed to the formation of alliances between them. It presents such challenges to existing health services, especially in developing countries, that common causes can be identified.

Wider social movements

Health is not always the first issue that unites a range of civil society groups. Sometimes, however, wider social movements have resulted in struggles for health rights, bringing together trade unions, NGOs, community organisations, political parties, and others. In anti-globalisation campaigns, the connections made between the expansion of multinational companies and the privatisation of public services have often led directly to the development of health campaigns.⁵

To illustrate some of the dynamics of trade unions and NGOs working together on health, this paper shall examine two case studies: the Malaysia Citizens’ Health Initiative and the 2002 South Africa Treatment Congress organised by the Treatment Action Campaign (TAC) and the Congress of South African Trade Unions (COSATU). These two case studies address the following questions:

- What led trade unions and NGOs to come together on health issues?
- How did the campaign or activity develop?
- Were there tensions between trade unions and NGOs?
- What were the results in terms of health policy and working relationships?

Malaysia Citizens’ Health Initiative

Trade unions and NGOs coming together

The Malaysia Citizens’ Health Initiative (CHI) was launched in March 1998 as an ‘informal grouping of organizations and individuals seeking to promote greater community involvement in healthcare reforms, and more generally in matters of health policy’. It is a loose grouping, not formally registered, of people who support the aims of the Citizens’ Health Manifesto and are willing to work for ‘equitable, accessible, and sustainable

healthcare of quality'. It describes itself as a 'people's think-tank on health matters, which combines policy research and analysis with action-oriented publicity and mobilization'.⁶

The CHI has 58 members, mainly NGOs, community and consumer organisations, and networks such as the Federation of Malaysian Consumer Organizations, but also several key health trade unions. Trade union members include the Malaysian Trades Union Congress (MTUC), the Malayan Nurses' Union, and the Estates Hospital Assistants Association of Malaysia. MTUC is well represented on the CHI committee, and the general secretaries of MTUC and of the Malayan Nurses' Union are both members. MTUC joined because the trade unions had decided to become more active in consumer issues, a decision prompted by their members' concerns about inflation, the increasing cost of living, and declining real wages. The Malayan Nurses' Union has also been a strong supporter of the CHI.⁷

How the campaign developed

MTUC played an important role in the campaign to stop hospital privatisation, and the CHI marshalled intense public pressure on the government to stop the 'corporatisation' of state-run general hospitals.⁸ The signature campaign began in late May 1999 when doctors at a state-run general hospital in the city of Ipoh circulated a letter to the Health Minister expressing concern over the privatisation of general hospitals. Soon after, more than 80 doctors at the city's hospital had endorsed the letter. Another 80 doctors attending the Malaysian Medical Association's annual general meeting in Penang also added their signatures to the petition.

The Malaysian Medical Association, whose members represent 80 per cent of Malaysia's doctors, called for a moratorium on the corporatisation plans. The Malayan Nurses' Union and the Estates Hospital Assistants Association of Malaysia supported its demands. They declared 'scepticism and apprehension about the benefits of corporatization'.

After less than two weeks of mobilisation, MTUC delivered 10,000 signatures from union members to the office of the Minister of Health demanding a 'halt to the corporatization of public hospitals and a review of the privatization of ancillary support services' (Chan Chee Khoo 2003). The Federal Land Development Authority (FELDA) Employees' Union played an important role in this action and also disseminated the concerns to rural areas. In August 1999, the CHI sent out a letter to all political parties spelling out its demands. A week later, the cabinet decided that government hospitals would not be corporatised. This was in the run-up to the November 1999 elections and the 'victory', although well received by the Malaysian public, was also seen as a government pre-election ploy.

Tensions between trade unions and NGOs in the campaign

MTUC is a confederation of 230 affiliate unions, which include many private-sector unions, while the Congress of Unions of Employees in the Public and Civil Services (CUEPACS) is a confederation of public service unions. In recent years CUEPACS has pursued a policy of working with the government, which has limited its power to criticise it. This has led to a rift between MTUC and CUEPACS on many labour issues.

There have also been conflicts at times between the Federation of Malaysian Consumer Associations (FOMCA) and MTUC, in which the CHI has acted as mediator. FOMCA and MTUC had a widely publicised disagreement some years ago when MTUC announced plans to lead a consumer boycott of high-priced consumables. FOMCA felt this kind of

action fell within its own remit. The two organisations argued in the national press about their ‘appropriate’ arenas of activity. While this argument has subsided, mutual wariness lingers.

In 2002, however, relations between MTUC and FOMCA improved, with the CHI being instrumental in drawing the two organisations together. A recent success, achieved while the CHI’s coordinator was acting as FOMCA’s health policy adviser, was getting the Health Minister to include MTUC in the ministerial subcommittee in charge of drawing up the fee schedule for the National Healthcare Financing Scheme reimbursement system.

Results in relation to health policy and working relationships

The CHI acts as a de facto health policy adviser to MTUC and its affiliates. MTUC has little capacity for research and the CHI fills that gap—as it also does for FOMCA and other NGOs. In 2001–2002, the CHI worked closely with the General Staff Union of the University of Malaya to organise a national conference on healthcare reforms and financing for trade unionists.

At the 2002 Health Minister’s annual dialogue with NGOs, the coordinator of the CHI, Dr Chan Chee Khoon, outlined a number of concerns about the new scheme. These included the ‘absence of organized labour at the health ministry subcommittee responsible for drawing up this schedule, despite the fact that the scheme will be largely funded by payroll contributions from employees (and employers, who are represented by the Malaysian Employers’ Federation at the subcommittee)’ (personal correspondence, September 2002). The Health Minister acknowledged this ‘oversight’ and MTUC was invited to join the subcommittee. At the same meeting, Dr Chee Khoon also highlighted the difference in government attitude towards NGOs who are ‘doers’ and those who are vocal and question policy issues. These two interventions show how the CHI has been able to assume a critical position towards the government in relation to both trade union and NGO issues.

The CHI operates logistically under the infrastructural umbrella of Aliran, the country’s oldest human rights and social justice organisation. FOMCA’s president is also a founding member of the recently established Human Rights Commission of Malaysia. The commission has been criticised recently because it is perceived by some not to be defending civil liberties strongly enough. Chee Heng Leng, the CHI’s co-founder, is a former political prisoner, and many other human rights groups, women’s rights groups, and groups fighting for economic and social rights are among the CHI’s staunchest supporters.

The CHI campaign came at a time when several other campaigns were being launched, for example, on women’s rights, Indian Chinese community rights, and trade union rights. People were interested and willing to take part in these because it was a time of political ‘opening’. This is a good example of how timing and context play a significant role in influencing the relationships between trade unions and NGOs.

Summing up the Malaysia CHI

The CHI, whose members include trade unions and NGOs, has become a campaigning and advocacy organisation for both these groups. It has also developed its role as mediator between trade unions and NGOs, made possible in part by its being a separate organisation. Previous conflicts between MTUC and FOMCA were about spheres of activity and areas of responsibility. If trade unions take on a wide campaigning role, NGOs may feel their own activities are being encroached upon. The CHI can be seen as a part of a wider movement

for its members, set up at a time of political opening. This may be significant in the development of relationships between trade unions and NGOs.

South African Treatment Action Campaign and COSATU Congress

Trade unions and NGOs coming together

The increasing incidence of HIV/AIDS in South Africa has led trade unions and NGOs to develop alliances to campaign for improved services and recognition of the rights of people living with HIV/AIDS. This has happened at a time when many feel that government has not acted strongly enough to counter HIV/AIDS, either in recognising the seriousness of the problem or in providing treatment and taking adequate preventive measures.

The high prevalence of HIV/AIDS in South Africa, where up to 30 per cent of the adult population is HIV-positive, and the lack of adequate treatment are having a severe impact on South Africa's economic and social system, which will affect the country's development for many decades to come. Part of the response to this major crisis has been that trade unions and NGOs have come together. In political terms, the alliance between the Treatment Action Campaign (TAC) and COSATU has been described as the 'Alternative Alliance, with the potential to split the trade union federation away from the South African Communist Party and the ANC [African National Congress]'.⁹

The issue of HIV/AIDS concerns trade unions in several ways:

- members with HIV/AIDS need the right to treatment;
- members need to be provided with health education programmes;
- HIV/AIDS is a major health and safety issue in the workplace and in collective bargaining.

For these reasons, the unions are taking part in wider campaigns to improve access to treatment, to challenge stigmatisation, and to lobby the government.

NGOs are concerned with similar issues but they have a community focus, i.e. they:

- represent people living with HIV/AIDS;
- campaign for improved access to treatment and preventive care;
- work with communities on health education and human rights issues;
- campaign for better healthcare.

NGOs also take part in wider campaigns to overcome the stigma associated with HIV/AIDS and pressure the government to act, although they do not necessarily feel that the government has the resources to extend its health services to people with AIDS. Trade unions and NGOs thus share several common issues: rights, treatment, prevention, and better general healthcare.

How the campaign and activity developed

The South African government has been criticised for its failure to take appropriate action to combat AIDS, and especially for not providing access to medicines such as antiretrovirals. In November 2001, the government fought a case that TAC brought against it, which was trying to ensure that HIV-positive pregnant women had access to affordable antiretroviral treatment to reduce the risk of transmitting HIV to their babies.¹⁰

The government's failure to provide treatment is considered inexcusable because it had won a victory against 39 pharmaceutical companies. These companies had sued the government because of a 1997 law that allowed generic drugs for HIV/AIDS to be produced and imported. Intense national and international pressure led the companies to drop their suit. However, the government did not take up the opportunity to produce the generic drugs or to develop a nationwide treatment programme. As a result, the demand for affordable, accessible treatment became the focus. Previous conflicts between NGOs in balancing efforts concerning treatment and prevention have been overcome, and trade unions and NGOs have developed new forms of collaboration.

In June 2002, TAC and COSATU sponsored a three-day conference on HIV/AIDS to debate how to adopt and implement a national treatment plan. The conference discussed strategies for HIV prevention, better care management, and distribution of antiretroviral drugs in public hospitals. It brought together trade unions, AIDS activists, health workers, NGOs, religious groups, scientists, and business leaders. Delegates from Brazil and from many African countries were also present. Joyce Phekane, COSATU's spokeswoman, said that one of the aims was 'to bring together civil society groups to work with the government on a national strategy and develop a national treatment plan'.¹¹

Over 750 delegates from both urban and rural areas attended the conference. The majority was from COSATU (200 people from 19 affiliates) and TAC (300 people). Delegates also came from the Federation of Unions of South Africa (FEDUSA), the National Council of Trade Unions (NACTU), and the Hospital and Other Service Personnel Trade Union of South Africa (Hospersa), among others. Over 300 delegates were from the labour sector. Eighty nurses from various trade unions participated (Hospersa, Democratic Nurses Organisation of South Africa (Denosa), South Africa Democratic Nurses' Union (SADNU), and the National Education, Health and Allied Workers' Union (Nehawu)) as did 30 doctors from the Rural Doctors' Association and Junior Doctors' Association.

A wide range of civil groups and organisations also participated, including faith-based organisations, NGOs, the Board of Health Care Funders, the Council for Medical Schemes, political parties, and traditional healers. The NGOs included some that had previously been critical of TAC, such as the AIDS Consortium, AIDS Foundation of South Africa, Children's Rights Centre, AIDS Law Project, and Community Health Media Trust.

The delegates thus came from a broad range of trade unions and NGOs. Many NGOs had been critical both of each other and of TAC, the co-sponsor. As well as bringing together trade unions and NGOs, the congress drew many groups that had not worked together before and convinced them of the common interests that they shared and the importance of taking concerted action.

Congress participants broke into working groups or 'commissions' to examine and make recommendations in the following areas:

- upgrading the capacity of nurses, doctors, and volunteers to treat HIV;
- improving information about prevention;
- defining the role of youth in the national treatment plan;
- treating sexually transmitted infections and opportunistic infections, especially among vulnerable groups such as women and children;
- piloting antiretroviral treatment and diagnostics in the public sector;
- cutting prices of medicine and diagnostics—investing in public healthcare; and
- supporting social campaigns to support the national treatment plan.

The recommendations of the working groups demonstrate a vision that brings together the interests of trade unions, NGOs, and the wider civil society. For instance, the recommendations

of the commission discussing how to increase the capacity to treat HIV demonstrated most strongly the power that trade unions and NGOs can exert when they work together. The group was co-chaired by a member of COSATU and a member of TAC. It looked at the experiences of people providing healthcare and those receiving it. It found that although health professionals were committed to providing care, it was becoming increasingly difficult to deliver an adequate level of care. Reasons given included the shortage of nurses, the growing number of patients, an inadequate supply of medicines, lack of support to front-line professionals, and limited capacity to implement new policies put out by central and provincial governments.

This commission recognised that 'providing quality care in the public health services depends on rebuilding relationships'.¹² The relationships identified as needing to be rebuilt were between a wide range of professionals and agencies involved in providing care: between health professionals and public health and other welfare services; between public health services and communities and the private sector; between education and training institutions and public health providers; and between traditional healers and health professionals. By pointing out the need to rebuild relationships, the commission acknowledged that such relationships had deteriorated over the past decade. Schneider and Stein (2001:723) also mention the breakdown of trust among stakeholders in the health sector. They point out that before the 1994 election of the ANC government, there were 'strong networks between NGOs, researchers, sympathetic health workers, an infrastructure of AIDS counselling and information centres, . . . and anti-apartheid political groupings'. By 1998, there had been conflicts and a breakdown of trust within government and between government and NGOs.

This same commission also recognised that 'there is a need for better conditions of services, higher salaries, and a better working environment (safety) for doctors and nurses to prevent the exit of people from the public health service. It was proposed that the nursing unions and staff associations should meet to set a figure for minimum salary and that this should be negotiated with the government.'¹³

There were also recommendations to support and strengthen professional nurses, public health doctors, volunteers, and community-based workers, who do much of the HIV prevention and care work, in recognition of the growing role that community workers play in the health sector. It may also explain the nature of some of the recommendations made by this group in that they recognised difficulties that health workers experience in trying to deliver services, and made positive suggestions about how to resolve them.

Three of the commissions recommended training for health workers. The commission discussing voluntary testing and counselling found that current testing facilities and counselling were inadequate. To describe training needs in HIV/AIDS, this group used the phrase 'treatment literacy', which it recommended for a broad range of groups including health workers. The commission for youth recommended that health workers be trained in the needs of young people. Wider policies for school programmes were also recommended, to cover life-skills education, the use of condoms to prevent infection, and treatment literacy.

One of the major issues bringing together an alliance of NGOs and activists was the government's lethargic approach to treatment. Promoting a national strategy focused on prevention, the government was, at the time of writing, unwilling to address the need for treatment. The Treatment Congress pointed out the positive results of a pilot project using highly active antiretroviral treatment (HAART), in which patients' health had improved and so they were better able to look after themselves and their families as well as remain employed. The congress also recommended that it was important to replace the current social grant system. It felt that 'trade unions should determine appropriate workplace treatment policies but corporations must explore means of treating their employees'.¹⁴

Differences between trade unions and NGOs

Relations between trade unions and NGOs in the health sector in South Africa have not always been smooth. One of the issues that showed their different reactions to government policy was about notification of HIV status. In 1999, the South African government planned to make AIDS a notifiable disease. NGOs strongly opposed this plan, as they felt it would damage people with HIV/AIDS because of the stigma and often even violence that these people have experienced in South Africa. However, some political parties and COSATU supported the government plan to make notification mandatory. They felt that if high-profile politicians and trade unions made public their own HIV-positive status, that would influence people to seek treatment and health education. NGOs felt that this was unlikely to happen, given that few public figures so far have publicly acknowledged being HIV-positive.¹³

Results of working together

The TAC–COSATU Congress and its recommendations represent an important joint effort to address a major crisis in South Africa. The congress developed a common cause between users of health services and health workers and recognised the need for better services through support and training for health workers. Both groups agreed on the need to invest in improving services and rebuilding relationships. The need for treatment literacy among health workers and other individuals was also widely acknowledged. This is interesting because it suggests demystifying treatment, which has traditionally been part of professional power, and a willingness for a wide range of groups to be educated in the same issue.

The congress recommended that the government develop a ‘multifaceted approach to managing the HIV/AIDS epidemic’. This is to complement the existing government strategic plan, which deals mainly with prevention. Prevention and treatment cannot be separated. The unwillingness of the government to provide treatment was one of the issues that brought the alliance between NGOs and COSATU into existence.

The congress recommended that the national treatment plan include and ‘synchronise a range of health interventions’, but it also went much further, stating that

the HIV/AIDS epidemic is an economic, development and labour issue. The plan recognises the need to develop urgent plans to tackle social issues linked to the alleviation of the epidemic, such as social grants, children’s rights, public education, school life-skills programmes, de-stigmatisation on HIV, . . . further research into vaccines, . . . and affordable health solutions.

Recognising HIV/AIDS as an economic, development, and labour concern links it to health as a development and human rights issue, which has the power to unite trade unions and NGOs.

The congress was ‘adamant that working conditions in the public health sector, particularly for nurses, must be addressed. A plan will not succeed without greater investment in public health and [reduction of] the growing gap between the private and public health sectors.’¹⁴

The major criticism made of the TAC-COSATU was that the government was only minimally represented. Only two government officials attended, one of whom was the director of HIV/AIDS issues in the Ministry of Health and whose position is considered weak.¹⁵ However, the presence of a large number of delegates working together still made it a valuable event.

Conclusion

Spurs that bring trade unions and NGOs together

The two case studies outlined above illustrate that trade unions and NGOs can come together on specific health-sector issues and also on wider causes. In Malaysia, proposed changes in the health sector brought about an alliance, which then evolved into a separate organisation. In South Africa, the impact of a public health issue on the country's entire society and economy, as well as the government's failure to provide treatment, have led to the development of a broad alliance.

Anti-globalisation campaigns have become an important instigator for trade unions and NGOs to work and campaign together. Campaigns opposing the privatisation of health services have often developed from such anti-globalisation work. For example, the German affiliate of the international movement ATTAC (Association for the Taxation of Financial Transactions for the Aid of Citizens) is developing an anti-privatisation campaign entitled 'Health is not a commodity'. The campaign has stemmed from anti-globalisation campaigns and an awareness of the impact of the General Agreement on Trade in Services (GATS) as well as from current moves by the German government to privatise health services and social insurance funds. ATTAC and a group of German trade unions both see that the reduction of funds going to the public health sector and the privatisation of hospitals are part of wider neo-liberal policies and global pressures.

On 14 September 2002, in a day of joint action that was the culmination of six months of preparation, trade union youth and ATTAC members demonstrated against neo-liberal policies. The campaign brought together the youth organisations of Ver.di (the German affiliate of Union Network International, the global trade union for commercial workers), the public-sector workers' union, the industrial metalworkers' union, and other industrial unions. The trade union youth organisations and ATTAC issued a joint statement to explain their day of action: 'Our political and economic demands are the same. We stand together in favour of socially meaningful investments and against the proponents of neo-liberal ideologies.'¹⁶

ATTAC has actively promoted trade union involvement in the health campaign. Separate campaigning organisations can also play an important role in bringing together trade unions and NGOs, often identifying common issues and making overtures to various other organisations.

Reproductive health rights have also become a focus for mobilising trade union and NGO action. During the 1990s, the Women's Network of Towns and Neighbourhoods (*Red de Mujeres de Villas y Barrios*) in the Argentine province of Córdoba brought together women's and community organisations to resist and eventually overturn a provincial law that prevented public hospitals from providing family planning services. The campaign 'fought under the banner of the right to build citizenship, the right to choose as well as the right of access to resources that guarantee true choice' (Harcourt 1998:11). The *Red* worked with an alliance of health workers, NGOs, trade unions, and national women's movements such as the National Women's Network (*Red Nacional de la Mujer*). Their example is one of a successful alliance in which health workers, trade unions, and women's organisations joined to fight for reproductive health rights. This alliance can also be seen as part of the social changes taking place within Argentina during the 1990s, when NGOs were rapidly expanding as a result of a wider social movement that grew out of economic changes in the country.

The role of social movements in facilitating alliances between trade unions and NGOs is recognised. However, wider social movements do not always take up health issues in the first place. The Malaysia Citizens' Health Initiative was set up at a time when broad social changes were taking place and is located under the umbrella of a human rights organisation. But the

increasingly vocal role of health service users and their demands for improved health services can lead to wider alliances being developed. Reproductive health rights and HIV/AIDS are examples of how inadequacies in the provision of health services have brought trade unions and NGOs together.

Tensions between trade unions and NGOs

Tensions between trade unions and NGOs have sometimes developed because if one group decides to broaden its approach, it is perceived as encroaching on the activities of the other. In Malaysia, MTUC decided to mount a consumer boycott of expensive items because its members were being affected by inflation and the rising cost of living. But this led the Federation of Malaysian Consumer Associations to feel that MTUC was taking on issues that traditionally fell within its own sphere of activity.

In South Africa, tensions between trade unions and NGOs had arisen because of differences in interpreting government policy. Their different points of view about government policies or about formal structures are one of the main causes for these tensions. Trade unions have formal structures and systems of representation and have a role in formal negotiations. Their main concern has traditionally been the immediate jobs of their members, which NGOs may feel is short term in nature and not addressing longer-term service issues. Similarly, NGOs sometimes focus on the quality of services provided without acknowledging the position of health workers.

NGOs may also develop campaigns that are designed to raise awareness of government policies, but without wanting to become part of the formal political process. However, the role of NGOs in the policy-making process at national and international levels is changing, and they are taking on strategies that will lead them to having a role in negotiations. The attempts by campaigning groups to negotiate within a system can cause tension both between trade unions and NGOs and among the trade unions and the NGOs themselves.

The results of collaboration between trade unions and NGOs

The most immediate types of activities are local, national, or international campaigns. The ATTAC health campaign organised days of action throughout Germany, for example, while reproductive health campaigns have been focused at all levels—local, provincial, and national. In Córdoba, as we have seen, the focus was on changing provincial legislation.

Conferences are another potentially influential form of activity. They can be a way of bringing groups together and may develop alternative policies, which are important in presenting new policy responses to existing government policy. The South Africa Treatment Congress is one example of how a conference can cement an alliance.

Several anti-privatisation campaigns in the health sector around the world have developed alternative policies. For instance, in Brazil, anti-privatisation campaigns in the health sector developed proposals for improving the quality of health services. NGOs representing chronically ill patients were most active in these campaigns and brought a specific perspective to any proposals to improve health services.¹⁷

The long-term result of trade unions and NGOs working together can be defined more as that of developing a process than in terms of specific outcomes. In bringing trade unions and NGOs together, the Malaysia Citizens' Health Initiative has given rise to a new organisation that can mediate between these two groups and the government. It has conducted research that trade unions and NGOs can draw on and has developed policy recommendations that recognise the needs of both workers and activists.

Often the experience of collaboration can lead to greater understanding of different perspectives, which will benefit future campaigning of both groups. It also provides future allies and potential coalitions. Being part of a wider social movement can mean that health issues have a higher profile and are more widely recognised as being relevant to broader development issues.

In reproductive health and HIV/AIDS campaigns, trade unions and NGOs working together can help improve the understanding between the users and providers of health services. This may lead to better relationships, which will ultimately improve the quality of care. The recommendations of the Treatment Congress in South Africa represent an important step in bringing health service workers and health service users together, though it is also important to recognise that the providers of public health services are also users of those same services.

Specifically, when they collaborate with each other, trade unions and NGOs can form stronger alliances that can challenge government policy as in the case of Malaysia. In South Africa, the TAC–COSATU alliance may result in changing wider political alliances. Both outcomes will provide the basis for future action and policy developments. The testing point will be whether these alliances can continue to develop when the initial reason for coming together has been removed and circumstances have changed.

Notes

- 1 Unpublished reports of the Bangkok International Roundtable of Unions, Social Movements and NGOs conference entitled 'Focus on the Global South and Freidrich-Ebert-Stiftung', Bangkok, 11–13 March 2001, and follow-up meeting 17–18 July 2002.
- 2 Conclusions of the follow-up meeting of the Bangkok International Roundtable of Unions, Social Movements and NGOs, 17–18 July 2002.
- 3 For more information, see www.cehat.org
- 4 For more information, see www.consumer.org
- 5 See, for example, www.attac-netzwerk.de, also referred to later in this paper.
- 6 For more information, see Malaysia Citizens' Health Initiative's website: www.prn.usm.my/chi.html
- 7 Dr Chan Chee Khoo, CHI, personal communication, September 2002.
- 8 See article by Anil Netto, 'Malaysian people power wins health care back-down', (InterPress Service, *Asian Times* 24 August 1999) for details about the campaign.
- 9 *Africa News* 28 June 2002.
- 10 Human Rights Watch news report, 21 November 2001, available at www.hrw.org/press/2001/11/Mbeki1121.htm
- 11 See www.openhere.com, 24 June 2002.
- 12 Details and quotes in this section are derived from reports and resolutions of the COSATU/TAC National HIV/AIDS Treatment Congress 2002.
- 13 Details and quotes in this section are derived from reports and resolutions of the COSATU/TAC National HIV/AIDS Treatment Congress 2002.
- 14 InterPress Service, 21 October 1999.
- 15 Details and quotes in this section are derived from reports and resolutions of the COSATU/TAC National HIV/AIDS Treatment Congress 2002.
- 16 Quotes from the same source.
- 17 *Africa News* 28 June 2002.
- 18 See www.attac-netzwerk.de for more background.
- 19 Public Services International Survey of Privatisation of Health Services, 2002.

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