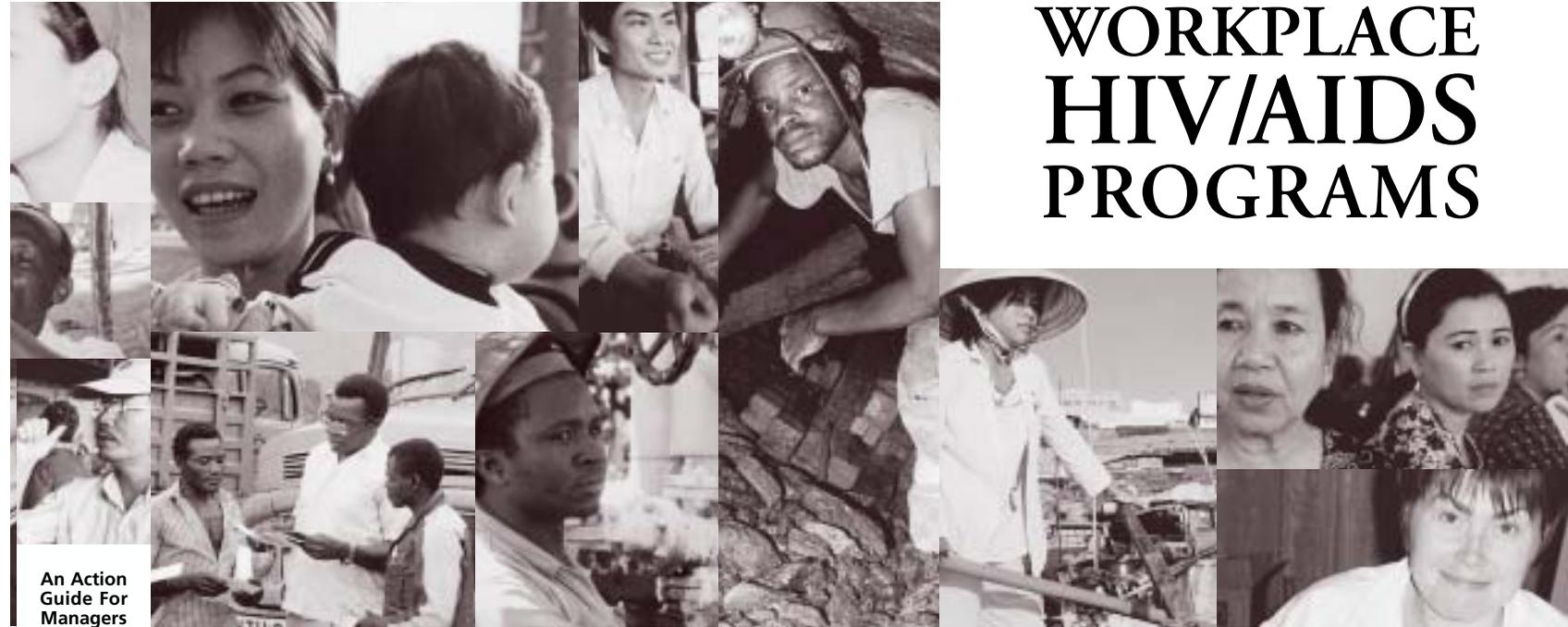


# WORKPLACE HIV/AIDS PROGRAMS



An Action  
Guide For  
Managers

An Action Guide For Managers

WORKPLACE HIV/AIDS PROGRAMS



FAMILY HEALTH INTERNATIONAL



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# WORKPLACE HIV/AIDS PROGRAMS

**An Action Guide For Managers**

Written by Bill Rau

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## FOREWORD

“The HIV/AIDS epidemic is the greatest social challenge facing our generation and the worst public health disaster in at least six hundred years. The epidemic already is having a devastating impact on economies and markets, threatening the security and prosperity of our global society. For companies operating in hard-hit regions, HIV/AIDS will have major consequences on profitability and productivity.

“Business not only has a responsibility to act, but an opportunity to play a crucial role in the global fight against the epidemic, particularly within their own workplace. Business can do things faster and more effectively than anyone else and it is in their own interests as well as those of society as a whole. In many countries workplace awareness and prevention programs will be the only source of accurate information employees will have about HIV/AIDS. Company leadership distributing condoms, providing voluntary counseling and testing and access to care and treatment sends a strong message to governments and other sectors. In addition, companies have an unparalleled opportunity to tackle head on the stigma and discrimination that has enabled this virus to spread, often unchecked, over the last twenty years.

“Though silent in its early phases, this virus is deadly: AIDS kills. While by no means enough, we are seeing greater action by the business community now. Mobilizing business is at the heart of the mission of the Global Business Council on HIV/AIDS. This valuable handbook will provide a vital tool to enable companies to begin implementing programs.”



**Ambassador Richard C. Holbrooke** President and CEO  
*Global Business Council on HIV/AIDS*

“HIV/AIDS is not just a public health issue, it is a workplace issue, a development challenge and the source of widespread insecurity. Hard-won gains in employment and social protection are being reversed because of the epidemic. At the enterprise level, the effects of AIDS include loss of earnings, loss of skills, reduced productivity and the loss of markets as the consumer base is whittled away.

“We must react to the crisis unfolding in so many places where skilled and experienced workers are dying, or where children are forced to work and become heads of households because adults are either too sick to work or have died.

“The workplace must be on the front line of the fight against HIV/AIDS. The International Labour Organization’s new program on HIV/AIDS and its Code of Practice on HIV/AIDS in the world of work are a beginning. As a tripartite organization, we aim to forge sound partnerships involving governments and workers’ and employers’ organizations in the fight against HIV/AIDS, and from this basis, to develop effective coalitions with others working in the field to promote prevention in the workplace and to mitigate the social and economic impact of the epidemic.

“This guide offers practical steps for consideration by those who wish to fight HIV/AIDS in and through the workplace.”

A handwritten signature in black ink, appearing to read 'Juan Somavia', with a horizontal line underneath the name.

**Mr. Juan Somavia** Director-General  
*International Labour Organization*

## INTRODUCTION

### Many companies recognize the HIV/AIDS epidemic

as a serious threat to productivity and profitability. *Workplace HIV/AIDS Programs: An Action Guide for Managers* provides practical steps for developing and implementing workplace prevention and care programs that will serve both employees and managers. The guide is designed for use by companies' human resources managers, medical officers and union representatives.

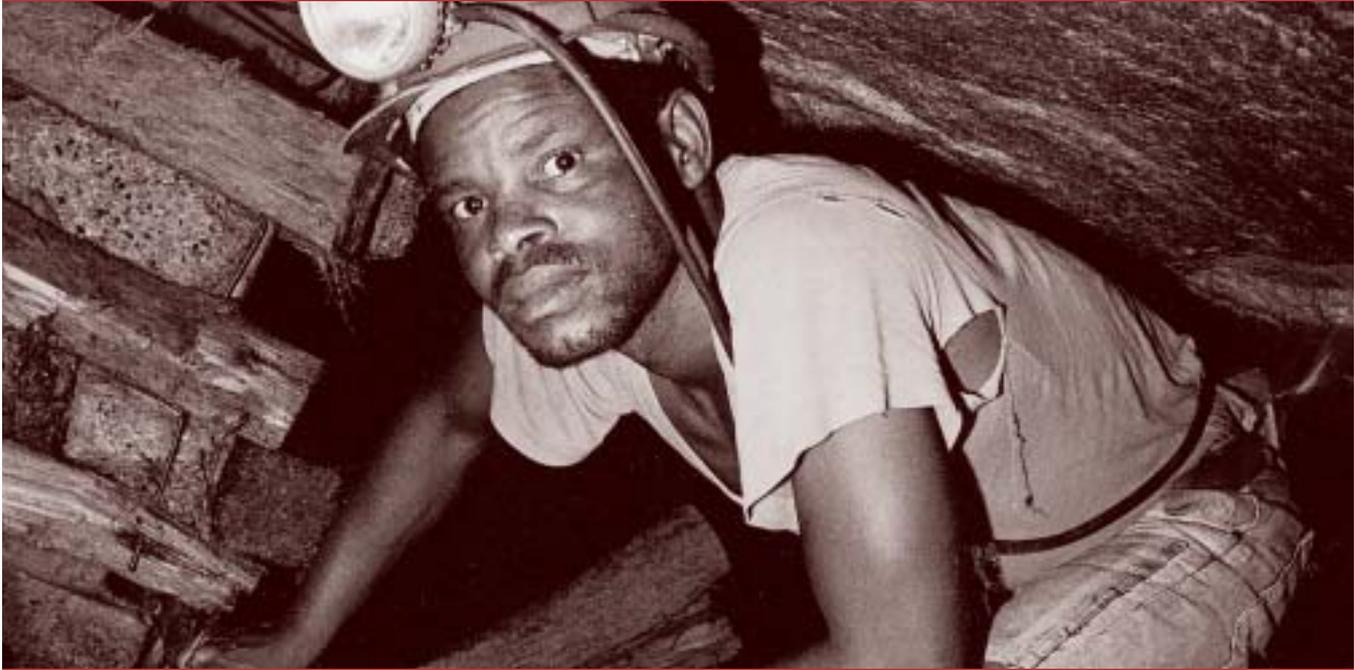
Users will find guidance in assessing the real and potential impact of HIV/AIDS on their company, in developing an HIV/AIDS policy to cover the workplace and on designing and implementing HIV/AIDS prevention and care programs for the workplace.

The guide includes a series of checklists to aid in decision-making about particular components of workplace HIV/AIDS programs. Further, the guide suggests strategies for company managers and union leaders to obtain assistance for their HIV/AIDS programs. It also includes examples and case studies of how other companies have responded to the epidemic.

*Workplace HIV/AIDS Programs: An Action Guide for Managers* reflects over a decade of global effort by Family Health International and other organizations to address HIV/AIDS in the workplace. As such, users will find it both comprehensive and action-oriented.



## HIV/AIDS IN THE WORKPLACE



This chapter covers:

- An overview of the guide;
- Brief rationale for adopting or expanding a workplace HIV/AIDS prevention program;
- Suggestions for advocacy for adopting a workplace HIV/AIDS prevention program;
- Basic facts about HIV and AIDS, how it is and is not transmitted and how it can be prevented.

the 1990s, the number of people with a mental health problem has increased in the UK (Mental Health Act 1983, 1990).

There is a growing awareness of the need to improve the lives of people with mental health problems. The Department of Health (1999) has set out a vision of a new mental health system, which will be based on the following principles:

- People with mental health problems should be treated as individuals, with their own needs and wishes.
- People with mental health problems should be given the opportunity to participate in decisions about their care and treatment.
- People with mental health problems should be given the opportunity to live in their own homes and communities.

These principles are reflected in the new Mental Health Act 2003, which came into force in 2005.

The new Act is based on the following principles:

- People with mental health problems should be given the opportunity to live in their own homes and communities.
- People with mental health problems should be given the opportunity to participate in decisions about their care and treatment.

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**The rapid spread of HIV/AIDS** is having an increasingly adverse impact on the operations of many companies and employee households. In countries and communities where HIV/AIDS is most concentrated, companies have experienced increased production costs, reduced profits and greater difficulty delivering products and services. For example, an electricity company in Zambia and a water company in Namibia have experienced disruptions in service because of the loss of skilled workers to HIV/AIDS. Employees experience long periods of absenteeism, extensive out-of-pocket expenses for medical care and the trauma of caring for family and friends who are ill with HIV/AIDS.

Whether a company operates in a low-prevalence country or a high-prevalence country, HIV/AIDS is now a factor that affects all managers, workers' representatives and employees. HIV/AIDS also affects human resources management, employee welfare, operations efficiency and customer relations.

This guide is designed for human resources managers, employee welfare managers, medical officers and labor representatives in companies that seek to develop effective and appropriate HIV/AIDS prevention and care programs and supporting company policies. It can be used by small and large companies. Rather than offering a rigid set of recommendations, the guide provides guidelines that a company can adapt to its particular needs, processes and resources. Suggestions on where to get additional assistance are included in each chapter.

The complexity of situations created by HIV/AIDS requires flexible responses, and the guidelines offered here are meant to be adapted to meet different needs. Further, addressing HIV/AIDS is a task for all sectors of society. A workplace HIV/AIDS program will not operate in isolation from government, local communities, other companies or a variety of groups in civic society. Rather, it will be one of many contributors to an overall national effort to control the disease and its impact.

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The guide uses the word *company* to refer to both management and workers and their representatives.

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The guide provides:

- Information on the impact of HIV/AIDS on companies and employees, and on national services that affect business operations.

Such information can be used to assess the risk faced by individual companies and to sensitize others about the need for a workplace HIV/AIDS prevention and care program and policy.

- Information on the essential components of effective HIV/AIDS prevention and care programs and on appropriate HIV/AIDS policies for companies.

This information will assist company managers in planning and implementing prevention and care programs, and in making use of outside help, where needed.

- Methods to gain the support of senior management and employees for adopting and implementing HIV/AIDS prevention and care programs and policies in the workplace.

- Background information on HIV/AIDS as a disease and the experiences of companies that have already adopted workplace policies and implemented workplace prevention and/or care programs.

---

## HIV/AIDS:

Disrupts production and increases business costs;

Reduces retail sales and production;

Drains a family's savings and resources.

---

### 1.1 HIV/AIDS IS A BUSINESS ISSUE

For a business to be productive, offer services efficiently and turn a profit, the skills and experiences of employees at all levels (from senior managers to shop floor cleaners) are needed to develop quality products or services that are purchased by customers. The rapidly changing environment in which a company operates requires flexibility and coordination of production processes.

Like other challenges in the contemporary business world, HIV/AIDS is a factor that a company must now consider in its planning and operations. HIV infection can disrupt the smooth operations of a business in a variety of ways. For example, if the staff person primarily responsible for handling accounts receivable experiences frequent or prolonged absences, cash flow is likely to suffer.

Disruptions are not limited to highly trained employees. India's Tata Tea Company employs many tealeaf pickers and sorters. After the first HIV/AIDS case was detected in its South Indian tea-planting district in December 1996, the company expanded its health services (which already included free medical care) to include training, education and counseling on HIV/AIDS and sexually transmitted infections (STIs). "The health and welfare of the workforce directly influence the motivation and therefore the productivity in a labor-intensive industry

[like tea production]," explained Dr. E. Mohamed Rafique, the medical officer for Tata Tea.

Similarly, flower estates in Kenya and breweries in Cambodia that employ many manual laborers argue that the skills involved are acquired over time and not readily replaced by new employees. The argument that there is a vast pool of unemployed people who are immediately ready to replace existing employees must be qualified by the reality: The particular business environment shapes skills and expertise that can take months to replace.

HIV/AIDS cuts into planned company expenses by increasing costs of employee healthcare, recruitment and training. The disease ultimately reduces company profits as expenses increase, production or service delivery fails to adhere to planned schedules, and customers change their purchasing plans because of the HIV/AIDS expenses they themselves incur. The disease is a factor that investors take into account when deciding whether to invest in companies; those decisions, in turn, affect the availability of capital for expansion.

In addition, retail stores lose money when credit sales are not paid off because households lack necessary funds. To cover such losses, stores must increase their prices or reduce costs, such as by laying off employees. One South African furniture manufacturer (JD Group) has projected an 18 percent reduction in its customer base over the coming decade as a result of HIV/AIDS. In turn, retailers and manufacturers will experience a fall in sales. Of course, each company will experience HIV/AIDS in its own way.

Concern about the disease and its impact on companies is now as widespread as the disease itself. Experiences from East and Southern Africa—where the epidemic is most advanced—demonstrate that HIV/AIDS affects employees at all levels, that it affects company profits and that employees react positively to workplace prevention and care programs.

## 1.2 HIV/AIDS IS A LABOR ISSUE

HIV/AIDS not only affects workers on the job; it also causes a major drain on family savings and resources. Just as a company experiences increased expenses due to HIV/AIDS, so too does a household when members are ill with HIV/AIDS. One outcome is loss of wages, as a person becomes too sick to work. Another outcome is an increase in medical expenses to treat conditions associated with the infection. Caring for a sick family member disrupts the work schedules of others, further limiting income.

Household income and assets become an employment issue as money is spent on medical care instead of food, clothing, household goods and other commodities. Multiplied many times over, fewer purchases translate into fewer sales for retail outlets, and thus in decreased production. Lessened demand at the retail and production levels in turn affects levels of employment.

Labor unions and other workers' organizations have collaborated with employers to assure that HIV/AIDS policies and programs are part of the work environment. One of the biggest concerns of workers' organizations is protecting employees from discrimination and unfair and unwarranted dismissal or denial of benefits because they are (or are believed to be) HIV-positive.

Workers and employers may not always agree on all aspects of HIV/AIDS policies. However, numerous issues of common interest draw both sides together. Three-way dialogue among government, labor and businesses is mandated in some countries, including Sri Lanka and Zimbabwe. Also, statements by organizations that represent both businesses and labor, such as the International Labour Organization (ILO) and the Southern Africa Development Community (SADC), reflect a mutual interest.

Keeping workers healthy and on the job is essential for the well-being of both families and employers. Keeping workers healthy is essential for the well-being of the businesses in which they work.

Keeping businesses healthy, in turn, is essential for the continued employment of workers.

## 1.3 WORKPLACE HIV/AIDS RESPONSES

More than a decade of company experience in addressing HIV/AIDS has demonstrated that comprehensive policies and prevention and care programs are effective.

A comprehensive HIV/AIDS program includes the following elements:

- Creation of a company policy on HIV/AIDS, its dissemination to all employees, its implementation and its occasional updating;
- Information on HIV/AIDS, ways of preventing transmission, places to seek further information and services and ongoing company and union support for responsible sexual behavior;
- Condom distribution at readily accessible points around the workplace;

### IDENTIFY LOCAL RESOURCES

One of the first steps in a company response to HIV/AIDS is to identify local resources. What sources of information, technical expertise, services, educational materials and supplies exist locally? What has been the experience of other companies? Who can help the company design and implement a program?

- Talk to a colleague in another company;
- Ask local health and social services authorities;
- Talk to several non-governmental organizations (NGOs) that deal with HIV/AIDS, youth, women's or health issues;
- Check the newspaper and listen to the radio or television for stories that mention groups involved in HIV/AIDS;
- Consult national AIDS control programs.

- STI diagnosis and treatment, whether within the company, in community clinics or in other centers where employees receive healthcare;
- Treatment for HIV and associated diseases, such as tuberculosis;
- Counseling and testing for HIV on a voluntary and private basis, with means to provide support for employees and/or family members who are HIV-positive;
- Mitigation services designed to provide such follow-up activities as counseling, community support and home-based care.

Large companies may have staff and other resources to offer all these elements of a comprehensive HIV/AIDS prevention and care program. Medium-size and smaller companies are unlikely to have the resources to sustain a comprehensive program. In such cases, numerous sources of financial and technical assistance from government and non-governmental sources can be tapped.

In fact, it is very unusual that a company will run an HIV/AIDS program entirely on its own. Rather, companies of all sizes usually collaborate with outside groups in the design and implementation of one or more of the components noted here. Case Study 1 illustrates such collaboration in South Africa.

#### 1.4 ADVOCACY WITHIN THE WORKPLACE

Medical officers, human resources managers and workers' representatives are likely to be aware of the presence and impact of HIV among employees before senior managers or boards of directors. In part because senior management deals with a broad range of company issues, in part because of prevailing misunderstandings about HIV/AIDS and in part because of concerns about the costs of implementing a comprehensive HIV/AIDS program, it is necessary to inform and persuade some senior management and boards

of directors to authorize workplace HIV/AIDS programs and policies.

Each company has its own methods of internal communication and decision-making. The information in this guide on the economic impact of HIV/AIDS, the benefits to be derived from effective prevention and care programs, and experiences of other companies can be adapted to present a case for developing or revising an HIV/AIDS program in the workplace.

Some companies have formed standing committees to advise senior management on broad issues that arise around HIV/AIDS. Such committees usually include members of several departments, including workers; often one or more members acknowledge being HIV-positive.

Users of this guide are encouraged to apply the information that best meets their needs to persuade senior management and senior employee representatives to adopt an HIV/AIDS program for their company. Experiences from other companies indicate that decision-makers often ask:

- What is the extent (prevalence) of HIV infection in the workforce?
- How is HIV affecting worker productivity?
- How are changes in worker productivity affecting business costs?
- What will investments in HIV/AIDS prevention and care cost the company?
- What benefits can be expected from investments in HIV/AIDS prevention and care?
- Do prevention programs work?

Questions that employees often ask about workplace HIV/AIDS programs include:

- Will the company respect my privacy if I seek HIV/AIDS information or services?

- Will the company use HIV test results to fire me or deny me benefits?
- How can we as employees contribute to and strengthen company workplace programs and policies?
- What role will our union(s) play in HIV/AIDS program design and implementation?

Anticipating management and employee questions and concerns permits collecting and presenting information that meets their needs. Charts, bulleted points and clear recommendations for action are powerful components of an effective presentation to inform and influence company actions on HIV/AIDS. Also, informal talks with concerned managers and employee representatives can help build an internal constituency for further company action.

### 1.5 COMPANY RESPONSES BEYOND THE WORKPLACE

Most people do not become infected with HIV in the workplace. Exceptions exist, of course, especially on agricultural estates and mining compounds where living accommodations, recreation facilities and work overlap. Experience has shown that HIV/AIDS infection, prevention and care exist in an environment where social, economic, political and family factors all influence workers' sexual behaviors. Companies form one part of that environment.

Involvement in and support for community HIV/AIDS efforts is a collaborative undertaking. No single company, government authority or civic group can cover all aspects of HIV/AIDS in a community. As part of their social responsibilities, companies contribute to and support community prevention and care efforts. Contributions may be financial or in-kind. They can include paid time off for training workplace peer educators, or inducements to conduct similar work in neighboring communities. A company's

### MULTIPLE RESPONSE TO HIV/AIDS



involvement in community HIV/AIDS prevention has been found to increase its profile and public respect.

Managers can work with their counterparts in other companies by raising the issue of HIV/AIDS prevention and care during formal and informal meetings, encouraging other companies to adopt or expand HIV/AIDS prevention programs, and working through business associations to advocate and negotiate with government and international organizations to expand HIV/AIDS prevention and care efforts. One key element of HIV/AIDS programs that has helped control the spread of the disease has been conspicuous leadership (see Chapter 6), which entails willingness by societal leaders to speak out on HIV/AIDS prevention and care regularly and frankly.

Workers also have a central role to play in community prevention. Information received in the workplace can be brought back to communities and workers can encourage their employers to provide information to communities. Unions and other workers' representatives can assure that HIV/AIDS prevention and care are part of discussions and negotiations with companies.

They can also use their collective influence with business associations and governments. Some of the most effective outreach programs have involved company employees who have, often as volunteers, promoted HIV/AIDS prevention in the communities where they live, worship and socialize.

## 1.6 HIV/AIDS BASICS

### How is HIV Transmitted?

A person can become infected with HIV by exchanging bodily fluids with an infected person. Specifically, HIV infection can occur by:

- Having unprotected vaginal, anal or oral sex with an infected person;
- Sharing drug needles or other skin-piercing instruments (such as razor blades) contaminated with HIV;
- Receiving a transfusion with HIV-contaminated blood;
- Transmitting the virus from mother to fetus/infant during pregnancy, birth or nursing.

---

**Transmission of HIV requires exchange of bodily fluids containing the virus; none of the normal daily, non-intimate interactions involves exchange of bodily fluids.**

---

Because of biological and societal differences, women (especially young women) are generally more vulnerable than men to HIV. However, both women and men are at serious risk of contracting HIV from an infected partner during unprotected sexual intercourse (vaginal, anal or oral). The risk increases substantially if either partner has an STI or is in the stage of HIV infection when virus levels in the blood are very high. This is the case both immediately after being infected and late in the disease.

### How is HIV/AIDS Not Transmitted?

HIV infection does not just happen. A person cannot simply “catch” it like a cold or the flu. Unlike cold or flu viruses, HIV is not spread by coughs or sneezes or by sharing drinking or eating utensils. HIV is not transmitted through sweat or tears.

HIV is not passed through everyday contact with people at work, home, school or anywhere else. A person will not get HIV from clothes, telephones or toilets. It cannot be transmitted through everyday contact with an infected person, such as shaking hands. Likewise, HIV cannot be contracted from insect bites. Transmission of HIV requires exchange of bodily fluids containing the virus; none of the normal daily, non-intimate interactions involves exchange of bodily fluids.

### Preventing HIV Transmission

HIV transmission is a result of specific behaviors; avoiding these behaviors will prevent it. To reduce the risk of sexual transmission:

- Get tested for HIV with your partner;
- Postpone the age of initiating sexual activity;
- Abstain from sexual intercourse when not with your regular partner;
- Reduce the number of sexual partners;
- Use a latex condom.

Healthcare workers should eliminate contact with blood by using protective materials (e.g., latex gloves). This will reduce the risk of transmitting HIV, hepatitis and other blood-borne pathogens. In other workplaces, similar precautions are needed when tending to accidents. Most public health authorities or occupational health and safety officials can provide detailed information on how to implement appropriate procedures to prevent or reduce the risk of HIV in the case of workplace accidents.

Needles, surgical knives and other skin-piercing instruments should be used only once, for only one person, and then discarded. If one-time use is not practical, instruments should be properly sterilized between each use and/or before they are used on another person. Donated blood should be screened for HIV before being given to another person.

Sharing needles and other drug preparation paraphernalia while injecting drugs carries the risk of transmitting HIV through blood left in the equipment. In parts of South Asia and countries of the former Soviet Union, injecting drug use (IDU) has become a common mode of HIV transmission.

### THE POWER OF PEERS

An initial evaluation of the Federation of Ugandan Employees HIV/AIDS program suggested that peer-education interventions alone have had positive effects. Participants at sites where at least half of their peers were exposed to the program were eight times more likely to have used condoms consistently with at least one partner during the previous two months than were those at sites where fewer than half were exposed to the intervention.

In Zimbabwe, workplace peer-education programs in 25 companies helped to reduce HIV incidence among employees by 30 percent.

Reported rates of mother-to-fetus/infant transmission vary from 20 to 45 percent. Scientific studies suggest that the drugs zidovudine (AZT) and nevirapine reduce the probability that an HIV-infected woman will transmit the virus to her fetus. These drugs are not widely available in most developing countries, although there are significant efforts globally to increase the availability of these drugs to pregnant women. If there is reason to believe that a person's sexual partner is HIV-positive, it is prudent to encourage voluntary HIV counseling and testing for each partner before conceiving a child.

Two other important means of preventing mother-to-fetus/infant transmission are:

- Preventing HIV infection in women of reproductive age;
- Making formula available to HIV-positive women who give birth.

## 1.7 LEGAL AND POLICY ISSUES

Initially, most countries utilized existing public health laws and regulations to address HIV/AIDS. As the epidemic has expanded, some countries have adopted new legislation that is specific to HIV/AIDS-related situations. Human resources managers will want to be aware of current laws and regulations that relate to HIV and employment practices. There may be laws on pre-employment testing for HIV (and other conditions), on layoffs and termination of HIV-positive individuals and on pensions and end-of-life benefits.

As noted earlier, one component of an effective workplace HIV/AIDS initiative is a company policy on the issue. The HIV/AIDS policy can be brief ("the company will address HIV/AIDS like any other chronic condition") or long. Chapter 3 describes the formulation of a company policy in more detail. Two sample workplace HIV/AIDS policies are found in Appendix C. Initial guidance on policy development can be provided by the following sources:

- In 2001, the ILO released a Code of Practice on HIV/AIDS in the workplace. The Code of Practice can be found on the ILO Website. (<http://www.ilo.org/public/english/protection/trav/aids/pdf/acodeen.pdf>). Its key principles are summarized in Chapter 3.
- National employer federations, unions, business associations and government labor and employment offices may have guidelines to assist companies and workers' representatives in formulating appropriate policies and internal practices.

## 1.8 LESSONS FROM BUSINESS EXPERIENCES

Despite two decades with HIV/AIDS, there continue to be misconceptions and misinformation about it. Experiences of countries, businesses and communities around the world indicate some basic lessons about what works and what does not work in responding to the epidemic. Thus, we have a solid basis on which to build new workplace HIV/AIDS programs or to expand existing ones.

### What Works at the Level of Company Leadership?

- Openness on the part of management (and boards) about HIV/AIDS, how it is transmitted and what can be done by individual employees to reduce risk;

#### HIV/AIDS PREVENTION IS FOR ALL EMPLOYEES

In Malawi, a survey found a higher proportion of HIV infection among its highly educated workers than among unskilled workers.

In South Africa, one bank estimated that by 2005, 33 percent of its unskilled and semi-skilled workers will be HIV-positive. Of the skilled workers, the figure will be 23 percent; of the highly skilled, 13 percent.

- Support for responsible sexual behavior among employees;
- Support for appropriate policies to address HIV/AIDS-related situations that may arise in the workplace;

- Moral, financial and resource support by the company for prevention and care programs, both within the gates and surrounding communities;
- A commitment to sustain programs over time.

### What Works in HIV/AIDS Programs?

- Clear, non-technical information about HIV/AIDS for all employees, provided regularly and in a variety of formats;
- Peer education and peer support: using trained workers to inform one another about all aspects of HIV/AIDS;
- Making condoms available in the workplace and encouraging availability in shops outside the workplace;
- Diagnosing and treating STIs at workplace clinics, or encouraging workers to use effective services in the community;
- Creating and sustaining an environment for changes in sexual behavior—especially focused on youth and men with regular incomes, discouraging them from coercing women or exploiting their poverty;
- Voluntary and confidential HIV testing and pre- and post-test counseling.

### What Does Not Work?

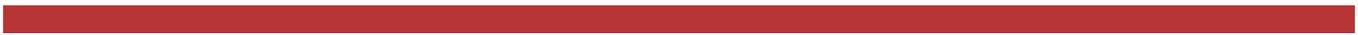
- Ignoring the disease and hoping it will simply go away;
- Assuming that HIV/AIDS affects only a certain class or group of people—that it is someone else's problem;
- Assuming that infection is due to sinful or immoral behavior;

- Arguing that young people are not sexually active and do not need information on sexuality and safe sex;
- Infrequent prevention activities (e.g., events or publicized messages);
- Initiating an HIV/AIDS prevention program well after the disease is established in the population, then trying to catch up;
- Assuming that a vaccine will be developed or a cure found in the near future;
- Believing that because sexual relations do not occur in the workplace that the company is “protected;”
- Assuming that prevention programs are too expensive.

#### **LESSONS FROM THE GLOBAL BUSINESS COUNCIL ON HIV/AIDS**

The Global Business Council on HIV/AIDS—a coalition of several hundred large companies—summarizes the lessons it has distilled from more than a decade of company HIV/AIDS responses:

- Maintain committed leadership and understanding at all levels of the workforce;
- Engage in a multi-pronged approach to ensure effectiveness;
- Go beyond the workplace and address issues in the local community;
- Demonstrate the business costs, benefits and human-resource implications of HIV/AIDS initiatives;
- Consult with all stakeholders, particularly people living with HIV/AIDS, to ensure that initiatives are appropriately directed and prioritized;
- Partner with NGOs and governmental and intergovernmental organizations to provide the necessary expertise in and knowledge of HIV/AIDS issues and to enable the scaling up of responses;
- Involve peer educators/leaders from the target groups in the dissemination of educational and prevention information;
- Use low-cost creative tools to ensure sustainability and replicability;
- Continually monitor the effectiveness of HIV/AIDS initiatives.



## CHAPTER TWO

### ASSESSING THE RISKS AND IMPACT OF HIV/AIDS ON COMPANIES



This chapter covers:

- How to determine if and to what extent HIV/AIDS is a threat to your company;
- Characteristics that place companies at risk of increased HIV/AIDS in the workforce;
- Indicators for monitoring the impact of HIV/AIDS on employees and company operations;
- Economic benefits to be derived from prevention and care programs.



**Is HIV/AIDS a threat to employees of your company?** This chapter describes some of the factors that place companies at risk of increased HIV rates among workers. The chapter also provides information on assessing the costs of HIV/AIDS in the workplace, outlines some key indicators for monitoring the impact of the disease on employees and productivity, and discusses the impact of HIV/AIDS on other companies and the economic benefits to be derived from effective prevention and care programs.

Many business managers have questioned whether it is their role to address HIV/AIDS. Business managers and union officers have argued that risky sexual behavior and drug-taking are private matters, and therefore it is the responsibility of the individual employee to avoid HIV infection. In other instances, businesses have declined to become involved in social or health issues, arguing that these are the responsibility of government or the medical establishment. Still other company officials have avoided looking closely at the costs of HIV/AIDS, believing that somehow their employees, and thus the company, will not be affected.

This chapter provides tools to answer questions often asked by company managers:

- Is HIV/AIDS a threat to the workers in my company, and to my company's productivity and profits?
- How can we tell if HIV/AIDS is having an impact on the company?
- What do prevention programs cost and what benefits will the company derive from prevention investments?

### 2.1 FACTORS THAT INCREASE THE RISK OF HIV/AIDS TO BUSINESSES

We usually talk about *individuals* as being “at risk” of HIV infection. This means that certain behavioral characteristics, as well as social and economic conditions, increase the likelihood of becoming infected with HIV.

Companies, too, can be “at risk” because of the nature of the work that they and their employees perform. The following questions and background information will help managers assess the risk posed by HIV/AIDS to their companies and employees:

***Does the company employ a large number of workers who live without their families or away from their home communities?*** When away from spouses and home social environments, people sometimes engage in different and risky behaviors. Men are more likely than women to have multiple sex partners and visit commercial sex workers. A study of the workforce at a sugar estate in Kenya found 25 percent of its workers to be HIV-positive (compared to approximately 14 percent of 15-to-49-year-old people in the national population). Most of the workers migrated to the estate for employment and lived there temporarily, while families remained at home. Free-trade and other economic and manufacturing zones often attract large numbers of young, single workers. Studies in free-trade zones in

the Dominican Republic and Sri Lanka, where HIV rates are low, note large numbers of young, single workers. These conditions can contribute to the rapid spread of HIV/AIDS.

***Does the company operate construction projects, such as road building, where men are employed away from their homes and where women congregate to provide services, including sex?*** Mining and construction are typical business sectors that employ large numbers of single men. Recreation activities are few, and inevitably bars, drug dealers and sex workers can be found nearby.

Construction of the Katse Dam in Lesotho drew a migrant workforce of predominantly single men. As of the mid-1990s, HIV rates among the workforce were more than six times greater than in a similar group of young men in surrounding villages.

***Does the company have relatively well-paid workers in areas of high unemployment and/or poverty?***

Employees of oil companies in the Niger Delta region of Nigeria are well paid in comparison to most people in the region. Their relative wealth leads to situations of sexual exploitation of women and schoolgirls who need or want money, food or material goods. Similarly in Honduras, HIV-infection rates appear to be higher in San Pedro Sula, a port city with greater wealth and business, than in Tegucigalpa, where, on average, the community is poorer and less mobile.

***Does the company run long-distance transportation?***

Surveys of long-distance truck drivers and drivers' helpers who travel within India and between India and Nepal have, on average, HIV-infection rates three to five times the rate of the general adult population. In Tamil Nadu state, India, HIV prevalence among truckers increased from 3 percent to 9 percent between 1994 and 1997.

A survey in East Africa found one-third of drivers to be HIV-positive (at least twice the national

averages found in the region); women workers and sex workers at truck stops had infection rates ranging from 44 percent to 88 percent.

Trucks often experience long delays at customs checkpoints. Surveys in Southeast Asia and elsewhere indicate that drinking and casual sex frequently occur while drivers wait for their papers and goods to be inspected.

***Does the company expect middle- and upper-level employees to travel frequently?*** In the early stages of the epidemic, educated and high-level employees had higher proportional rates of HIV infection than other employees. A cross-section of employees in one Indian company was asked about their sexual behavior. Responses

#### ASSESSING COMPANY RISK

A "yes" answer to any of the questions in this section indicates that the company may be at risk. A yes to three or four of the questions indicates that the company is very likely at risk of being affected by HIV/AIDS. Finally, a yes to five or more of the questions indicates that the company is definitely at risk of being affected by HIV/AIDS

When the impact of HIV/AIDS is felt depends on several factors:

- Size of the workforce;
- Length of time risk factors have existed;
- Magnitude of the HIV/AIDS epidemic in the surrounding communities and in the country;
- Prevalence of curable STIs among workers;
- Prevailing health of employees.

On average, a person will begin showing symptoms of HIV infection five to 10 years after initial infection.

showed that risk behavior increased with skill level, income and age, while risk behavior decreased with education level. A 1999 study at South Africa's electricity company showed much lower HIV prevalence among workers who were faithful to their partners and employees traveling less than five days per month.

**Do company employees frequent commercial sex workers and engage in extensive casual sexual relations?** A growing number of national and local surveys indicates an active sex industry in many countries and frequent contact with sex workers by younger men.

**Is the country or region undergoing rapid economic change?** Economic globalization—increasing free movement of capital because of external pressures and internal reforms—produces rapid changes in the well-being of large segments of the population. Many people are becoming poorer or more economically stressed. Cuts in social services (e.g., healthcare, education) further limit opportunities. Migration in search of work, alcohol or drugs, and sexual intimidation, follow these changes. The factors that place companies at risk can be used as a simple and initial checklist (see text box, “Assessing Company Risk”). An affirmative answer to any of the questions indicates that the company is at risk. The list can be a useful tool for convincing senior management that HIV/AIDS is a problem for the company. Unions and workers’ organizations, too, need to examine these workplace risk factors for their members. Both management and employee representatives have a role to play in identifying and addressing situations and practices that increase risks to individuals and the company.

## 2.2 THE DIRECT ECONOMIC IMPACT OF HIV/AIDS ON A BUSINESS

There is extensive evidence that HIV/AIDS is now, and will increasingly be, a cost burden for companies. Gold Fields, the second largest mining company in South Africa, reported in 2001 that HIV/AIDS cost the company US\$4 for each ounce of gold it produced. The company is expanding its prevention

program to reduce the financial impact to US\$2. Mr. Chris Thompson, Chief Executive Officer, was quoted as saying, “The biggest impact of AIDS is on the mines’ production and medical costs.”

Smaller and medium-size businesses in South Africa also feel the impact of HIV/AIDS. As of 2001, the disease had caused salary costs at many companies to increase by 2-6 percent. A South African sugar mill with 400 employees reported that disruptions to the flow of production—because of employee absenteeism and recruitment and training of new workers—were the major costs associated with HIV/AIDS. On average, employee absenteeism during the two years prior to taking medical retirement was 27 days per year—roughly five work weeks. The distribution of costs is shown in Table 1.

**TABLE 1: DIRECT COST OF HIV/AIDS PER WORKER PER YEAR**

Reason for Cost	Cost as % of Total
Hiring and Training New Workers	33
Lost Productivity	28
Absenteeism	28
Clinic and Physician Visits	10
Hospitalization	1
<b>Total</b>	<b>100</b>

The impact of HIV/AIDS is not confined to urban firms. Agricultural estates and other rurally based companies are experiencing losses as well. A tea estate in Malawi, for example, saw a six-fold increase in mortality over five years during the early and mid-1990s. Increases in company expenses followed that trend. HIV/AIDS accounted for one-quarter of total company medical costs. It accounted for more than three-quarters of all company funeral costs and was responsible for all costs associated with death in-service benefits.

Some companies have tried to limit costs by firing employees or, in the case of more senior employees, encouraging early or medical retirement. The reality is that such actions may reduce costs temporarily, but in the longer term costs will continue to mount. From a management perspective, firing people because of their HIV status is likely to disrupt the work of other staff, affect staff morale and damage the company image. It may also be illegal and result in lawsuits against the company.

HIV/AIDS among workers affects the costs of doing business by:

- Increasing the costs of health, life and safety insurance coverage;
- Shortening the accumulation period for retirement funds;
- Increasing the costs of providing medical assistance;
- Increasing the costs of death benefits;
- Increasing recruitment, training and retraining costs.

As at the South African mining company cited above, HIV/AIDS in the workplace can result in decreased productivity due to:

- Increased absenteeism;
- Declining morale;
- Loss of technical skills and experiential knowledge;
- Increased staff turnover.

Together, these factors add up, in small and large ways, to a less productive, less experienced workforce and decreased profits. Even where unemployment rates are high, economists indicate that retirement and death of large numbers of skilled and unskilled workers over the next two decades will put upward pressure on wages.

In addition, HIV/AIDS results in indirect costs to companies. For example, illness among customs agents can delay the clearance of goods needed in a company's production cycle. A decision on a loan may be delayed if key personnel are absent from the bank. Long waits for company employees are likely to occur at overburdened clinics and hospitals, keeping employees from work longer than expected. Education systems in many Southern African countries are losing large numbers of teachers and administrators to HIV/AIDS, threatening the knowledge of new recruits to the workforce.

Similar situations can arise among suppliers and service providers, harming businesses' productivity.

Of course, not all businesses are affected by HIV/AIDS in the same way. Some, for example, actually find that the demand for their services increases as the epidemic spreads. Pharmaceutical companies and retailers, healthcare providers and mortuary firms, for instance, likely profit as the epidemic spreads.

### **2.3 THE ECONOMIC IMPACT OF HIV/AIDS ON INDIVIDUALS AND HOUSEHOLDS**

Employee productivity is influenced by attitudes and situations outside the work environment. HIV/AIDS is a costly disease for households and creates numerous stresses that affect work performance and quality. Family income tends to fall by 40-60 percent; spending patterns tend to shift from consumption and savings to medical care. Prolonged absences from work due to HIV-related illnesses reduce income. One or more family members who are not sick may nevertheless have to leave their jobs to provide care for others in the family. Families' savings dwindle and assets are sold off to meet living and medical expenses and, eventually, funeral expenses. Studies have shown that many families lose one-third to one-half (and in some cases more) of their resources as a result of HIV/AIDS.

Other costs of dealing with HIV/AIDS are less direct, but no less critical for the long-term well-being

of households and the skill base of businesses. Children are withdrawn from school if there is not enough money to pay school fees, or if they are needed to assist with household work.

All of these situations show that HIV/AIDS has extensive ripple effects beyond the families immediately affected. These ripple effects are seen in the workplace and in consumer spending patterns.

## 2.4 MEASURING THE IMPACT OF HIV/AIDS

Three general methods may be used to measure the impact of HIV/AIDS on a company. The first is to conduct an HIV prevalence survey at the company to determine prevalence among employees. (HIV prevalence is the overall percentage of HIV infection in a given population group, such as “all employees”). With such data, it is possible to project medical care, death benefit, recruitment and new training costs.

This method is likely to give the most detailed information to companies, but it has several drawbacks. For example, even anonymous HIV testing of employees raises concerns about how the information will be used. The leak—or feared leak—of information regarding someone’s HIV status can create particularly difficult labor

relations and may result in legal problems. It may take time to fully inform employees and gain their confidence and cooperation. Although HIV tests kits are relatively inexpensive, acquiring them and analyzing results is an added cost to companies. Finally, HIV tests are relevant to a given point in time. A person may become infected a day, week, month or more after a test is administered. Furthermore, HIV tests do not provide any information about risky sexual behaviors.

A second method to gauge the impact of HIV/AIDS on a company is to use the HIV prevalence rate for the country as a whole or for a smaller population sample, if available. This figure is put into a projection model that uses standard costs to determine overall economic impact on the company. Several models are available that fit this category, some designed specifically for certain countries. Thus, it is not necessary for each company to invest in developing such a model. Models are noted at the end of this chapter.

The third method is to identify and track company indicators of the impact of HIV/AIDS (see Section 2.5). Current national or local HIV prevalence rates are assumed to be generally accurate for the employee population of the company, modified for particular company risk factors and age distribution of the workforce. However, prevalence is less important than monitoring trends and changes from which estimates of the economic impact of HIV/AIDS can be determined. This is a very low-cost approach, given that most company human resource and medical departments keep records that can be used in monitoring trends. The following section outlines this approach.

### METHODS TO MEASURE THE IMPACT OF HIV/AIDS

- Conduct an HIV prevalence survey among all grades of employees. Apply findings to known medical and health care, absenteeism, new recruitment and related costs.
- Assume that prevalence rates for the country apply to the business and use a computer model to estimate costs.
- Use commonly collected company data as indicators of trends affecting the business.

## 2.5 KEY INDICATORS FOR MONITORING THE IMPACT OF HIV/AIDS ON A BUSINESS

The quickest way to determine the likely extent of HIV in the workforce is to assume that national or provincial/regional HIV prevalence data reflect the situation within a company. This information is usually available from the national AIDS control

program or ministry of health. The information frequently is reported in the media, although it may be several months to a year out of date by the time it is publicly reported.

There are reasons why HIV prevalence will be different in a company than in the general public. For example, a small employee population makes it difficult to generalize from overall prevalence. Furthermore, employee working conditions, sexual behaviors or injection drug use may be very different when compared to the overall population. However, assuming that HIV prevalence in the workforce is similar to that in the wider population offers a reasonable data point for a company. It is important to remember that prevalence is only a snapshot of the situation in the company.

#### **RISKS TO TESTING EMPLOYEES FOR HIV**

Some companies may want to perform HIV tests on employees to determine the actual rate of HIV in the workforce. There are several reasons why such an approach offers little benefit to a company.

- It may be illegal to test employees to determine their HIV status;
- Employees are likely to be suspicious and resentful of management explanations for conducting HIV tests;
- The antibody to the HIV virus is not apparent in the bloodstream for several weeks or months after initial infection, so it will not be detected in people who are newly infected;
- A test only indicates the situation at a point in time; it does not tell what the situation will be after a week or in six months;
- A test by itself tells little about the impact of HIV/AIDS on the company.

A more viable alternative to worker testing is monitoring indicators of the HIV/AIDS situation among employees. The value of monitoring is that it offers a dynamic view of what is happening to the workforce. Data can be disaggregated by work categories and worker locations. Data can also be used to assess costs and trends, including costs once prevention and care programs and policies are established.

Monitoring indicators that can assist businesses in assessing the impact of HIV on productivity and profitability include:

#### **Worker Absenteeism**

As HIV enters later stages (somewhere between five and 10 years after initial infection) a person is likely to experience increased periods of illness and absenteeism. Also, those caring for an HIV-positive family member will require absences from work. Absenteeism should include employee absences to attend funerals of co-workers and relatives.

It is not necessary to know the reason for absenteeism to monitor changes from month to month. Some baseline data for comparison purposes will likely be available from the human resources department.

#### **Employee Turnover**

Medical or other reasons for retirement, employee death and the hiring of new employees can be monitored. These data can be combined with data on the costs of retirement and death benefits and hiring and training a new employee. The resulting figures are one aspect of the financial cost of HIV/AIDS to company operations.

#### **Medical Costs**

Medical costs are an effective indicator of the impact of HIV/AIDS on company expenses. Many companies provide some form of medical coverage or assistance to employees, through insurance, cost reimbursement, on-site clinics or other mechanisms. It is possible to track these costs, including the cost of staffing a clinic and the cost of referrals to external hospitals or special-

ists. Figure 1 illustrates the experience of an agro-estate in Kenya. In 1993, some six to 10 years after early HIV infections, medical expenses jumped 150 percent from the general baseline of previous years. One can assume that a gradual upward trend in medical expenses would have continued without the emergence of a major health situation. The rapid increase in expenses in the absence of other factors is most likely due to HIV/AIDS and related conditions among employees.

Some large companies, such as a handful of multinational companies in Southern Africa, have decided to subsidize the cost of providing antiretroviral (ARV) drugs to employees. Obviously, these companies will want to monitor the cost of providing these drugs and medical supervision for people receiving the drugs.

### Company Benefits

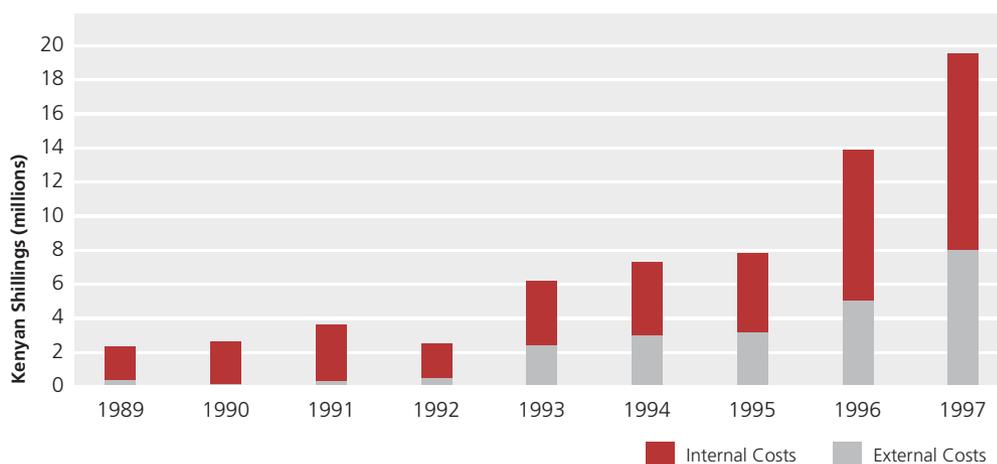
HIV/AIDS impacts the cost of providing company benefits to employees. Benefits likely to be affected include health insurance, life insurance for select employees and death benefits. Each type of benefit can be tracked to assess the cost impact of HIV/AIDS.

### Disruption of Production

The absence or early medical retirement of a key employee can disrupt production or service delivery processes. Likewise, the training of new employees or retraining of existing employees to fill gaps can impact productivity and profits. Equipment upkeep suffers with inexperienced employees. All of these situations can be monitored for changes and trends that may be related to HIV/AIDS. Monitoring of production disruption probably will require the active attention of production supervisors. An informal weekly discussion with a human resources employee and key production supervisors is one way to gather information on changes in production.

Given good baseline data on these aspects of the work environment, regular monitoring of routinely collected data can provide reasonable estimates with which to assess the impact of HIV/AIDS on company operations. The numbers will not be definitive, because factors other than HIV/AIDS also influence absenteeism and benefits. The data can help monitor changes once prevention interventions are put in place. It will be possible over several years to assess the benefits derived from effective prevention and care programs.

**Figure 1: MEDICAL COSTS AT A KENYAN AGRO-ESTATE**



## 2.6 THE COSTS AND BENEFITS OF INVESTING IN WORKPLACE HIV/AIDS PROGRAMS

Once businesses accept that HIV/AIDS is a reality that affects productivity and profitability, the question becomes: What will it cost to have an HIV/AIDS prevention and/or care program in the workplace? This section provides general information on costs.

An analysis of the costs of mounting all or some components of an HIV/AIDS program can be complex or fairly simple. A company can decide which components of a prevention program it will mount and conduct a detailed analysis of that component (or those components). The Joint United Nations Programme on HIV/AIDS (UNAIDS) has developed a methodology and worksheets for detailed cost analysis (*Costing Guidelines for HIV Prevention Strategies*, Geneva, 2000), but these are likely to be more elaborate than needed by most companies.

The existence of an HIV/AIDS prevention program can be used to negotiate lower insurance rates. This is the policy of American International Assurance Thailand. It provides discounts of up to 10 percent on group life insurance premiums to business policyholders that maintain effective, nondiscriminatory HIV/AIDS prevention practices in the workplace.

There is growing recognition by businesses that economic benefits derive from care and treatment programs.

### SHARING COSTS

Many company HIV/AIDS prevention programs draw on a variety of resources. It is unusual for a company to pay for all aspects of a comprehensive prevention program. Cost-sharing between companies, trade associations, trade unions, government and employers, private and public health services and a variety of other arrangements exist to reduce program costs to employers and employees.

### COSTS OF HIV/AIDS PREVENTION PROGRAMS: COUNTRY EXAMPLES

Volkswagen do Brasil has provided treatment and support services for HIV-positive employees since 1996. Treatment includes access to medical specialists, ARV treatment, clinical monitoring of drug treatment, home care and assistance to return to the workplace. By the end of 1999, the company reported a 90 percent reduction in hospitalizations, a 40 percent reduction in treatment and care costs and a 90 percent increase in the number of patients who were active and without symptoms. According to one report, "The experience of Volkswagen do Brasil has provided evidence of the effectiveness and cost savings to companies initiating...coordinated and specialized treatment and care to its workforce. The saving from reduced absenteeism and loss of employees is central to this approach."

SOURCE: *THE BUSINESS RESPONSE TO HIV/AIDS: IMPACT AND LESSONS LEARNED*. JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS, PRINCE OF WALES BUSINESS LEADERS FORUM AND GLOBAL BUSINESS COUNCIL ON HIV/AIDS, GENEVA AND LONDON 2000.

Eskom, the South African electricity company, has operated a comprehensive HIV/AIDS prevention program for its employees since the mid-1990s. Education, STI diagnosis and treatment, condom distribution and care are part of the program. Annual monitoring of program costs found that the company spends approximately US\$20 per year per employee, far less than the cost of recruiting and training new employees for most positions.

SOURCE: "AIDS TAKES AN ECONOMIC AND SOCIAL TOLL: IMPACT ON HOUSEHOLDS AND ECONOMIC GROWTH MOST SEVERE IN SOUTH AFRICA." *AFRICA RECOVERY*, VOL. 15 1-2, P. 19.

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## CASE EXAMPLES: PREVENTION DOES WORK

A common concern for companies is the efficacy of prevention efforts. There is a growing body of evidence that prevention efforts do reduce risk and contribute to lower HIV prevalence.

### **Reducing HIV in Uganda**

In Uganda, recent trends in HIV prevalence among urban pregnant women indicate that a substantial decline has occurred in new infections among young women. From 1990 to 1993 and from 1994 to 1995, HIV prevalence in pregnant women decreased overall by one-quarter (from 21 percent to 15 percent) and by one-third in both 15-19-year-olds (from 17 percent to 11 percent) and 20-24-year-olds (27 percent to 17 percent).

Surveys suggest that the changes could be due largely to a reduction in high-risk behavior, including increased monogamy, reduction in numbers of sexual partners, condom use in sexual relationships at risk of HIV infection and later age of sexual debut.

### **Behavior Change Among Youth in Zambia**

Recent evidence from Zambia shows a substantial decline in HIV prevalence among younger people in both urban and rural areas. In the capital, Lusaka, HIV prevalence in the 15–19-year-old group fell in the last five years of the 1990s from 28 percent to 15 percent, while in a rural area it fell from 10 percent to 5 percent. A consistent finding, restricted to urban areas, was a marked decline in prevalence rates among 15-19-year-olds with mid-level or higher educational backgrounds. On the negative side, the trend was

one of increase for young people at lower educational levels. This suggests that prevention education is contributing to reduced transmission.

### **STI Treatment and Behavior Change in Cambodia**

In the mid-1990s, Cambodia faced a rapidly growing HIV/AIDS epidemic. The country had the highest sero-prevalence in Asia, driven in part by widespread use of commercial sex. The government instituted an aggressive prevention program, with a focus on condom use among sex workers, reducing the number of sexual partners and treatment of STIs for groups of workers at high risk, including sex workers, police and the military. The prevention campaign produced dramatic results, including a reduction in HIV prevalence rates. The campaign demonstrated that taken together, effective STI treatment, high levels of condom use among sex workers and fewer sexual partners reduce HIV transmission.

### **Sexual Education for Youth**

In a comprehensive literature review, UNAIDS found that of 53 studies that evaluated specific interventions, 27 reported that HIV/AIDS and sexual health education neither increased nor decreased sexual activity or attendant rates of pregnancy and STIs. Twenty-two reported that HIV and/or sexual health education either delayed the onset of sexual activity, reduced the number of sexual partners or reduced unplanned pregnancy and STI rates. Only three studies found increases in sexual behavior associated with sexual health education.

## 2.7 NO-COST AND LOW-COST ACTIONS

While a solid HIV/AIDS prevention program costs money, a company can take numerous actions that cost little to nothing. Following are suggestions for no-cost and low-cost actions that small, medium and large companies can take.

### Actions by Senior Management of the Company

- Appoint a focal person within the company to direct the company's preparations for and response to addressing HIV/AIDS in the workplace. The focal person should report directly to the managing director, deputy managing director or other appropriate senior officer of the company (see Case Study 3, which offers one model for utilizing focal persons).
- Negotiate with worker representatives to form a committee that will facilitate dialogue on HIV/AIDS issues between business managers and workers.
- Place HIV/AIDS prevention and care topics on the agenda of senior management meetings.
- Assure that HIV/AIDS prevention is part of the orientation process for all new senior management employees.
- Develop a company policy—or add to existing policies—on HIV/AIDS (see Chapter 3). Circulate the policy widely.
- As new policies and/or programs on HIV/AIDS are introduced in the company, assure that all senior managers, supervisors and worker representatives are briefed on the purposes and meanings of the policy/program and how it will be implemented.
- Provide periodic training to supervisory managers and worker representatives at all levels of the company so they can protect themselves from HIV/AIDS and be active spokespersons on HIV/AIDS prevention, including behavior change.

- Place HIV/AIDS prevention and care topics on the agendas of association meetings (see Chapter 5).
- Encourage the creation of a forum at which business leaders can discuss HIV/AIDS issues.
- Do not include HIV screening in pre-employment physicals. Do not conduct periodic HIV screening of employees.
- Provide guidance to subcontractors on the design and implementation of HIV/AIDS programs and policies for their companies.
- Require all subcontractors to attend a one-day workshop on HIV/AIDS policies and programs in the workplace.
- Contractually require all subcontractors to implement and maintain HIV/AIDS programs and standards at least equivalent to those of the company itself.

### Actions by Worker Representatives Within the Company

- Engage business management in discussions and action plans on promoting low-risk sexual behavior among employees. One way to curb the HIV/AIDS epidemic is to change the social culture of sexual activity that contributes to high-risk situations and behavior.
- Encourage workers to take advantage of HIV/AIDS prevention information and programs offered by the company and available in the community.
- Use union skills and/or facilities to inform and mobilize the communities in which workers live.
- Use union skills to expand dialogue between men and women about HIV/AIDS.
- Reduce and eliminate stigma and discrimination associated with HIV/AIDS among employees.

- Monitor company practices to assure they are consistent with company policies, union/worker agreements and national/state legislation.

### **Actions With Direct Benefit to Employees**

- Include in new employee orientation HIV/AIDS prevention behavior expected of all employees. Include information on the availability of behavior-change support (such as peer educators) and prevention commodities (such as male and female condoms).
- Assure that all new and current employees have copies of the company HIV/AIDS policy. Consider adding to the policy a statement about the importance of safe sexual behavior.
- Require and encourage employees at all levels to participate in periodic HIV/AIDS prevention and behavior-change activities. This should include in-service activities to promote a culture of acceptable male and female sexual behavior in the era of HIV/AIDS.
- Maintain a steady stream of information to employees on the risks of HIV/AIDS. This can be done at little cost by including occasional information on HIV/AIDS in company newsletters and employee pay packets.
- Inform workers that the company will assist employee support groups for people who are HIV-positive and employees who are caring for relatives and friends living with HIV/AIDS.
- Assure a ready supply of male and female condoms for staff and contract workers.
- Engage employee representatives to gather information on worker concerns about HIV/AIDS.
- Assess company travel policies or practices that frequently send employees away from home for more than several days at a time.

### **Resources**

Several basic impact assessment tools exist. Some of these can be accessed and used online, via the Internet. Users enter data relevant to their company, and a quick calculation is performed to indicate the potential cost of HIV/AIDS in that situation. Impact assessment tools include the following:

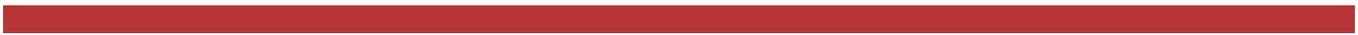
- An HIV/AIDS model has been developed by the Metropolitan Life Insurance Company of South Africa. The model was developed for the South African context, and its demographic parameters are specific to that country. It offers a quick, very rough cost estimate. The figures can be adapted to non-South African situations. The model is accessible through a page on the company's Website (<http://www.redribbon.co.za>; click on "Try Our Online AIDS Test," then "AIDS in the Workplace").
- The Tata Tea Company in India offers an Internet-based calculator to assess the costs of HIV/AIDS to a company. The calculator is simple to use; calculations are in Indian units (<http://education.vsnl.com/sexualhealth/economic>).
- Family Health International has a comprehensive impact assessment tool. It is most appropriate for larger businesses that seek in-depth analysis of the impact of HIV/AIDS on company costs and operations.
- Two versions of a model known as AIM-B have been designed for businesses by The Futures Group and the Global Business Council on HIV/AIDS. AIM-B is an economic and demographic model created to help managers analyze how HIV/AIDS is affecting their businesses and project how it will affect them in the future. A simplified on-line version estimates the main direct costs of HIV/AIDS in health, recruitment and benefits. It does not estimate the epidemic's

impact on productivity, labor relations, work-force morale or absenteeism. It is available at [www.fgeurope.com](http://www.fgeurope.com). An alternative version, which offers a more thorough analysis of the current and future impact of HIV/AIDS, can be requested at The Futures Group Website ([www.tfgi.com](http://www.tfgi.com)).

- The HIV Impact Assessment Tool available from the United Nations Development Programme (UNDP) can be useful for companies and governments planning large construction projects and other investments where large numbers of workers are engaged. The tool, which can be downloaded from the UNDP Website (<http://www.undp.org/hiv>), includes a flow chart to assist in assessing risk.
- A set of fact sheets and checklists for managers in specific economic sectors was prepared by the Health Economics and AIDS Research Division of the University of Natal, South Africa. The tools are fairly general and can be adapted to specific situations (<http://www.und.ac.za/und/heard>).

## THE IMPACT OF HIV/AIDS ON COMPANIES: EXAMPLES FROM AFRICA

<p>Lost productivity due to absenteeism of employees, illness or care of dependents who are ill. Companies may hire additional employees to fill gaps due to absenteeism.</p>	<p>By the mid-1990s, Uganda Railway Corporation reported steep increases in absenteeism and a 15 percent turnover rate among workers, with more than 10 percent of its workforce dead due to AIDS-related illnesses.</p> <p>A South African sugar mill found that HIV-positive employees took, on average, 55 additional sick days during the last two years of their lives.</p>																				
<p>Loss of skilled and trained staff due to death. Even the loss of so-called “unskilled” staff has been shown to lower productivity of firms.</p>	<p>A 1996 study for the Makandi Tea Estate in Malawi showed a six-fold increase in mortality from 1991 to 1995—from 4 per 1,000 workers to 23 per 1,000. HIV/AIDS cost the company 6 percent of its annual profits.</p>																				
<p>Increased costs of death and funeral benefits, and time off for co-workers to attend funerals, etc.</p>	<p>South Africa: Impact of AIDS on cost of benefits (as percent of payroll)</p> <table border="1" data-bbox="683 843 1127 1014"> <thead> <tr> <th></th> <th>1995</th> <th>2000</th> <th>2005</th> </tr> </thead> <tbody> <tr> <td>Lump sum at death</td> <td>1.5</td> <td>3.7</td> <td>6.0</td> </tr> <tr> <td>Spouse's pension</td> <td>4.0</td> <td>7.5</td> <td>10.0</td> </tr> <tr> <td>Disability pension</td> <td>1.5</td> <td>2.3</td> <td>3.0</td> </tr> <tr> <td>Total</td> <td>7.0</td> <td>13.5</td> <td>19.0</td> </tr> </tbody> </table>		1995	2000	2005	Lump sum at death	1.5	3.7	6.0	Spouse's pension	4.0	7.5	10.0	Disability pension	1.5	2.3	3.0	Total	7.0	13.5	19.0
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<p>Increased costs to insure employees.</p>	<p>In Zimbabwe, life insurance premiums quadrupled over a two-year period in the 1990s.</p>																				
<p>Lost productivity due to disruptions among contractors or suppliers.</p>	<p>Zambia reported that increased mortality in the electricity corporation has resulted in interruptions in the electric supply.</p>																				
<p>Lost customer base as people die.</p>	<p>Consumers shift their buying patterns to medical care and drugs. Some studies have found that up to 50 percent of income may be used for these purposes when a family member develops full-blown AIDS.</p> <p>Retail companies are experiencing losses on credit sales as the buyer or his/her family becomes ill or dies and payments are ignored.</p>																				



## CHAPTER THREE

### WORKPLACE HIV/AIDS POLICIES



This chapter covers:

- The value of an HIV/AIDS policy for companies;
- Elements of an effective HIV/AIDS policy;
- Checklist for drafting a company HIV/AIDS policy;
- Disseminating and implementing the company HIV/AIDS policy.



### An HIV/AIDS policy defines an organization's position and practices

for preventing HIV transmission and for handling HIV infection among employees. The policy provides guidance to supervisors who deal with the day-to-day issues and problems that arise in the workplace. Also, the policy informs employees about their responsibilities, rights and expected behavior on the job.

HIV/AIDS policies can be many pages long or as short as a few paragraphs. Usually the length of the policy depends on whether it simply outlines broad policy guidelines or provides detailed instructions and procedures on how the policy is to be implemented.

An HIV/AIDS policy:

- Sets a foundation for HIV/AIDS prevention and care programs;
- Offers a framework for consistency of practices within a business;
- Expresses the standards of behavior expected of all employees;
- Informs all employees what assistance is available and where to get it;
- Guides supervisors and managers on how to manage HIV/AIDS in their work groups;
- Assures consistency with relevant local and national laws and statutes.

#### 3.1 WRITTEN POLICIES AND STANDARD PRACTICE

Some businesses, especially smaller ones, do not have formal written policies. Instead, these businesses follow unwritten business practices established over time. Eventually, the result is standard

practices that guide managers and employees and lead to consistent, predictable and desired results. However, because standard practices come about only through repeated experience, they are not established in time to achieve desired results the first few times an issue arises. And the first few times a business has to deal with HIV/AIDS can be the most difficult, with unpredictable results. Thus, a major benefit of developing written HIV/AIDS policies, as opposed to letting unwritten practices develop over time, is that one can control or plan the results before an incident occurs.

Another benefit of written policies over unwritten practices is that policies provide the framework for dealing with HIV/AIDS in ways that are best for the business. Written HIV/AIDS policies provide clarity and certainty about a subject that many people find confusing and uncertain.

#### Life-Threatening Illness Policies

Some businesses choose not to have an HIV/AIDS-specific policy, as a way of emphasizing that HIV/AIDS will be treated like any other illness. Such businesses group HIV/AIDS under their general policies on life-threatening illnesses and disabilities, such as cancer and tuberculosis. Some businesses prefer this approach because it affirms their concern about all major life-threatening illnesses and disabilities without implying stigmatization of any particular illness. The policy statement is likely to affirm the company's commitment to

providing a safe work environment and to accommodating employees who need a change in work conditions to remain productive.

### **HIV/AIDS-Specific Policies**

Other businesses wish to reinforce that they have considered and planned carefully for HIV/AIDS, and therefore they develop policies that refer specifically to HIV/AIDS. Although corporate responses should be similar to the responses to other serious illnesses, HIV/AIDS is a unique disease in that it is always fatal, often carries great social stigma, has a disproportionate effect on working-age adults and, in some regions, affects a very high proportion of the population. This approach acknowledges that HIV/AIDS is a major health issue and highlights the employer's commitment to addressing it in appropriate, responsible ways. These policies acknowledge the potential impact of HIV/AIDS in the workplace and offer rational, cost-effective responses to mitigate that impact.

#### **POLICY OR PREVENTION PROGRAM: WHICH COMES FIRST?**

There are no specific rules about sequence—first an HIV/AIDS policy or first a prevention program. In fact, both a company's policy and its prevention program are necessary and will evolve over time, as conditions change.

In companies where policies can take a year or more to be formulated and approved, it is best to move ahead with implementation of the prevention program before the policy is in place.

Where prevention programs already exist, it is not necessary to put them on hold until a policy is developed. Use experiences in workplace HIV/AIDS prevention to inform subsequent policy decisions.

### **Policies That Extend Beyond the Gates**

Companies are affected as much by the health and welfare of their suppliers and customers as they are by that of their own employees. For example, long-distance truck drivers are usually identified as people at high risk of HIV infection because of the long periods they spend away from home and their access to sex workers. Illness-related turnover of drivers in transport companies has been known to affect the arrival of needed supplies or delivery of orders.

Companies can help reduce the impact of HIV/AIDS beyond their immediate employees by discussing their HIV/AIDS policies and programs with clients and suppliers. Networking among businesses can strengthen overall HIV/AIDS prevention efforts (see Chapter 6). Sponsorship of community HIV/AIDS awareness activities not only contributes to corporate social responsibility and credibility but also adds to other initiatives to change social norms and beliefs.

## **3.2 BASIC PRINCIPLES**

Successful HIV/AIDS policies used by businesses around the world share several basic principles. These principles are recommended by such international organizations as the ILO, by many business groups in Africa, Latin America and Asia, and by multinational firms headquartered in North America and Europe. In 2001, the ILO issued a new Code of Practice on HIV/AIDS based on extensive dialogue with businesses, worker organizations and governments around the world.

Business coalitions have also adopted basic principles. Such coalitions include the Global Business Coalition on HIV/AIDS, the Federation of Kenyan Employers, the Thailand Business Coalition on HIV/AIDS, the U.K.-based Business Exchange on AIDS & Development and the U.S. National Leadership Coalition on AIDS. Many multinational corporations have also adopted policies, including Unilever, IBM, Northwest Airlines, Xerox, BP/Shell Oil, Daimler/Chrysler and Levi Strauss. Their policies

provide guidance to local affiliates. Case Study 8 provides a policy statement from the international labor movement.

National-level codes of practice relating to HIV/AIDS and businesses have been adopted in Malaysia and by the SADC. Thus, there is extensive precedent and practical guidance for preparing policies that effectively address HIV/AIDS and incorporate the mutual concerns of business owners, managers and employees at all levels.

The ILO Code of Practice and other basic guidelines offer a sound basis for shaping company and union policies on HIV/AIDS. Key principles offered by the ILO and other trade associations are outlined below, with a brief rationale for each.

### **Recognition of HIV/AIDS as a Workplace Issue**

HIV/AIDS is a workplace issue because it threatens productivity, profitability and the welfare of all employees and their families. The workplace, being part of the local community, has a role to play in the wider struggle to limit the spread and effects of the epidemic.

### **Nondiscrimination**

Discrimination against workers on the basis of real or perceived HIV status is to be actively discouraged. Discrimination against and stigmatization of people living with HIV/AIDS inhibits efforts to promote HIV/AIDS prevention and can easily lead to disruptions in the workplace. In short, HIV/AIDS should encourage businesses to examine their policies regarding long-term illnesses.

### **Gender Equality**

Discrimination against and exploitation of women promotes the spread of HIV/AIDS. Also, women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than are men, due to biological, sociocultural and economic factors. Proactive efforts by companies and workers' organizations to prevent gender discrimination and sexual coercion and abuse greatly aid prevention efforts.

### **Healthy Work Environment**

The work environment should be healthy and safe, in line with national regulations and negotiated agreements, to reduce the risk of on-the-job transmission of HIV. A healthy work environment facilitates optimal physical and mental health in relation to work and adaptation of work to the capabilities of workers in light of their state of physical and mental health.

### **Social Dialogue**

The successful implementation of an HIV/AIDS policy and program requires cooperation and trust among government, employers and workers and their representatives. Involvement in and support for government-employer-worker arrangements to promote HIV/AIDS prevention and care, where they exist, broaden the discourse around HIV/AIDS issues and improve prevention efforts at all levels.

### **Screening for Purposes of Exclusion From Employment or Work Processes**

Mandatory HIV/AIDS screening is unnecessary and inappropriate for either job applicants or persons already employed. Companies and unions should encourage employees to obtain a voluntary and confidential HIV test and pre- and post-test counseling off-site.

### **Confidentiality**

There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should workers be obliged to reveal such personal information about themselves or fellow workers. Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality. Breaches of confidentiality erode employee morale, can disrupt production and can lead to legal action.

### **Continuation of Employment Relationship**

HIV infection is not a cause for termination of employment. As with many chronic conditions, persons with HIV-related illnesses should be able to work for as long as medically fit in available, appropriate work. This can be many years.

## Prevention

HIV infection is preventable. Prevention of all means of transmission can be achieved through a variety of strategies that are appropriately targeted to national conditions and that are culturally sensitive. Prevention can be furthered through changes in behavior, knowledge and treatment and the creation of a nondiscriminatory work environment. Unions and business managers are in a unique position to promote effective prevention efforts, including changing attitudes and behaviors through the provision of information and education, setting non-coercive sexual standards and addressing socioeconomic factors that increase the risk of HIV/AIDS transmission.

## Communication and Leadership

Employers, unions and workers' representatives must communicate HIV/AIDS policies to employees in simple, clear and unambiguous terms and continue to demonstrate their support for HIV/AIDS prevention and care efforts. Communication of clear messages will reinforce established business practices, assure consistent implementation of the policy and reinforce low-risk worker (including sexual) behaviors.

## Care and Support

Solidarity, care and support for HIV-positive individuals and their family members should guide the response to HIV/AIDS in the world of work. All workers, including workers with HIV, are entitled to affordable health services, whether within the company or through private and public facilities. There should be no discrimination against HIV-positive employees and their dependents regarding access to and receipt of benefits from social security programs and occupational schemes. Company and union policies should encourage the formation of support groups for HIV-positive individuals, caregivers and other concerned workers. Basic principles can be adapted and made specific to the HIV/AIDS policies of each company or worker organization.

## 3.3 THE NATURE OF A WORKPLACE POLICY

The length of HIV/AIDS workplace policies can be either paragraphs or pages (see sample policies in Appendix C). The given policy will incorporate a range of provisions that set forth the company's thinking and positions on the many issues surrounding HIV/AIDS.

Longer policies have the advantage of addressing questions and concerns that may arise over time among both supervisors and employees. Also, a more detailed policy provides guidance to assist supervisors and managers who interact with HIV-positive employees or deal with situations caused by the disease.

Given the complexity of HIV/AIDS within the workplace context, the misinformation that continues to exist and the potential for discrimination and misunderstanding, this guide recommends that companies develop a policy that is as thorough as possible for its particular circumstances.

## 3.4 CHECKLIST FOR DRAFTING AN HIV/AIDS POLICY

The following checklist can be used as a guide in preparing a company HIV/AIDS policy. The points in the checklist can be considered paragraphs or provisions in the policy.

### Introduction

- Reason(s) why the company has an HIV/AIDS policy;
- Persons covered by the policy (some or all employees or different provisions for different categories of employees);
- Policy compliance with national and local laws and trade agreements;
- How the policy will be applied.

## General Considerations

- Statement regarding the intent of the company to have an HIV/AIDS policy for application to company operations;
- Statement whether the policy is specific to HIV/AIDS or whether it incorporates HIV/AIDS into existing sections on life-threatening illnesses.

## Elements Relating to Employment Criteria

- Statement that applicants and employees will not be screened for HIV as a condition of continued employment or promotion;
- Provision on circumstances where an employee would be asked to be tested for HIV, including:
  - \_\_\_ Explanation of the reasons why a request would be made for an HIV test;
  - \_\_\_ Statement of whether the employer or employee would be responsible for paying for an HIV test;
  - \_\_\_ Statement that pre- and post-test counseling would be provided for any employee who is asked (or asks) to take an HIV test;
  - \_\_\_ Statement of the company response if an employee refuses to be tested;
  - \_\_\_ Statement of the company's intention to keep all medical information, including results of HIV tests, confidential;
  - \_\_\_ Statement of company intentions toward employees who, if required to be tested, are found to be HIV-positive;
  - \_\_\_ Statement of the appeal, arbitration and resolution options for employees who refuse to be tested or who, if tested, are found to be HIV-positive;
  - \_\_\_ Statement of the company's position toward insurance companies that may require an HIV test for various forms of coverage.

- Statement that the company is willing to make accommodations (such as less rigorous work or a different work environment) for employees who request such accommodations because of HIV infection;
- Provision that the company will maintain and enforce legal, acceptable and recognized occupational safety precautions to minimize risk of workplace exposure to HIV;
- Provision relating to the privacy of employee personnel records, including medical records;
- Statement prohibiting stigmatization of and discrimination against employees who are (or who are suspected of being) HIV-positive.

## Elements Relating to Benefits and Treatment for HIV-infected and HIV-affected Employees

- Provision of benefits related to HIV infection is likely to be an extension of existing benefit provisions. As part of an overall prevention program, an HIV policy can explicitly refer to assistance in the treatment of STIs. As implied in the previous section of this checklist, workers with HIV/AIDS should receive the same type, level and form of benefits as other employees with serious illnesses.

### **Provisions include:**

- Statement about company and employee contributions to health and medical care, life and disability insurance, workers' compensation, social security and other retirement benefits, compassionate leave (for care-giving, funerals), death benefits for beneficiaries, treatment for opportunistic infections related to HIV and treatment for HIV;
- Coverage for dependents;
- Statement about company provision of or support for assistance in gaining access to life-saving treatments and drugs for HIV and opportunistic infections;

- Provision of or support for counseling and related social and psychological support services for HIV-infected and HIV-affected employees (and dependents);
- Statement that the company recognizes the importance of peer-support groups and permits such groups to be formed and to meet on company property (during or outside of work hours);
- Legal support services. Although companies may worry about legal challenges, company support for employees (in-house or contracted out) to access legal advice can assist in safeguarding dependents through preparation of wills, transfer of property and leveraging of public services.

#### **Elements Relating to Workplace Prevention**

- Statement that HIV/AIDS prevention is the responsibility of all employees, including senior management and supervisors;
- Statement about the leadership role of managers and worker representatives, both in the company and in the wider community, in addressing HIV/AIDS;
- Statement emphasizing the importance of (and company expectations of) employees avoiding risky sexual behavior;
- Statement referring to company and union responsibilities for maintaining an environment that reinforces safe sexual behaviors;
- Statement of company and union responsibilities for providing all employees with timely, accurate, clear and adequate information about HIV prevention, community support services, treatment options and changes in company prevention activities;
- Description of the HIV prevention components that will be available to employees. Recommended components include easy and regular access to male and female condoms, access to diagnosis and treatment of STIs,

training of peer educators who will be accessible to employees and information about prevention and care services that exist in the community.

### **3.5 DISSEMINATION AND IMPLEMENTATION OF THE POLICY**

Because of the confusion and stress associated with HIV/AIDS, a company policy that addresses HIV/AIDS is useful only if it is widely disseminated to employees and actually put into practice. Posting a written policy on a bulletin board is not enough.

Dissemination must occur at all levels—to the board of directors, union/worker representatives, human resources/personnel and clinic employees, supervisors and all employees. People in these groups likely will want some explanation of the rationale for the policy and clarification of certain clauses. Thus, a process for introducing the HIV/AIDS policy will be useful. One person or a small team from senior management or the human resources department can introduce the policy and its components to staff members during regular meetings or specially organized gatherings.

Supervisors should have more than a basic introduction to the policy, since they face the policy's day-to-day implications (for example, how to respond to an employee who wants time off to care for a sick relative, or to an employee who suggests that a co-worker may be HIV-positive). One or more training sessions for supervisors are entirely appropriate.

The job of supervisors will be easier when all employees are aware of the existence and details of a company HIV/AIDS policy. Depending on length, the policy can be distributed to employees in its entirety or in segments. It can be posted in public areas. Employee newsletters can also include either the entire policy or portions of it, along with explanation of various clauses. In addition, the policy, or portions of it, can be included in an information packet given to new employees.

There is a tendency to forget the details of an HIV/AIDS policy. Occasional reminders—for instance, during meetings or in a newsletter—will further reinforce the company's commitment to HIV/AIDS prevention and care.

Implementation of the company's HIV/AIDS policy will occur as it is applied to situations that arise among employees, as supervisors and managers become involved in addressing those situations and as the company implements its HIV/AIDS program. The value of the policy is that it will guide decision-making in difficult situations. If the policy remains a paper exercise, neither implemented

nor enforced, it will not be useful. As one African Chief Executive Officer said, "AIDS is not going away for some years; we deal with it almost every day on the job."

Finally, because knowledge of and experience in HIV/AIDS and the costs of prevention and care are always changing, an effective policy will be periodically amended to keep pace with those changes. For example, an annual review of the policy by a team representing human resources, the medical office and labor can help identify gaps and suggest changes.



## CHAPTER FOUR

### WORKPLACE HIV/AIDS PREVENTION AND CARE PROGRAMS



This chapter covers:

- Components of a comprehensive HIV/AIDS program for the workplace;
- A checklist to determine which components of an HIV/AIDS program are appropriate for your company;
- A checklist to determine which components of an HIV/AIDS program can be developed and managed by company personnel and which components are best sought outside the company;
- Where to get help in developing and managing a workplace HIV/AIDS program.



### HIV/AIDS prevention and care programs seek to inform employees

about HIV/AIDS, promote behavior changes that will reduce the spread of HIV/AIDS, provide services to reinforce behavior changes and offer services to cope with HIV infection. Effective HIV/AIDS prevention interventions are not one-time or irregularly held events. Rather, prevention builds upon a variety of ongoing, coordinated activities and services.

The prevention program is the core of an organization's response to HIV/AIDS. These prevention activities will, in turn, be informed and sustained by well-designed policies, as discussed in Chapter 3.

Because HIV/AIDS affects all employee groups, prevention and care efforts must be targeted and available to employees at all levels of the company and at all sites where the company works. Some companies have gone beyond their own employees, requiring that contractors doing business with the company have active HIV/AIDS prevention programs of their own.

This chapter outlines the core components of a comprehensive workplace HIV/AIDS program. The details for each company will vary depending, in part, on the size of the workforce, the nature of the risk factors facing the company and its employees and the ability to coordinate activities with other agencies. A checklist for planning or expanding a workplace HIV/AIDS prevention and care program can be found at the end of this chapter.

#### 4.1 CHANGING THE ENVIRONMENT THAT FACILITATES HIV/AIDS

As discussed in Chapter 2, the risk of HIV infection is influenced by a variety of factors that extend beyond individual behavior. Some social and economic factors derive from the way companies conduct business—for example, requiring frequent

"If I were to suggest an agenda for the... Government-Business Partnership Against HIV/AIDS, its features would be:

- Networking among government agencies, businesses, voluntary organizations and social institutions for advocacy and partnership;
- Making use of every method and outlet of business advertising and communication to create awareness;
- Funding comprehensive health services for employees and their families;
- Ensuring easy access to condoms for employees and members of the local community;
- Eliminating HIV screening as part of pre-employment physical examination;
- Ensuring nondiscrimination in workplaces and introducing effective workplace interventions;
- Joining the national campaign against drug abuse."

SOURCE: INDIA'S PRIME MINISTER VAJPAYEE IN A SPEECH TO A GATHERING OF BUSINESS LEADERS, DECEMBER 2000, NEW DELHI.

travel beyond employees' homes or the conditions in which businesses operate (such as extensive paperwork required at border customs posts).

Changing these environmental factors can reduce the risk of HIV transmission among employees and others. Some environmental factors can be addressed directly by businesses in their operations; others require collaboration with other businesses and government authorities.

Actions that a company or union can take include:

- Providing housing for spouses of men who must spend long periods away from home;
- Staggering payments and/or paying more frequently to reduce drinking binges and visits to sex workers on paydays;
- Increasing subsistence allowances for truckers so they can afford hotels and entertainment at borders (research in Southern Africa has shown that it is cheaper to stay with a sex worker than in a hotel);
- Providing condoms to employees who travel frequently;
- Promoting responsible and safe sexual behaviors among employees.

Actions that a company or union can take in collaboration with other businesses or government authorities include:

- Reducing waiting times for truckers at borders;
- Ensuring that employees can cash paychecks at sites other than bars;
- Assuring confidential treatment for STIs at or near construction sites;
- Expanding community opportunities for social, cultural and sports entertainment and participation.

## 4.2 EDUCATION, INCLUDING ON RESPONSIBLE EMPLOYEE SEXUAL BEHAVIOR

HIV/AIDS education programs inform employees about HIV/AIDS and seek to motivate behavior change that will reduce the spread of the epidemic. An organization's formal and informal HIV/AIDS education activities are the base upon which other aspects of the prevention program are built. Experience has shown, however, that it is not enough simply to inform people about HIV/AIDS, how it is transmitted and how it can be prevented. Some company and community information efforts have had minimal impact because they continue to tell people what they already know without adding new information.

HIV/AIDS education does of course include the basics of how the virus is and is not transmitted and how to prevent infection. Such education also includes new findings related to prevention and care (for example, the importance of treating STIs and TB) and how to find and use available services offered by the company and the community. Some HIV/AIDS education messages and materials can be targeted to the most likely users, such as shop floor supervisors or worker safety representatives. Changes in company policy will be conveyed as part of the education program.

The core issues to convey through HIV/AIDS education programs are:

- The company policy or position on HIV/AIDS, and why the policy exists;
- Procedures for handling HIV/AIDS-related problems or employee concerns;
- How HIV/AIDS is and is not transmitted, including injection with unsterile needles;
- Why there is no risk of casual transmission of HIV/AIDS;
- How to prevent the spread of HIV;

- What STIs are and how they can be prevented and treated;
- How to respond to a co-worker with HIV/AIDS;
- How to assess personal risk and formulate plans for behavior change;
- Benefits available to employees and family members with HIV/AIDS;
- The nature of confidentiality and privacy requirements;
- Where to go for help and additional information;
- Statements about responsible sexual behavior both on the job and off.

### **Acceptable Sexual Behavior**

As noted in Chapter 2, employees who work in remote areas, who travel frequently or who are on temporary assignment away from home are at increased risk of HIV infection. Within both the company policy and its HIV/AIDS education program, some discussion is needed about the sexual behavior of employees, especially men.

Discussions of sexual behavior are sensitive for everyone concerned. Extensive research has shown that sexual coercion, intimidation and harassment of women by men are common. Sexual coercion takes various forms, including violence. Equally common is the use of financial and material inducements to gain sexual favors and advantages from women.

It is essential that managers and employee representatives establish standards for employees to follow. This is not to suggest that the company defines appropriate social or sexual partners. Rather, it involves statements that reinforce HIV/AIDS prevention, including discouraging sexual coercion. Such statements can encourage:

- Avoidance of sexual harassment or coercion, both on and off the job;

- Avoidance of using monetary or material inducements to gain sexual favors;
- Avoidance of sexual relations with adolescents;
- Correct and consistent use of condoms with sex workers and casual sex partners.

The experience of an Indonesian company that addresses employee sexual behavior and other issues is described in Case Study 5.

### **Peer Educators**

In addition to having formally trained health professionals and educators (e.g., medical clinic staff) conduct education activities, training employees to be peer educators for informal education is also effective.

Peers are people in the workplace who are similar to one another in age, background, job roles, experience and interests. People are more likely to listen to and follow the advice of their peers. Peers also have greater influence on each other than non-peers, a significant factor in lending credibility to behavior-change messages. With specific training and support, peer educators (workers) can effectively carry out a range of HIV/AIDS education and other prevention activities with their co-workers. An example of a peer-education program that evolved over time to meet workers' information needs is presented in Case Study 2.

Peer educators can communicate important issues to employees, lead large group meetings and distribute pamphlets, brochures and condoms. With training, peer educators can also lead support groups with co-workers. Companies can seek the assistance of health-related NGOs to assist them in the training and ongoing support of peer educators.

### **Management/Worker Representative Peer Education**

Senior officers on both the management and worker sides have opportunities to work with their peers to promote HIV/AIDS prevention.

This can happen in the workplace as well as in the associations to which they belong. For example, national or municipal federations of employers or unions host occasional meetings. Placing discussion of HIV/AIDS on the agenda (e.g., the impact of HIV/AIDS, a description of the company's prevention program or a note about worker-management interaction around HIV/AIDS issues) can sensitize other companies and raise ideas for addressing the situation (see Chapter 6 for more information on this topic).

### **Education Materials**

The maximum impact of a workplace prevention program will be achieved by using a variety of complementary educational activities. These include lectures, discussions and small-group activities. Educational materials such as posters, brochures and pamphlets are frequently used. All of these materials overlap and strengthen the basic message of HIV/AIDS prevention.

Many educational materials already exist, particularly describing HIV/AIDS and means of protection. In most cases, it is not necessary for a company to prepare new materials. The National AIDS Control Program and NGOs working on HIV/AIDS issues usually have written materials that can be used in the workplace.

### **Support Groups**

Employees who are HIV-positive or who have a dependent or close friend who is HIV-positive are likely to find support groups an important psychological boost. Companies can encourage their staff members to form and/or join support groups in either the workplace or the community. A support group has been one component of a larger program at Filature et Tissage de Sac, a company in Côte d'Ivoire that produces jute and plastic sacks. At Rohm Apollo, an electronics company in Thailand, employees and management have supported HIV-positive workers by offering flexibility in work shifts and job rotation. Support groups can be informal and, if meetings occur at the workplace, organized during breaks or before or after work.

### **Dealing with Stigma**

HIV/AIDS has raised many fears and misconceptions. In turn, people who are HIV-positive or related to someone who is HIV-positive often experience a hostile reaction from relatives, co-workers and others. A workplace environment that does not tolerate discrimination against employees and openly supports HIV/AIDS prevention efforts will help reduce the stigma surrounding the disease. This will also reinforce the nondiscriminatory provisions in the company policy. Case Study 3 illustrates how stigma associated with HIV/AIDS threatened one workplace prevention program and how the program evolved to counter negative attitudes.

#### **ARE CONDOMS EFFECTIVE?**

Much debate surrounds condom promotion as a means of preventing HIV infection. Arguments against condom promotion are usually based on moral or ethical concerns. Medical and scientific research has shown that latex condoms, regularly and properly used, do prevent transmission of HIV. Condoms also prevent the transmission of most other STIs.

### **4.3 CONDOM DISTRIBUTION**

A second component of a workplace prevention program is distribution of condoms to men and women. Correct and consistent condom use is an essential factor in preventing HIV/AIDS and STIs. The importance of regular and proper condom use should be a major focus of worker education and prevention sessions.

Unless the company is certain that condoms are readily, reliably and affordably available in the surrounding community, the organization will want to provide them to employees. In fact, many companies already distribute condoms as part of a family planning and/or STI management program.

The female condom is relatively new, but it has found ready acceptance among many women. It provides women with greater control for disease prevention. Female condoms are more expensive than condoms for men. Some subsidy of the cost of female condoms is a reasonable expense for most companies.

Some employers argue that businesses should not distribute condoms to workers because an employee's private sexual life takes place away from work. This is true, but it is also true that employees' private lives have an impact on work. Condom distribution to employees supports and reinforces HIV/AIDS education and prevention activities.

Almost all companies that permit condom distribution have found favorable responses from employees, both men and women.

Condoms can be distributed by peer educators or through vending machines; the main objective is that employees have ready and easy access. Because condoms are related to sexual behavior, some workers may be embarrassed to ask for them, so condoms should be made available directly to workers without an intermediary.

#### **4.4 TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS**

STIs are one of the most common health problems among workers. In many countries, STIs are among the top five reasons for health service consultations. STIs also increase a person's susceptibility to HIV/AIDS and the possibility of transmitting the virus through sexual intercourse.

There is strong evidence from both community and workplace interventions that much lower STI rates among workers—and lower HIV rates—can be achieved. The best evidence comes from programs at and around mines in South Africa. Over a two-year period, STI rates among male miners at one mine and among women in surrounding communities were reduced by 50 percent; moreover, the men no longer acquired new STIs at previously high rates.

#### **PAYING FOR THE CONDOM PROGRAM**

Companies can acquire condoms from wholesale distributors or, in some cases, national AIDS control programs, ministries of health and local health authorities. It may be possible to contract with a distributor to assure that a condom supply is in place and functioning. However condoms are acquired, free or low-cost distribution to employees is recommended.

The cost of condoms from a vending machine should be carefully set to acknowledge their value but not to exceed employees' ability to purchase them.

Managers of a second mine were so impressed with the results at the first that they adopted the program for their own workers to reduce absenteeism and lower the risk of HIV/AIDS. Part of what made the program effective was reaching out to women in the surrounding communities and assuring them that they had access to STI services, in addition to providing male miners with services through company clinics.

STI services, whether internally or externally provided, should be covered in the same way as other company-sponsored health services. The cost of STI diagnosis and treatment for a worker is often less than one day's wage, and the worker remains productive. Should a worker's STI be ignored, absenteeism and the resulting impact on productivity, medical fees and other expenses can be many times more costly than diagnosis and treatment.

STI services should include information that encourages employees and their partners to learn about STIs and ways to avoid their transmission, as well as access to medical services for diagnosis and treatment. To provide STI services, a workplace clinic needs medically trained personnel, testing procedures and equipment and adequate supplies of pharmaceuticals.

Despite organizations' best efforts to provide STI services discreetly, employees sometimes prefer to have STIs treated outside the company setting, where they feel they have greater privacy. One approach to meeting the need for STI services while acknowledging employee concerns about privacy is to make treatment for uncomplicated STI cases available at the workplace clinic, and refer more complicated cases to full-service clinics. The company will need to arrange with external providers to pay for such services.

STI services need to be provided not only to employees but also to the partners of employees. Unless an employee's partner is treated, the probability of the employee's re-infection is very high. The organization needs to consider carefully how to ensure that partners are notified and treated. Often there are legal and ethical considerations regarding partner notification. Local medical authorities can provide guidance if the proper procedures are not known.

Several case studies demonstrate the effectiveness of STI diagnosis and treatment. In particular, see Case Study 1 for interventions with mine workers in South Africa and their sexual partners.

#### 4.5 HIV COUNSELING, TESTING AND SUPPORT

Although businesses are strongly discouraged from mandating HIV testing of employees or applicants, some employers may choose to provide voluntary, informed and confidential testing for employees and their partners as a part of the HIV prevention program. If a company decides to provide testing, technical issues that must be considered include the choice of test kits, the testing protocol, laboratory quality assurance, compliance with government regulations and internationally accepted standards and provision of trained counselors for anyone tested.

If HIV testing is conducted, it is essential that people who are tested receive pre-test and post-test counseling to help them understand beforehand the nature of the test and its implications.

Counseling for people who test negative is a way to emphasize prevention to remain uninfected. Counseling for people who test HIV-positive is more complex, because of the deep fears, anger, uncertainty and other emotions generated by such a result. Obviously, HIV counseling is a skill developed through training, experience and good interpersonal abilities.

There is growing evidence that voluntary counseling and testing (VCT) is an important tool in HIV/AIDS prevention. Individuals who seek to know their HIV status are usually motivated to learn more about the disease and how they can protect themselves and their sexual partners.

Although HIV tests can be performed in a company clinic, many companies do not have the resources to support one or more counselors. VCT centers can be found in most countries, although perhaps only in large cities.

#### VOLUNTARY, INFORMED AND CONFIDENTIAL COUNSELING AND TESTING

*Voluntary* means that a person is not coerced or manipulated into having the test; *informed* means that the individual understands what the test is, why it is being done, how it works and what the consequences of the results are; *confidential* means that the results of an individual's HIV test will not be shared with anyone else without the person's full consent.

#### Support for HIV-infected and HIV-affected Employees

Increasingly, companies are dealing with employees who are HIV-positive or have become ill with AIDS (see also Chapter 5). Some companies have permitted the formation of on-site support groups for HIV-positive employees, or have encouraged employees to join off-site support groups. In either case, paid time or flexible work schedules for participating employees (or for peer facilitators/counselors) are offered or negotiated.

Support for HIV-positive employees can include helping to set up or pay for home-based care. This may have insurance implications, which each company has to work out with its insurer and service provider. Another option for home-based care is company- and union-sponsored fundraising to provide nursing care for terminally ill employees. This has been the approach of one company in the South African coastal city of Durban. Another company in Durban provides HIV-positive employees with dietary counseling by a traditional herbalist. Through the company

“Lost in the fervor over securing the least expensive ART (antiretroviral therapy) is the fact that there are several relatively inexpensive, generic antibiotics, with simple dosing requirements, to prevent or treat the opportunistic infections that cause death in AIDS.”

SOURCE: JEFFREY LAURENCE,  
*THE AIDS READER* (2001)

clinical staff, employees can consult with the herbalist during company time, but they pay for special dietary items themselves. In other instances, companies maintain lists of groups and agencies that can assist in various aspects of HIV/AIDS care.

As in many aspects of HIV/AIDS, care and support build upon skills and resources from an array of providers. Hospice and specialized facilities are relatively few and usually too expensive for most families. Thus, a combination of direct care by professional providers, family caregivers, community assistance and co-worker and employer contributions comprises the whole of available care. The employer can make a significant contribution by tracking the range of service providers and making the information available through the HIV/AIDS information component of the workplace program.

## 4.6 HIV/AIDS AND OPPORTUNISTIC INFECTIONS TREATMENT/CARE

HIV infection is characterized by a progressive deterioration of the immune system. HIV-positive persons become susceptible to an expanding variety of opportunistic infections that take advantage of the weakened immune system. Opportunistic infections often require hospitalization. In many cases they are the immediate cause of death of HIV-positive people.

One of the leading HIV-associated opportunistic infections in developing countries is tuberculosis (TB). HIV infection contributes to the reactivation of latent TB infection and makes individuals with recent TB infection more susceptible to rapid progression to active disease. Active TB, in turn, can accelerate the course of HIV infection. Active TB is also unique among the opportunistic infections in that it does not remain confined to the individual but can spread to others.

A proven course of treatment is available for TB. In addition to TB treatment, preventive therapy is recommended as a health-preserving measure for HIV-positive persons at risk of TB, such as individuals who have a positive TB skin test or who live where TB is endemic. TB prophylaxis has been shown to increase the survival of HIV-positive persons at risk of TB. Given the low cost of TB therapy—US\$5.15 for a year’s prevention, according to the 1996 Drug and Price Independent

### LEGAL SUPPORT

Legal assistance for employees is offered directly or upon referral by a handful of companies. Unions and workers’ associations may be well placed to offer this service to their members. Assistance can include preparing or updating wills, assuring that beneficiary clauses of life insurance policies are in order, providing for fostering arrangements for children and using legal means to gain contracted benefits.

Guide—once a person is identified as HIV-positive there is a strong case for providing TB prophylaxis. In addition, employers can create a supportive environment for HIV-positive persons on prophylaxis to facilitate adherence to treatment and scheduled evaluations.

Other opportunistic infections include forms of pneumonia, septicemia (“blood poisoning”), fungal and viral diseases and certain malignancies (cancers).

Important advances have been made in preventing or delaying the onset of many opportunistic infections. Prevention of these infections can result in significant gains in life expectancy and quality of life among people living with HIV—including the ability to continue working.

In the workplace setting, HIV-positive individuals should be given the opportunity to be evaluated for prophylaxis for opportunistic infections.

The development of life-prolonging HIV/AIDS drugs has raised great hopes. Several companies have decided that for both humanitarian and business reasons they will assist HIV-positive employees in obtaining needed drugs and treatment. However, the high cost of the drugs and of monitoring patients using those drugs may exclude most people who are HIV-positive. The decision to provide drug treatments for HIV-positive employees (and perhaps their dependents) requires careful review of existing company policies on treating chronic illnesses (of which HIV is one), the types of medical insurance coverage

available to employees, the benefits derived from keeping employees on the job and, of course, the costs involved. The decision involves a long-term perspective; the drug therapy and accompanying medical support are themselves long-term commitments. See Case Study 7 for more in-depth information and guidance on determining company and/or union positions on HIV/AIDS therapy options.

#### 4.7 PLANNING CHECKLISTS

The following checklists will assist in making decisions about a company’s HIV/AIDS/STI prevention and care program. The checklists will assist company planners in considering a wide range of factors and options. The lists will also be useful when working with outside agencies that are helping to develop or implement an HIV/AIDS program.

The first checklist will help determine which components of a workplace HIV/AIDS program the company will adopt. The second will assist in deciding which components the company can design and/or run itself and which require outside assistance. Forming a small team—with delegates from the human resources and medical/health/safety offices, as well as an employee representative—is one way to build consensus around prevention issues and generate other options, as well.

## WHICH COMPONENTS OF AN HIV/AIDS PROGRAM ARE BEST SUITED FOR THIS COMPANY?

(Add a check mark and/or explanatory note in the appropriate box.)

	Company does this and will continue to do so	Company will consider this or plans to do so	Company will do/ consider this but is unlikely to manage it itself	Company is unlikely to do this
<b>1 An ongoing education program with:</b>				
1a Up-to-date written materials for all employees				
1b Occasional information presentations				
1c Information about responsible sexual behavior				
1d Information about confidentiality and non-discrimination				
1e Information about the company's HIV/AIDS policy & changes in policy				
1f Information about treating STIs, TB & other infections where services are available				
<b>2 Training for select staff</b>				
2a Peer educators				
2b Supervisors/ worker safety representatives				
2c Worker support groups				
2d Manager peer groups				

	Company does this and will continue to do so	Company will consider this or plans to do so	Company will do/ consider this but is unlikely to manage it itself	Company is unlikely to do this
<b>3 Condom distribution</b>				
3a Employees will have ready access to a regular supply of male condoms				
3b Employees will have ready access to a regular supply of female condoms				
3c Distribution points will be set up in the workplace				
3d The program will include information on correct condom use				
3e The company will order condoms				
<b>4 STI diagnosis and treatment</b>				
4a Clinical facilities exist or can be upgraded				
4b Clinical staff is trained				
4c The company clinic maintains a regular supply of diagnostic and treatment equipment and drugs				
4d Privacy and confidentiality procedures are in place				

	Company does this and will continue to do so	Company will consider this or plans to do so	Company will do/ consider this but is unlikely to manage it itself	Company is unlikely to do this
<b>5 Counseling, HIV testing and support</b>				
5a The company will train (or hire trainers for) counselors and support their work				
5b The company can obtain HIV testing materials and information on test protocols, laboratory quality assurance and government recommendations				
5c Space is available for workplace counseling and testing				
5d Privacy and confidentiality procedures are assured				
5e Post-test counseling will be provided				
5f The company will encourage support groups				
5g Home-based care is covered				
5h Supervisors are trained in managing on-the-job situations of HIV-positive employees				

	Company does this and will continue to do so	Company will consider this or plans to do so	Company will do/ consider this but is unlikely to manage it itself	Company is unlikely to do this
<b>6 HIV/AIDS/TB treatment &amp; care</b>				
6a The company will offer (some/all) employees/ dependents antiretroviral treatments for HIV infection				
6b The company will offer (some/all) employees/ dependents access to treatment for opportunistic infections related to HIV/AIDS, such as TB				
6c The company will provide benefits to employees who are HIV-positive				
6d The company will assure access to HIV prevention drugs for pregnant employees & dependents				

Another set of questions centers on how the workplace prevention and care components will be managed. Some companies will decide to manage certain components and not others, while other companies will rely on an outside organization to design and manage the HIV/AIDS program. A variety of management arrangements can be implemented. In combination with the previous checklists, the following checklist can assist in considering and deciding on options for a workplace HIV/AIDS program.

	Company will design and manage the program	Company will be involved in the design and some oversight	Company will use some of its resources to manage the program	Company will seek an outside agency for management
<b>1 Education materials and presentations</b>				
1a Presentations on HIV/AIDS prevention				
1b Preparation and distribution of written materials				
1c Information about low-risk sexual behaviors				
1d Distribution of company HIV/AIDS policy & updates				
<b>2 Training of staff</b>				
2a Peer educators				
2b Supervisors and employee representatives				
2c Clinical staff				
2d Counselors				
2e Support group facilitators				
<b>3 Condom distribution</b>				
Ordering supplies				

	Company will design and manage the program	Company will be involved in the design and some oversight	Company will use some of its resources to manage the program	Company will seek an outside agency for management
<b>4 STI diagnosis and treatment</b>				
4a On-site facilities				
4b Supplies and drug availability				
4c Confidential record-keeping				
<b>5 Counseling, HIV testing and support</b>				
5a Private facilities				
5b Confidential record-keeping				
5c Testing and diagnostic supplies				
5d Legal services				
<b>6 HIV/AIDS treatment</b>				
6a Drugs for opportunistic infections				
6b Antiretroviral drugs				
6c Drugs to prevent mother-to-child transmission of HIV				
6d Private and confidential medical records				
<b>7 Monitoring of quality and occasional assessment of impact and effectiveness</b>				

## 4.8 HELP IN DESIGNING AND MANAGING AN HIV/AIDS PROGRAM

Many companies hesitate to undertake an HIV/AIDS program because they believe they do not have the needed expertise. Fortunately, numerous organizations now have experience and skills in one or more components of workplace programs. Many of these organizations are willing to work with companies to design a workplace program, train and support staff, provide medical commodities and assess program effectiveness.

Part of the task of company authorities is to contact such groups and negotiate an acceptable agreement for delivery of services. To find the most appropriate assistance or combination of skills, contact with two or more groups from the categories below is suggested. Examples of groups that can assist companies are:

**National AIDS Control Program:** This program is usually part of the government, with access to international expertise and information. The program can usually help arrange access to condoms and HIV/AIDS-related information.

**Public and private sector medical staff,** such as specialists in HIV, STIs, TB or infectious diseases: Usually these practitioners can also provide information about or contacts with drug and other commodity suppliers.

**Business associations:** National chambers of commerce and employer federations have written guidelines, indirect experience or direct experience in working with companies to develop HIV/AIDS prevention programs (see Case Study 4).

**Unions and workers' associations:** National unions and worker federations have increasing experience with workplace HIV/AIDS programs.

**NGOs:** These groups often have the most direct experience in designing and implementing HIV/AIDS prevention and care programs. Some are large, others are very small and there is a range of skills and levels of expertise. Working with a coalition of NGOs is a way to draw on the skills of several groups.

**People living with HIV/AIDS:** Increasingly, HIV-infected and -affected people have created support groups, as well as counseling and care facilities. Some of these support groups have experience in treatment protocols.

**Other companies that have established HIV/AIDS programs:** Experience may be accessible directly from the companies or through employer associations.

**International organizations:** UNAIDS and other United Nations groups have documented best-practice experiences and developed practical guidelines. In addition, bilateral donor agencies are providing financial support and technical assistance to numerous governments and NGOs to initiate workplace HIV/AIDS programs.

The ILO has an HIV/AIDS module designed for worker representatives in the *Your Health and Safety at Work* series. It can be found online at <http://www.itcilo.it/english/actrav/telearn/osh/aids/amain.htm>.

Additional information is also available on the Internet. Family Health International (FHI, the publisher of this guide) has more than 15 years of experience working on HIV/AIDS prevention, care and workplace programs. CARE/US and CARE/Australia both have experience in providing technical support to HIV/AIDS prevention and workplace programs. FHI, CARE, The Futures Group and other international technical assistance

firms usually receive funding for their assistance to workplace programs from bilateral foreign aid agencies (such as the U.S. Agency for International Development and the British Department for International Development).

The Futures Group, through the POLICY Project, maintains a database of national HIV/AIDS policies. This database can be accessed through the organization's Website: <http://www.tfgi.com>.

#### **4.9 MONITORING IMPLEMENTATION AND EFFECTIVENESS**

There are several levels to monitoring the effectiveness of a workplace HIV/AIDS program.

***Soliciting employee feedback:*** Feedback can be informal, such as through a suggestion box or casual conversation with co-workers. It can be formalized by organizing meetings to assess employee acceptance of each component of the company's HIV/AIDS program. Human resources managers and clinical officers can check with their staffs to learn how to monitor the operation and acceptance of the program. Shop stewards and supervisors can contribute views on acceptability of the program and perceived changes in attitudes.

***Tracking changes in key indicators:*** The indicators suggested in Chapter 2 for assessing the impact of HIV/AIDS on the company remain valid and helpful during program implementation. Monthly recording of absenteeism, medical retirements, production delays or disruptions, funerals, funeral attendance and costs of clinical equipment, supplies and drugs can help companies track the impact of the epidemic. Basic indicators for each component of the workplace program can be developed and tracked on a regular basis.

Companies that work with outside service providers can insist that those agencies monitor employees' use and acceptance of the services.

***Program evaluation:*** Evaluating a program's effectiveness after three or four years may be feasible, especially for large companies or for company programs supported by external resources. Evaluation design, especially to assess behavior change, can be difficult. Outside expertise is an appropriate option for most firms that decide to evaluate their workplace HIV/AIDS programs.

## CHAPTER FIVE

### MANAGING THE IMPACT OF HIV/AIDS ON A COMPANY



This chapter covers:

- Managing company operations in the presence of HIV/AIDS;
- Controlling the costs of benefits;
- Protecting company assets in the era of HIV/AIDS.



The points of discussion regarding HIV/AIDS policy (Chapter 3) and programs (Chapter 4) apply primarily to prevention—reducing the risk and level of HIV/AIDS in the workplace. Despite these efforts, many companies will have HIV-positive employees. This chapter focuses on steps that business managers and labor representatives can take to cope with the reality of HIV/AIDS in the workplace.

### 5.1 SUSTAINING COMMITMENT FOR HIV/AIDS PREVENTION AND CARE

Proactive planning for HIV/AIDS will enable managers, supervisors and workers to assess how the epidemic may affect them and their work environment. A company policy on HIV/AIDS establishes a framework for responding to situations that may arise. Assuring that managers and employees have current information about HIV/AIDS, about prevention and treatment options and about company policy will assist the company as it copes with the disease. Likewise, updating the HIV/AIDS prevention program and maintaining the visibility of its various activities and components will demonstrate openness about the disease and its human consequences. If one of the company's initiatives has been to assign an employee (or an employee-management group) as a focal point for HIV/AIDS issues and activities, consider ways to expand or rotate membership to keep the position active. A compa-

“It is becoming clear that if managers continue to ignore this (HIV/AIDS) and not gear themselves to manage the situation and other cultural issues attached to it, they will not be able to handle the anticipated crisis brought about by ignorance of this epidemic.”

SOURCE: B. HOBLOLO, FACULTY OF HUMAN SCIENCES, BORDER TECHNIKON, EAST LONDON, SOUTH AFRICA.

ny in Côte d'Ivoire (along with the National AIDS Control Program and NGOs) sponsors an annual AIDS health fair for its employees and their dependents. The event demonstrates company commitment to prevention and to the well-being of employees and their families.

### 5.2 SAFEGUARDING EXISTING SKILLS AND KNOWLEDGE (TREATMENT, TRAINING)

One value of employees at all levels is the ability to fulfill job functions efficiently. That ability comes from innate skills, prior education and experience and accumulated on-the-job experience. Companies in Eastern and Southern Africa have sought to safeguard against the loss of employees and their skills in several ways:

- Training two or more employees to perform select functions or cross-training employees to perform more than one function (multi-tasking);
- Providing selected HIV-positive employees and dependents with antiretroviral drugs, reducing their symptoms and prolonging life and time on the job;
- Altering internal production and/or supervisory processes to accommodate potential disruptions—for example, streamlining ordering or accounting functions;

- Intensifying prevention efforts, notably by collaborating with community-based programs that overlap with company-based programs.

Each of these options costs money. Every company will have to decide if/how it will adopt one or more of the approaches. Larger companies have found that cross-training employees for certain key tasks and intensifying prevention efforts are the most cost-effective. Smaller firms may find that cross-training is more efficient than the usual sequential training when one employee leaves and another is brought on. Changes in job description may be the only substantial cost to a company in this situation.

As of 2001, several larger companies that operate in Southern Africa have decided to provide anti-retroviral drugs to some categories of HIV-positive employees. In those cases, the annual cost of the drugs and medical care has been considered lower than the cost of dealing with prolonged absences, increased benefit costs and eventual loss of employees.

Small companies often do not have sufficient resources to provide antiretroviral drugs. In South Africa, a business association is analyzing the possibility of bulk purchases of the drugs for subsequent sale to member companies, thereby assisting smaller firms. Other small companies have examined ways of substituting technology for labor, including greater use of computers.

### **5.3 MINIMIZING THE IMPACT ON BENEFITS**

Efforts to minimize increases in benefit costs may run counter to efforts to sustain employees. Each company must make difficult decisions and examine the tradeoffs involved in reducing benefits, limiting certain benefits to specific employee categories and dealing with the impact of such decisions on employee morale and productivity. Obviously, there are no easy answers.

Provision of some benefits is based on national legislation, such as healthcare and social security/provident schemes. There is little likelihood that these will be affected without significant changes in national policies.

Other benefits, such as compassionate leave, are at company initiative, and this is where some firms have made changes in their procedures. Production and service firms that have sought to minimize the impact of HIV/AIDS on benefit costs have reduced the time allowed for compassionate leave, limited (to supervisors) the option of leave for co-worker funerals, reduced provision of transportation for funerals of employees and so forth.

Some companies with retirement plans have encouraged ill employees to take early retirement and live on their pensions. The results, it appears, have been mixed. On one hand, company health-care costs may decrease marginally, depending on the number of employees and HIV-infection rates. On the other hand, retirement accounts are more quickly drawn upon, leaving less money for other retirees.

Greater collaboration and cost-sharing among companies can reduce expenses. This can be achieved through informal arrangements for bulk purchases of commonly used goods or through more formalized processes, perhaps using a chamber of commerce or an employer/union association. Outsourcing some functions now handled internally may also reduce some costs.

### **5.4 PROTECTING AGAINST INCOME LOSSES (INSURANCE, BANKING, RETAIL SECTORS)**

As with attempts to minimize the impact of HIV/AIDS on benefits, efforts to prevent income losses require tradeoffs and difficult decisions. For example, a store could curtail consumer credit to reduce losses from non-payment of debts; however, fewer people might buy, which in the end would mean no real savings for the store.

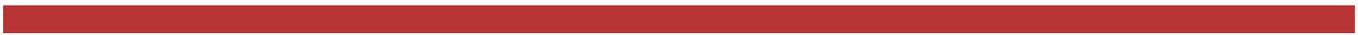
Insurance companies are faced with similar contradictions. Consumers have shown a reluctance to buy health or life insurance if the companies require an HIV test. Also, companies that limit access to certain policies may find consumers uninterested in other company policies.

### 5.5 REINFORCING THE WORKPLACE PREVENTION PROGRAM

Information about lessons learned from HIV/AIDS is readily available. Using new findings to reshape or reinforce the workplace program can occur at intervals. For example, stepping up treatment for employees with STIs and/or TB will (as described in Chapter 4) reduce medical costs and absenteeism. It is important that employees who are aware of their HIV-positive status are tested for TB, since it is now known that people with HIV have a five- to 10-times greater chance of developing active TB than do people who are HIV-negative. Both large and small companies can promote attention to these conditions and encourage workers to take advantage of clinic services.

“That managers might know about AIDS and be able to quote statistics is not sufficiently helpful. They have to know about HIV/AIDS as it applies in *their* workplace; they have to know and understand those who are infected in *their* workplace; and they need to take a hands-on approach to developing policy and managing workplace programs.”

SOURCE: GERALDINE FRASER-MOLEKETI, PUBLIC SERVICES AND ADMINISTRATION MINISTER, SOUTH AFRICA, SPEAKING BEFORE THE GREATER JOHANNESBURG METROPOLITAN COUNCIL, 29 SEPT. 2000.



## CHAPTER SIX

### COMPANY LEADERSHIP IN PREVENTION AND CARE



This chapter covers:

- The importance of business leadership as part of overall HIV/AIDS prevention and care responses;
- Company-to-company advocacy to expand HIV/AIDS prevention and care initiatives;
- Business advocacy with government and other sectors.



**Business managers and workers are leaders** in their communities. Many have taken the leadership responsibility seriously, reaching into communities through their companies during and after their work day. Some companies have been involved in family planning assistance for several decades. Others provide regular support to community groups. Still others encourage employees to join clubs and associations, which also reflects favorably on the company. In short, social commitment and responsibility are deeply embedded in much of business culture.

The HIV/AIDS pandemic will continue (and likely even expand) social commitment on the part of businesses, on several levels. First, in most cases, if employees become infected with HIV, they become infected outside the workplace. Thus, effective community-based prevention is essential for businesses. Second, government decisions on resource allocation and business regulations regarding HIV/AIDS prevention and care impact the business environment. Third, most businesses are linked to others through the purchase or sale of products. The ability of other businesses to serve one's company and to purchase a company's products depends on their smooth operation and adequate productivity.

In the case of active involvement in HIV/AIDS prevention and care, three factors merge:

**Social responsibility:** Companies that take a leadership role on issues frequently enjoy direct and indirect benefits: a positive public image, a greater sense of involvement with communities, publicity through the media and increased access to concerned decision-makers in other sectors.

**Worker welfare:** A healthy, generally satisfied and skilled workforce is the major asset of companies. An effective and comprehensive workplace HIV/AIDS program, supported by a realistic policy, reinforces these features.

**Business self-interest:** Examples of where these three elements have merged include:

- In South Africa, Goldfields Mining Company runs an HIV/AIDS prevention and care program within the company compound and supports an STI reduction effort in the surrounding community. Absenteeism due to STIs decreased by 50 percent over a three-year period.
- The Confederation of Indian Industry (CII) involves thousands of member companies in health, education, HIV/AIDS, youth development and related social activities. Its HIV/AIDS program stresses controlling the disease in the workforce both as a means of protecting profits and as a means of serving community and national interests.
- The South Africa Chamber of Business, representing some 40,000 large and small companies, has used its collective influence to help small companies gain access to antiretroviral drugs at competitive rates.

Leadership around HIV/AIDS issues can occur in two broad categories: among peers (company-to-company and union-to-union) and in conjunction with leaders in other sectors.

## 6.1 COMPANY-TO-COMPANY EDUCATION AND ADVOCACY

One company alone cannot contain HIV/AIDS, even with a major prevention program for its workforce and the involvement of surrounding communities. Experience has demonstrated that sustained efforts on many levels and through many channels are necessary to bring about social and behavioral change.

Through membership in business, worker and professional associations, managers and workers' representatives can encourage discussion and the sharing of information, experiences and views on HIV/AIDS-related issues. For example, issues related to HIV/AIDS can be put on meeting agendas. In countries or regions where HIV prevalence rates are near or more than 5 percent of the adult population, every business/worker association meeting should include a discussion about some aspect of HIV/AIDS prevention or care.

Most companies need guidance in designing, implementing or assessing the effectiveness of HIV/AIDS programs. Companies with an effective policy or program can assist peer companies by sharing their experience and the process by which their policy/program was developed. As noted earlier, there are groups that can assist in developing HIV/AIDS programs. At the same time, direct company experience—from the shop floor, the human resources department or the clinic—produce real-life examples that can inform and assist peers. Among the questions frequently raised by concerned staff who hope to begin an HIV/AIDS program are:

- How do we persuade senior management to begin an HIV/AIDS prevention program?
- How do we identify outside assistance?
- How do we find local resources that can assist in designing a prevention program?
- What goes into a prevention program?

- How have employees responded to prevention programs of peer companies to date?
- Are the prevention programs of peer companies making a difference in employee attitudes and behaviors?

Employee welfare and human resources staff in companies where HIV/AIDS programs exist often ask:

- What are proven indicators for monitoring the program's progress?
- How do we keep employees informed of new information about HIV/AIDS?
- What are the advantages and disadvantages of providing employees with care and treatment options?

This guide answers some of these questions. But learning from and with peers adds a personal and direct dimension to dealing with complex topics. Case Study 6 offers an example of regional sharing by one West African company with a successful HIV/AIDS prevention and care program.

Officers and staff of worker and business associations have a responsibility to address HIV/AIDS in meetings. It is appropriate to include HIV/AIDS as a regular part of meeting discussions, even if not requested by members.

Collaborative involvement in HIV/AIDS issues is growing. Examples of business-worker collaboration include:

- The Thai Business Coalition on HIV/AIDS, which shares experiences, including examples of company policies, among member and non-member companies;
- The Congress of South Africa Trade Unions (COSATU), which helps member unions negotiate workplace HIV/AIDS policies and has been part of a broad coalition to make low-cost drug therapies available to HIV-positive individuals, not only union members.

Companies can use their contractual relations with other companies to promote HIV/AIDS prevention. For example, subcontractors and suppliers can be required to have their own HIV/AIDS policies and programs to do business with a company. New contracts with suppliers or subcontractors can be written to require HIV/AIDS training for managers and supervisors. Botswana's large diamond company, Debswana, has used this strategy. The company stipulates that subcontractors develop their own HIV/AIDS policies, and that those policies prohibit discrimination based on HIV status, ensure confidentiality and establish criteria for ill-health retirement. Not only does this expand the benefits of positive responses to HIV/AIDS, it also helps protect Debswana's ability to efficiently obtain supplies and services from its subcontractors.

## 6.2 ADVOCACY WITH GOVERNMENT AND OTHER SECTORS

As both governmental and private sector responses to the epidemic take shape, decisions will be made that affect all businesses and employees. In some countries, meetings of government, businesses and workers facilitate exchange of ideas and opportunities to reach consensus on regulatory or legislative matters. In Zimbabwe, such meetings have included discussions about national HIV/AIDS initiatives.

In most instances to date, employer federations and unions have not effectively used their influence to present views on HIV/AIDS to government. However, there is a clear need to inform governments about the impact of the epidemic on business productivity, about worker concerns and about a variety of human resources planning issues related to HIV/AIDS. In South Africa, the union federation, COSATU, has joined other organizations to challenge the government's reluctance to offer antiretroviral drugs to HIV-positive people, including pregnant women.

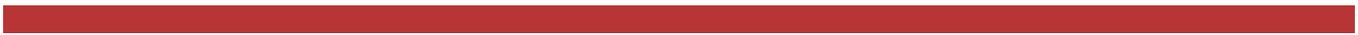
Interaction among government, businesses and workers is critical in order to expand, shape and manage a national HIV/AIDS strategy. Advocacy

can focus on issues that reduce employee risk of HIV infection, such as reducing customs regulations to facilitate quicker border crossings and reduced waits for truck drivers. Advocacy can also help assure that governments provide health facilities near large construction projects as part of projects' overall approval process. Advocacy among businesses in different sectors will also be needed. For example, companies that carry health and life insurance policies for their employees will want to assure that the insurance sector covers HIV/AIDS.

A company can encourage companies with which it does business to develop prevention initiatives. For example, an insurance company in Thailand offers reduced premiums for companies that maintain comprehensive prevention programs. A South African company requires its subcontractors to have HIV/AIDS prevention programs

Likewise, workers and businesses, individually or collectively, can inform and advocate for change with non-business sectors of society. Religious communities are finding their members increasingly affected by HIV/AIDS, as are unions. Public service agencies are being stressed by the loss of skilled and technical personnel, as are businesses. These commonalities present opportunities for dialogue, collaboration and collective action across sectors, with each partner offering its special skills and comparative advantages.

It is often noted that HIV/AIDS is a development issue. As such, its impact ripples across all sectors of society. In turn, responses that engage different sectors and bind them together in collective efforts can reduce the impact. Indeed, businesses, unions and employees need not act alone in confronting HIV/AIDS. Leadership on HIV/AIDS issues extends beyond the company gates into surrounding communities and organizations. Whether out of a sense of social responsibility or corporate self-interest, engaging others fully to address HIV/AIDS in creative ways is part of the business and worker response to the epidemic.



## APPENDICES

### WORKPLACE HIV/AIDS PROGRAMS



This section covers:

- Glossary of Terms
- Resources to Assist in Developing HIV/AIDS Policies and Programs
- Sample HIV/AIDS Workplace Policies
- Case Studies



## APPENDIX A GLOSSARY OF TERMS

**Abstinence:** Refraining from sexual intercourse.

**Acquired immune deficiency syndrome (AIDS):** The late stage of HIV disease. AIDS involves the loss of function of the immune system as CD4 cells are infected and destroyed, allowing the body to succumb to opportunistic infections that are generally not pathogenic in people with intact immune systems. Common symptoms of AIDS include malignancies and wasting syndrome.

**Adolescents:** Youth, ages 10 to 19. Young women in this age group often are at high risk of HIV and other STIs for biological and social reasons.

**AIDS service organization (ASO):** An organization that provides care, education and/or other services to people with HIV/AIDS.

**Antenatal:** Prenatal; the period between conception and birth.

**Antiretroviral therapy:** Drugs that kill or suppress a retrovirus such as HIV. All of the anti-HIV drugs—AZT, protease inhibitors, etc.—are antiretroviral drugs.

**Asymptomatic:** Without signs or symptoms of disease or illness (i.e., the patient does not complain of any symptoms). Most people who are HIV-positive are asymptomatic for five to 10 years or more.

**Business:** An enterprise that produces a product or provides a service.

**Circumcision:** In males, removal of the foreskin, or prepuce, of the penis.

**Cofactors:** Factors that increase the probability of development of a disease. For example, sexually transmitted infections such as gonorrhea and chlamydia are cofactors for HIV transmission.

**Company:** The people who collectively make up a given business, including workers, supervisors, managers and members of the board of directors.

**Discordant couple:** A couple in which one partner is HIV-positive and the other is HIV-negative.

**Discrimination:** Denial of opportunities or benefits (otherwise available to everyone) to a person or group because of real or assumed features or conditions of that person or group.

**Domestic violence:** Violence that occurs within a family or intimate relationship, including wife-beating and child abuse.

**ELISA:** A blood test that detects the presence of antibodies to HIV, used to determine whether a patient is HIV-positive. The term stands for enzyme-linked immunosorbent assay.

**Epidemic:** A sudden, unusual increase in an illness that exceeds the number expected on the basis of experience.

**Gender attitudes:** Culturally defined attitudes, roles and responsibilities for females and males that are learned. Gender attitudes and roles may vary over time and among societies.

**Human immunodeficiency virus (HIV):** The virus that causes AIDS. The virus is acquired through sexual activity, sharing of infected needles and cutting instruments, contaminated blood supplies and mother-to-fetus/infant transmission. The virus remains in the body for five to 10 years or more before full symptoms of opportunistic infections or AIDS appear. The virus is detected in the bloodstream through the ELISA test.

**Incidence:** The number of cases recorded in a specific time period.

**Incubation period:** The time period between initial infection with a disease-causing agent and clinical manifestation of the disease. With HIV, the incubation period may be five to 10 years or more.

**Indicator:** Quantifiable measures of program performance and impact.

**Non-governmental organization (NGO):** A group that functions outside of formal government structures, usually on a non-profit basis. Some NGOs provide a variety of program services and advocacy around HIV/AIDS.

**Opportunistic infection:** Illnesses that afflict people with weak immune systems, as occurs with HIV. Common opportunistic infections in people with HIV/AIDS include tuberculosis (TB), certain kinds of pneumonia, fungal infections, viral infections and lymphoma.

**Pandemic:** An epidemic occurring in many regions and countries.

**Peer education:** Sharing of information by people of similar backgrounds and experiences (for example, similar ages, occupations or life experiences).

**Peer pressure:** Emotional or mental coercion by people belonging to a given individual's social group (for example, same age, grade or status) to act or behave in a manner similar to themselves. Peer pressure has a great influence on adolescent behavior, reflecting young people's desire to fit in and be accepted by others.

**Perinatal transmission (vertical transmission; mother-to-child transmission):** The transmission of HIV from a woman with HIV infection to her fetus/infant before or during birth or through breastfeeding.

**Policy:** A framework for expected actions by members of an organization.

**Prevalence (prevalence rate):** The number of persons with a particular condition in a given population. Prevalence is determined by dividing the number of people with the condition by the total population.

**Preventive behaviors:** Conduct that reduces exposure to health risks. Such behaviors include planning ahead for condom use, seeking information about a reproductive health concern and forming positive relationships with peers who are not engaging in risky behaviors.

**Primary care:** Basic medical care; the first line of medical management of a condition.

**Protease inhibitor:** A class of anti-HIV drugs that prevent creation of an HIV-specific protease.

**Role model:** A person who serves as an example of positive behaviors and/or skills.

**Seroconversion:** Development of detectable antibodies to HIV in the blood. Seroconversion may take several months or more after initial HIV transmission. After antibodies to HIV appear in the blood, a person will test positive for the infection in the standard ELISA test.

**Sexual coercion:** Forcing someone to engage in sexual behavior against her/his will, through threatened or actual violence, severe social consequences or financial or material inducements. Sexual harassment is a form of sexual coercion.

**Sexually transmitted infection (STI); sexually transmitted disease (STD):** A virus or bacteria transmitted between sexual partners. Common STIs include chancroid (often causing painful sores on the penis, vagina or anus, and swollen lymph nodes); chlamydia (often causing irregular bleeding and pain during intercourse in women, burning during urination in men and discharge in both men and women); and gonorrhea (symptoms include urethral or vaginal discharge).

**Stigma:** Negatively perceived characteristic(s) of a person or group. Stigmatization is the labeling of persons with such feature(s); for example, of persons who are (or are considered to be) HIV-positive.

**Syndrome:** A set of symptoms that occur together.

**Universal precautions:** Infection control measures that prevent the transmission of HIV between patients and health workers. They include washing hands; using gloves and protective clothing; handling sharp objects safely; disposing of waste materials; cleaning, disinfecting and sterilizing medical instruments; handling corpses properly; and treating injuries at work.

**Virus:** A large group of submicroscopic agents capable of infecting plants, animals and bacteria. Viruses are characterized by total dependence on living cells for reproduction and lack of independent metabolism.

**Western blot:** A blood test to confirm the results of an ELISA test for HIV antibodies, used because it is much more specific.

**Youth:** Generally, persons between ages 15 and 24.

## APPENDIX B RESOURCES TO ASSIST IN DEVELOPING HIV/AIDS POLICIES AND PROGRAMS

### **International Labour Organization (ILO)**

#### **Guidelines for Businesses**

([www.ilo.org/public/english/protection/trav/aids](http://www.ilo.org/public/english/protection/trav/aids))

### **United Nations Joint Programme on HIV/AIDS (UNAIDS)**

([www.unaids.org](http://www.unaids.org))

### **Family Health International, FHI AIDS Institute**

([www.fhi.org](http://www.fhi.org))

- *HIV/AIDS Prevention and Care in Resource-Constrained Settings: A Handbook for the Design and Management of Programs*
- *Strategies for an Expanded and Comprehensive Response to a National HIV/AIDS Epidemic: A Handbook for Designing and Implementing HIV/AIDS Programs*

### **International Confederation of Free Trade**

**Unions (ICFTU).** This organization has members in 148 countries and several resources on its Website, including a *Framework of Action toward Involving Workers in Fighting HIV/AIDS in the Workplace*. ([www.icftu.org](http://www.icftu.org))

### **Global Business Council on HIV/AIDS.**

The Council represents primarily large multinational companies. The group's Website contains numerous useful documents. ([www.businessfightsaids.org](http://www.businessfightsaids.org))

**Thailand Business Coalition on AIDS.** This coalition provides technical assistance in setting up business networks. (Fax: 66-2-643-9894)

Several organizations have resources written primarily for U.S. businesses that may offer useful insights and application information.

**The Society for Human Resource Managers** has developed an HIV/AIDS Workplace Toolkit, available on-line. ([www.shrm.org/diversity/aidsguide](http://www.shrm.org/diversity/aidsguide))

**The U.S. Centers for Disease Control and Prevention** has produced two useful guides. ([www.brta-lrta.org](http://www.brta-lrta.org))

- *Business Responds to AIDS*
- *Labor Responds to AIDS*

**The National AIDS Fund** has downloadable files on workplace policies and programs. ([www.aidsfund.org/workplac.htm](http://www.aidsfund.org/workplac.htm))



## APPENDIX C SAMPLE WORKPLACE HIV/AIDS POLICIES

### **DAIMLER/CHRYSLER SOUTH AFRICA (PTY) LTD., "WORKPLACE POLICY ON HIV/AIDS."**

#### **Purpose, Preamble and General Principles**

##### ***Purpose***

The purpose of this HIV/AIDS Workplace Policy is to ensure a uniform and fair approach to the effective prevention of HIV/AIDS among employees and their families, and the comprehensive management of HIV-positive employees and employees living with AIDS.

##### ***Preamble***

The management and the HIV/AIDS Task Force of Daimler/Chrysler South Africa (DCSA) acknowledge the seriousness of the HIV/AIDS epidemic in South Africa and its significant impact on the workplace. They share the understanding of AIDS as a chronic, life-threatening disease with social, economic and human rights implications. DCSA, moreover, seeks to minimize these implications through comprehensive, proactive HIV/AIDS workplace programs, and commits itself to providing leadership in implementing such programs.

##### ***General principles***

- Consultation: This DCSA HIV/AIDS Workplace Policy has been developed and will be implemented in consultation with DCSA employees at all levels.
- Equity: Employees living with HIV/AIDS have the same rights and obligations as all staff members, and they will be protected against all forms of unfair discrimination based on their HIV status.

- Confidentiality: All information and test results of an employee concerning HIV and AIDS are confidential. An employee may give informed consent to release such information to individuals specifically identified by an employee.
- Rights and responsibilities: This policy is in compliance with existing South African laws regarding HIV/AIDS,<sup>1</sup> as well as with the Southern African Development Community (SADC) Code on HIV/AIDS and Employment.<sup>2</sup> Breaches of this policy will be dealt with under the normal disciplinary and grievance procedures of DCSA.

#### ***Basic Information on HIV/AIDS***

##### ***What is HIV?***

AIDS is a disease that affects millions of South Africans. It is caused by a virus called HIV, which stands for human immunodeficiency virus. This virus slowly weakens a person's ability to fight off other diseases by attaching itself to and destroying important cells that control and support the human immune system (CD4+ cells). After a person is infected with HIV, he or she can look and feel fine for many years before AIDS develops.

##### ***HIV causes AIDS***

There is no question among the majority of the world's scientists that HIV causes AIDS. The average period between getting infected with HIV and developing AIDS is five to 10 years in the absence of treatment. AIDS is an abbreviation for acquired immune deficiency syndrome, which is a term that describes a set of opportunistic infections and cancers that would not be life-threatening if HIV had not damaged the body's immune system in the first place.

### ***Transmission and factors fueling the epidemic***

There is very little chance of HIV being transmitted in the workplace. In order for a person to be infected, the virus must gain entrance to a person's bloodstream. There is a limited number of modes of transmission. The modes of transmission, in order of importance, are:

- Unprotected sex with an HIV-infected person;
- From an infected mother to her child (during pregnancy, at birth, through breastfeeding);
- Intravenous drug use with contaminated needles;
- Transfusion with infected blood and blood products;
- Unsafe, unprotected contact with infected blood and bleeding wounds of an infected person;
- Other circumstances that increase the risk of HIV transmission and the development of AIDS include factors related to poverty (overcrowding, poor housing, high prevalence of tuberculosis, etc.), limited access to health and social services (untreated STDs, drug shortages, etc.), migrant labor, rapid urbanization, unemployment, poor education and the inferior position of women in society (sexual violence, powerlessness to insist on condoms, etc.). These continue to fuel the epidemic despite individual behavior modification attempts.

### ***Treatment***

There is no cure or vaccine yet for HIV/AIDS. However, there are some major advances in medical treatment. Antiretroviral drug combinations are available that, when properly used, result in significantly prolonged survival of people with HIV. Holistic care of people living with AIDS (PWA) and comprehensive treatment of opportunistic infections also dramatically improve quality of life.

### **Creating a Nondiscriminatory and Caring Environment**

#### ***Stigmatization and discrimination***

Through the provision of information, education and communication about HIV and AIDS and normal DCSA disciplinary and grievance procedures, this policy aims to protect all HIV-positive employees from stigmatization and discrimination by co-workers based on HIV status. It guarantees that job access, job status, promotion and job security and training will not be influenced merely by an employee's HIV status.

#### ***Counseling and testing***

DCSA rejects HIV testing as a prerequisite for recruitment, access to training or promotion. However, DCSA promotes and facilitates access to voluntary counseling and testing (VCT) for all employees. Counseling includes pre-test and post-test counseling.

#### ***Confidentiality and disclosure***

DCSA guarantees confidentiality of any medical information relating to HIV status that any of its representatives may have in its possession by virtue of position in the company. DCSA strives to create a climate that allows for and encourages voluntary disclosure of an individual's positive HIV status. DCSA also guarantees that an employee will not be unfairly discriminated against based on his or her disclosed HIV status.

#### ***Performance management***

With this policy, DCSA acknowledges the desire and ability of HIV-positive employees to work. It therefore guarantees that employees living with HIV and AIDS may continue to work as long as they are able to perform their duties in accordance with job requirements. If due to medical reasons an employee is no longer able to continue his or her normal employment duties, DCSA will make efforts to reasonably accommodate that employee in another position in line with existing legislation and company policies.

### **Occupational health and safety**

Risk of HIV infection at the workplace is managed by the following means:

- Standard procedures are applied to reduce risk following injury at work involving blood, and potential exposure to blood-borne pathogens, including HIV. Appropriate HIV/AIDS information is included in occupational health training and first aid training.
- Emergency care and treatment from DCSA will be provided for medical personnel and persons performing first aid in and after medical HIV exposure.

### **DCSA HIV/AIDS Program**

#### ***Comprehensive healthcare***

The DCSA HIV/AIDS program provides comprehensive healthcare services, including:

- Syndromic approach to treatment of STDs;
- Appropriate treatment for people with tuberculosis in line with the Ministry of Health's National TB Control Policy; directly observed treatment/short-course chemotherapy (DOTS) for people with tuberculosis will be the cornerstone of treatment;
- Employee Wellness Services and Employee Assistance Program;
- Voluntary counseling and testing for HIV (by trained and supervised counselors and qualified health personnel);
- Sustained commitment to access to anti-retroviral drugs, treatment according to standard protocols and appropriate treatment of opportunistic infections within the framework of the company medical aid;
- Condom availability and distribution.

### **Education and awareness**

The DCSA HIV/AIDS program will facilitate continuous HIV/AIDS education and awareness by ensuring:

- The systematic and ongoing provision of credible information about HIV/AIDS using all company media and communication methods. This will include, but not be limited to, regular features in the company newspaper, articles on the DCSA Intranet, features on internal company television broadcasts, AIDS information kiosks, establishment of a DCSA Intranet Health Help Desk, distribution of informative publications and referrals to the National HIV/AIDS Help Line and other support and information resources;
- Appointment of and ongoing support for peer educators in the workplace;
- Health promotion campaigns, including promotion of VCT and proper condom use;
- Outreach to, partnership with and promotion of organizations involved in community-based HIV/AIDS initiatives and advocacy.

### **Organizational and human resources development**

The DCSA HIV/AIDS program will prioritize the critical need to proactively manage the impact of HIV/AIDS on the company and its employees. DCSA will:

- Conduct baseline and periodic formal HIV/AIDS risk assessments of the organization, its employees and their families. This will include HIV prevalence and impact studies without compromising confidentiality of HIV status of any individuals. It will be done in consultation and with the consent of employees and employee organizations;
- Continuously review and improve appropriate organizational and human resource development measures to manage current and future HIV/AIDS impacts;

- Continually review and remodel health-related employee benefits to meet current and future HIV/AIDS impacts. Health-related employee benefits include insured death and disability benefits, funeral coverage and the company medical aid scheme.

## **Implementation and Coordination Responsibilities**

### ***Coordination***

To coordinate and implement the HIV/AIDS program and its policy, DCSA employs an HIV/AIDS program coordinator. An AIDS Task Force has been created as the major decision-making body. The Task Force consists of employees representing all constituents of the company. Participants are drawn from representative trade unions, staff committees, medical services, production management, human resources management and the GTZ.

### ***Community involvement and partnerships***

DCSA considers community involvement and partnerships with other stakeholders and institutions to be an integral part of its HIV/AIDS strategy. It therefore supports community-based initiatives in its employees' communities. DCSA is committed to creating and fostering partnerships with governmental and non-governmental organizations for the implementation of its HIV/AIDS programs.

### ***Monitoring and evaluation***

In order to thoroughly design, plan and evaluate this policy and its associated HIV/AIDS prevention and care services, DCSA will launch an HIV prevalence survey to establish baseline data. It will also regularly conduct HIV/AIDS risk assessment and knowledge, attitudes, practice/behavior (KAP/B) studies among its employees and their family members. A system has been designed as well for monitoring, evaluating and reporting all service components. Continuous monitoring, evaluation and reporting are critical to assessing the program's ongoing impact.

### ***Communication***

DCSA commits itself to regular and formal communication within the company about the HIV/AIDS program and its development.

### ***Policy review***

The HIV/AIDS Task Force will review this policy at regular intervals and conduct a formal review in the first quarter of each year.

<sup>1</sup> Constitution of the Republic of South Africa Act No. 108 of 1996. Employment Equity Act, 55 of 1998. Occupational Health and Safety Act, 85 of 1993. Mine and Health Safety Act No. 29 of 1996. Compensation for Occupational Injuries and Diseases Act No. 130 of 1993. Basic Conditions of Employment Act, No. 75 of 1997. Labor Relations Act, No. 66 of 1995 (arbitrary dismissal, ability to work of HIV+ staff). Medical Scheme Act, No 131 of 1998. Commission for Employment Equity Code of Good Practice on Key Aspects of HIV/AIDS and Employment, 2000.

<sup>2</sup> Adopted in 1997 by the SADC Council. For more information, visit the AIDS Law Project (<http://www.hri.ca/partners/alp>).

## CONGRESS OF SOUTH AFRICAN TRADE UNIONS (COSATU), "DRAFT WORKPLACE POLICY ON HIV/AIDS."

### Preamble

HIV and AIDS in South Africa are a major health problem, with employment, human rights and economic implications. This policy is intended to cover all employees and employers in the Republic of South Africa. The policy is necessary for the workplace because: HIV infection takes place mostly among the economically active age group. Women are additionally at risk of HIV infection.

The policy recognizes that workplace-based programs that promote HIV/AIDS awareness, prevention and care are an important part of a national HIV/AIDS strategy.

The main objective of this policy is to reduce the number of new infections among employees and their families and to ensure that the rights of employees with HIV are fully respected. This policy conforms to the Southern African Development Community Code on HIV in Employment, which was endorsed at the SADC summit in September 1997. It is also in compliance with the protections against arbitrary discrimination that are embodied in existing labor legislation.

### Non-discrimination

- Employees with HIV/AIDS should be treated the same as all other employees.
- Employees with HIV-related illnesses, including AIDS, should be treated in the same way as any other employee with a life-threatening illness.
- An employee with HIV/AIDS should not face unfair discrimination in access to employment, training, promotion or employee benefits.
- Employees infected with HIV should be protected from stigmatization and discrimination by co-workers. Where there has been adequate information, education and provisions for safe work, then disciplinary procedures should

apply to people who victimize other employees with HIV.

### Confidentiality and Testing

- It is the law that HIV testing should only take place after appropriate counseling and with informed consent.
- There should be no direct or indirect pre-employment testing for HIV. There should also be no HIV testing for training or promotion purposes.
- The HIV status of an individual employee is of no relevance to an employer. People with HIV have equal rights to privacy and confidentiality. If an employee discloses his or her HIV status to colleagues and management, this information should be treated as confidential.

### Managing Illness and Job Security

- No employee should be dismissed merely on the basis of HIV status; nor shall HIV status influence retrenchment procedures.
- When, due to medical reasons, an employee can no longer continue with his or her normal employment duties, efforts should be made to offer alternative employment (reasonable accommodation). When the employee becomes too ill to perform his or her job, standard procedure for termination of employment due to incapacity should apply, without discrimination.

### Education, Counseling and Training

- A fund should be established at the industry level, jointly managed by the union and employers, for the purpose of HIV/AIDS education and training in the industry.
- HIV/AIDS education and counseling should take place in every workplace during working hours.
- The objectives of education, counseling and training should be:
  1. To create awareness of the HIV/AIDS epidemic;

2. To remove the stigma against those infected;
3. To promote safe sex through condom distribution;
4. To equip union leadership with counseling skills;
5. To provide care and support for people with HIV/AIDS.

To ensure effective education, the industry should build partnerships with local, provincial and national government, as well as with NGOs, CBOs [community-based organizations] and organizations of people living with HIV/AIDS.

Strategies should be devised to monitor the impact of training on an ongoing basis.

### Health and Safety

- All workplaces must ensure that they are equipped with proper universal precautions (infection control equipment and procedures) that can be used in cases where there are accidents that lead to blood spills.
- Workplace health and safety committees should receive special training in HIV and AIDS and on how to take universal precautions.

### Healthcare Funds

- Efforts should be made to standardize health-care services throughout the industry, and primary protocols for the care and management of HIV should urgently be developed.
- No healthcare fund should be allowed to discriminate by refusing cost-effective treatment and/or reasonable benefits for the treatment of sexually transmitted diseases (STDs), including HIV.

- Additional funds should be made available in order for the healthcare funds to offer quality services for HIV/AIDS infection.

### Provident Fund and Other Benefits

- While it is recognized that HIV/AIDS may make it necessary to restructure or revisit employee benefits, this should be done in a way that allows the funds to remain economic but does not exclude or limit benefits to employees with HIV/AIDS.
- Employers and unions should commission research into the impact of HIV/AIDS on existing employee benefits.

### Implementation

The union should establish necessary structures at all levels, including joint union and management teams, for the successful implementation of this policy.

### Review, Monitoring and Evaluation

- A baseline study to establish the present impact of HIV in the workplace, including knowledge of HIV by workers and employers, should be conducted as soon as possible.
- Pilot programs to test AIDS prevention strategies should be devised and run jointly by the union and employers. In addition, there should be ongoing evaluation and monitoring of activities that are required by this policy.
- The policy should be reviewed periodically in the light of changes in medicine and science concerning the HIV/AIDS epidemic.

**Notes:** If we oppose discrimination against PLAs, then the phrase *unfair discrimination* should be avoided; *discrimination* should assume its rightful place. In other words, we should talk of “discrimination,” rather than of “unfair discrimination.”

## APPENDIX D CASE STUDIES

### **CASE STUDY 1: PUBLIC-PRIVATE PARTNERSHIPS IN SOUTH AFRICA TO CONTROL STIs AND HIV**

Controlling HIV often means reaching outside the workplace to the wider community. One such effort has been ongoing in several mining communities in the Free State province of South Africa. The program involves partnerships among mining companies, trade unions, public health officials and civic organizations.

The goal of the interventions is to reduce HIV/STI-infection rates by targeting mineworkers and their sexual partners. Most of the mineworkers are migrant laborers who live in single-sex hostels without their families. Initial prevention plans focused almost exclusively on the mineworkers. However, it soon became evident that a wider scope was needed. The program was shaped to recruit women in the communities surrounding the mines and provide them with effective STI preventive and curative services to supplement the services provided by the mine to the miners. By treating the women, fewer mineworkers would become infected and the link between STIs and HIV infections could be broken.

The initial project was successful on several fronts. First, it helped reduce STI prevalence in participating women by between 70 percent and 85 percent. Among miners, there was a decrease in STIs of at least 40 percent; for some infections, an even greater reduction was achieved. Data analysis suggested that HIV transmission was half of what it would have been without the project. Further analysis showed the project to be highly cost-effective for HIV prevention in a mining community.

The partnership was developed gradually. Community women and union officials were initially suspicious of the project's organizers and the mining administrators, based on a

long history of confrontation and neglect. However, as people gained confidence in the treatment and saw its results, attitudes changed. The chairperson of a local branch of the union noted of the process, "It has worked so perfectly that results can be seen by all." The results meant fewer periods of illness and fewer sick days, a benefit for all concerned. Improved service delivery, including use of a mobile clinic, alleviated many concerns held by the women of the community.

The mine documented significant savings as a result of the project, particularly in healthcare, medical retirement and death benefits. It also documented important savings resulting from reduced absenteeism among workers. The company estimated that for every dollar it spent on prevention, it saved US\$30. External funding covered a portion of the project's operating costs in addition to evaluation costs, but even considering those financial inputs the project continued to show at least a four-to-five-times ratio of benefits to costs.

The effectiveness of the initial demonstration of treating STIs in community women generated substantial interest in both the public and private sectors. During the late 1990s, a coalition of participating companies and public agencies was formed to sustain the work. One of the mines agreed to assume the cost of supporting the mobile clinics and used its influence, along with the findings from the initial project, to engage the state health department and other mining companies in the expanded effort. The state health department agreed and provided funding for a peer-education component. The national health department assumed responsibility for subsequent evaluation of the expanded effort. It also helped secure additional donor funding and remove regulatory constraints on prescription practices by the nursing staff of the mobile clinic.

Local health authorities improved referrals to family planning and other health services for women treated for STIs.

The expanded program is now serving four mining communities in two provinces. Some 4,000 to 5,000 women at high risk of STIs and approximately 100,000 miners and their regular partners are involved. STI diagnosis and treatment has remained a central part of the program. Community peer education and peer support have played an important role for local women and in overall behavior-change efforts. Condom promotion has been emphasized as well.

In summarizing the five-year experience of collaboration, the manager of health services at the first participating mine said, "Participatory planning and sound financial controls became increasingly important as the project expanded and more stakeholders become involved. A planning committee now meets regularly." The committee offers minutes and annual reports to ensure transparency and accountability. By mid-2001 the mining industry assumed both financial and management responsibility for continuing the projects.

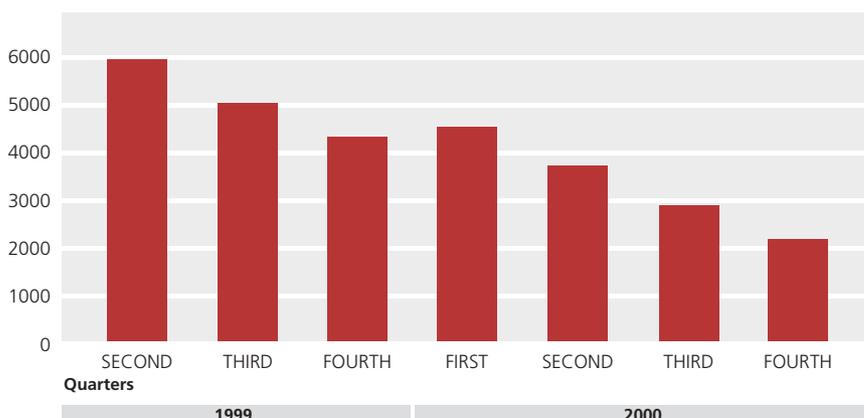
**CASE STUDY 2:  
MAINTAINING INTEREST IN PEER EDUCATION  
NAMDEB AND THE CHAMBER OF  
MINES, NAMIBIA**

The NAMDEB Diamond Corporation is Botswana's second-largest employer, after the government. The company, jointly owned by the government and De Beers Centenary, accounts for 10 percent of the country's gross domestic product and 30 percent of exports, and it is the country's biggest taxpayer. The company employs nearly 4,000 people. Most employees and some 6,000 of their dependents live in the company town of Oranjemund.

NAMDEB began a comprehensive health promotion and HIV/AIDS/STI prevention program in Oranjemund in 1990. In collaboration with unions, a company policy was developed ensuring nondiscrimination against HIV-positive workers and confidentiality for all workers and their families attending company health services.

The program includes a variety of health promotion activities, including peer education, free condom distribution, syndromic STI management, confidential VCT services and prophylaxis for TB and opportunistic infections for all HIV-positive persons.

**REPORTED MALE STI EPISODES, CARLETONVILLE, SOUTH AFRICA: 1999-2000**



Peer educators come from various educational and ethnic backgrounds and various professional levels. Communication techniques and an understanding of group dynamics are important components of the peer-education training programs.

One of the persistent problems faced by HIV/AIDS communication programs is keeping material interesting and relevant to participants over many months. Too frequently, information is repeated to a point where audiences “tune out.” NAMDEB’s peer educators recognized this potential problem and employees’ need for a wide range of health information.

Although most Namibians know that HIV is transmitted mainly through unprotected sex, many workers are unaware of other health issues and how their own behaviors influence their health. As the workforce showed interest in learning more about other health issues, the peer-education program incorporated these health topics.

The program annually addresses 10 health topics, making each the focus of discussion for one month. In addition to updates on HIV/AIDS and STIs, topics have included malaria, TB, family planning, healthy lifestyles, child abuse, alcohol and drug abuse, stress and child care. As the topics are known in advance, relevant materials are compiled for distribution to participants.

Peer educators feel confident in this approach, since it maintains the attention of their colleagues, provides them with the opportunity to learn and convey new information and sustains an important program. The variety of topics also broadens the context of discussing HIV and AIDS, since most of the topics relate to or are affected by the pandemic.

The comprehensive program has had a positive impact on controlling HIV/AIDS and STIs. Condom distribution, which was said to be minimal before

program initiation, reached 100,080 in 1993. It increased to 275,000 in 1994, and remained stable at around 200,000 per year in the following years. Reported STI cases among workers dropped from 533 in 1993 to 186 in 1996. The reported number of new HIV diagnoses increased from 6.7 per 1,000 workers in 1990 to 20.7 per 1,000 workers in 1995. In 1996 it dropped to 16 per 1,000 workers. A similar trend was observed in the general population of Oranjemund. From 1990 to 1995, the number of reported HIV diagnoses increased from 0.4 per 1,000 inhabitants in 1990 to 4.9 per 1,000 in 1995. In 1996, reported new diagnoses decreased to 3.4 per 1,000 inhabitants. The company’s statistics on early staff retirement for medical reasons also stabilized. For company management, these results indicated that the impact of HIV could be contained and managed. By contrast, HIV rates in Botswana have continued to climb. The data show that programs must be sustained over several years before any impact can be noticed. Thus, there is good reason for peer-education components of a prevention program to remain relevant to the changing and broadening needs of workers.

After the initial success, NAMDEB began to assist other mining companies in establishing similar programs. The company hired a full-time coordinator and enlisted the participation of a dozen other companies, including gold and copper mines, the port authorities and fishing industries. In 1999, the Chamber of Mines assumed support to the other mines and interested companies. One of the mining companies, Okurugu (Fluospa/Solvay), supports the full-time coordinator; the Chamber of Mines provides office space and contributes to operating costs. Individual companies contribute to the costs of the coordinator and select staff for peer-educator training. Condoms are usually provided by the government.

Most companies have also reached out to surrounding communities, assisting in educational events, providing STI treatment for partners of employees, distributing condoms in the community and supporting local women's organizations or school clubs. In one case, peer educators were given a week off to organize a tour to perform an educational theater program for all secondary schools in a remote area.

At present, 16 companies are participating in the program. Many more have expressed an interest in subscribing.

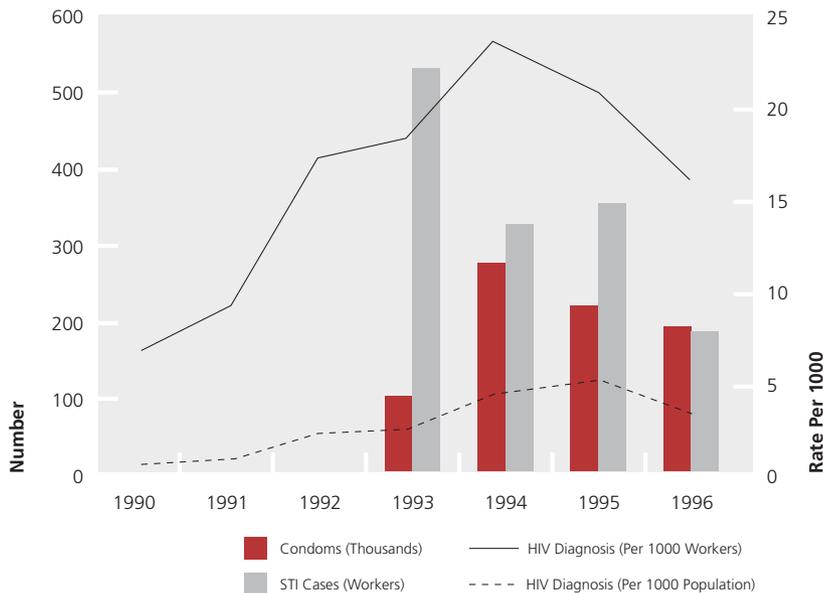
Family Health International (FHI) is providing technical assistance to the Chamber of Mines and local NGOs in establishing a joint training program for peer educators. FHI is also supplying educational materials to peer educators and helping to formulate company policies on HIV and AIDS. Regular meetings facilitate networking among peer educators of different companies.

**CASE STUDY 3:  
BUILDING A COMPREHENSIVE  
HIV/AIDS WORKPLACE PROGRAM  
THE KENYA PORT AUTHORITY**

The Kenya Ports Authority (KPA) employs 6,000 people in Mombasa, a city on the Indian Ocean. Businesses that serve the port account for thousands of additional employees. On any given day, more than 20,000 people visit the port. The port serves the commercial, agricultural and industrial hinterland of Kenya and neighboring Uganda, Rwanda, Burundi, the Democratic Republic of Congo, southern Sudan and other countries.

As HIV/AIDS has spread among workers, the KPA's response to the epidemic has improved. Currently there are 681 recorded cases of HIV among employees. Most cases were diagnosed when patients sought medical care at the staff clinic. The adult HIV prevalence rate in Mombasa is 12 percent. Among port employees, there are 120 trained peer educators and six counselors.

**CONDOM DISTRIBUTION, STI CASES AND REPORTED HIV DIAGNOSIS  
IN ORANJEMUND, NAMIBIA 1990-1996**



By 1986, KPA management had noticed a rise in deaths due to AIDS and in the medical and funeral costs associated with the disease among employees and their dependants. AIDS was causing the loss of highly trained manpower, and training and retraining costs were very high. As one example, it takes nine years to train a marine engineer.

The initial response came from KPA medical officers, who persuaded senior management to begin a prevention program. Without consultation with the trade union, KPA management decided in 1995 to train 48 peer educators, the majority of whom were trade union members. It was assumed that union peer educators were in regular contact with other employees and were best placed to create awareness about HIV/AIDS. However, the peer educators worked without any defined plan, meetings were irregular and the response was passive. Also, there were many myths surrounding HIV/AIDS in the early and mid-1990s and the stigma associated with the disease carried over to people involved in prevention efforts. The unionists who were trained as peer educators carried out their tasks halfheartedly, for fear of losing elections. "It was difficult for us at that time," said a shop steward and one of the first peer educators trained in 1995. "With a retrenchment program going on, most people thought the management would retrench staff who were HIV-positive, and as union leaders we did not want to be associated with that kind of thing."

"Some employees dismissed the information as mere propaganda," added another peer educator. "We had a difficult time convincing people."

By the late 1990s, the KPA prevention program had lost its leadership and direction. In January 2000, FHI met with senior management and senior union leaders to re-sensitize and motivate them and to build a supportive environment for the HIV/AIDS program. FHI offered new information about sexual behaviors, sexual networks of employees and the current and potential impact of AIDS on KPA operations.

A new structure for the prevention program was put in place. The port was divided into six logical subunits, each treated as a discrete entity when KPA focal persons and peer educators were recruited. (A focal person serves as a link between each section's prevention efforts and management.)

A new contingent of peer educators was recruited and trained. One workplace peer educator was recruited for every 50 employees. Peer educators were recruited strategically to ensure balanced representation of various geographic and functional divisions of the port. These educators were drawn from the ranks of dockworkers, union representatives and various levels of administrative and management staff. Each peer educator organizes at least one group participatory outreach meeting every week. Role-playing, picture cards, short dramas and games are used to convey messages at these group meetings. Additionally, each peer educator informally discusses AIDS with at least 10 employees monthly.

One-minute "incomplete role plays" are the cornerstone of the participatory package used by the peer educators. A typical one-minute role play raises an important social issue but leaves it unresolved, hanging, frozen, at a dramatic, emotionally engaging moment. The cast then asks audience members to discuss the issue. A vigorous discussion usually ensues. Simple prizes, such as condoms or health literature, may be awarded during the games.

In addition, the KPA peer educators have been trained to facilitate interpersonal interaction and follow monitoring and reporting schedules and procedures that permit deeper inquiry into aspects of the epidemic. The peer educators are being trained to help participants explore their feelings and real-life experiences and share concerns with their groups. The goal is to change sexual attitudes and behaviors. Radio reinforces new behaviors to create a "social trend," so that greater numbers of people adopt new behaviors.

The peer educators also promote awareness of STI symptoms and the need for prompt care, and refer individuals for treatment. Outreach activities are closely linked to intensive condom distribution, which occurs during peer-led educational activities. In one year, the peer educators distributed more than 65,000 condoms, which are also placed in strategic places such as restrooms. The KPA ensures an adequate supply of condoms in the workplace through peer educators.

The KPA has recognized the value of VCT in preventing HIV/AIDS. The KPA does not offer VCT services of its own, but trained KPA nurses refer clients to VCT centers in Mombasa. The KPA is also establishing a post-test club.

The prevention program has been strengthened with an annual budget from the KPA. This has enabled the KPA prevention program to go beyond the workplace, into the community. The peer educators now conduct educational activities in residential areas as well. On World AIDS Day 2001, the KPA sponsored drama shows in several Mombasa communities.

Anecdotal information from the KPA welfare department indicates that employee awareness of HIV/AIDS is nearly 100 percent. The department has recognized a decline in the number of employee deaths (AIDS-related as well as from other causes) from an average of 130 in 1999 to 70 in 2000 and 50 in 2001. The department attributes this reduction to fewer accident-related deaths in the workplace and reduced AIDS-related mortality. New HIV infections seem to be declining because people are more informed about HIV prevention.

Other notable achievements include:

- Decline in STI cases from 50 monthly in 1995 to zero in 2001;
- Provision of care for those infected, including management of opportunistic infections;
- Increased willingness to discuss and seek treatment for STIs;

- Increased use of condoms;
- Increased willingness to talk openly about HIV status;
- Decline in cases of retirement on medical grounds.

Despite these efforts, there is no formal HIV/AIDS policy at KPA. Management has recognized this deficiency and is working closely with the Federation of Kenyan Employers (FKE) to adapt the International Labour Organization (ILO) Code of Conduct as part of its HIV/AIDS policy. Also, the KPA is considering an increase in funding for its prevention program. During the initial stages of the program, the KPA paid the equivalent of US\$7,000 annually through medical and welfare department budgets, about 30 percent of annual prevention program costs. FHI subsidized the remainder of the costs through its technical assistance project. According to Ali Chingabwi, the KPA personnel manager, the authority is developing plans to bear the entire cost of the program.

#### **CASE STUDY 4:** **LEVERAGING PREVENTION RESOURCES** **VIETNAM CHAMBER OF COMMERCE** **AND INDUSTRY**

As Vietnam reforms its economy and seeks greater foreign investment, controlling the spread of HIV/AIDS is a priority to be addressed through national and company initiatives. The Vietnam Chamber of Commerce and Industry (VCCI) has played a central role in this effort. In addition to informing companies about HIV/AIDS prevention and care, the VCCI has sought to promote business partnerships as part of overall national efforts to control the epidemic. The VCCI has worked to generate experience to give policy-makers recommendations for further interaction with domestic and foreign companies to develop HIV/AIDS programs in the workplace.

Following an assessment of the threat of HIV/AIDS to business operations and potential foreign investment, the VCCI persuaded a

Japanese conglomerate that sought to partner with a Vietnamese shoe company to include workplace HIV/AIDS prevention as part of a joint venture. The joint venture included the state-owned Ngoc Ha shoe company and the Japanese conglomerate Hai Ha Kotobuki. Both companies were operating in Quang Ninh Province of northern Vietnam with a combined workforce of more than 1,100 employees.

The VCCI began by identifying a senior manager in the joint venture who was concerned about HIV/AIDS, who would have decision-making power and who could be a persuasive advocate. According to the senior manager, “HIV and AIDS are a threat to the lives of the people in Vietnam. Many of the young that will be infected will also include our staff. If our staff are infected their health will deteriorate and ultimately the company’s productivity will as well.”

One of the first HIV/AIDS-related activities at Hai Ha Kotobuki was the development of a workplace HIV/AIDS policy. A management committee, with worker representatives, was established to develop the policy. The policy was written to guide supervisors and workers in their efforts to prevent HIV transmission and to manage care and support for employees with HIV/AIDS. The policy emphasized prevention and care outside the workplace — for workers’ dependents and the communities in which they lived.

The policy included six provisions:

- Commitment to workplace HIV/AIDS prevention efforts;
- Voluntary testing of employees and dependents to determine HIV status;
- Confidentiality for all employees and dependents who are tested;
- Prevention of discrimination in providing benefits for employees who are HIV-positive;

- Provision of flexible work conditions for employees who are HIV-positive;
- Statements about the responsibilities of HIV-positive employees.

Design and implementation of a workplace prevention program (four-year pilot effort) followed formulation of the company policy. A first-year plan was written and adopted, committing the partner companies to human and financial investments in HIV/AIDS prevention. The VCCI assured that the prevention program fit with Vietnam’s national HIV/AIDS strategy. CARE, an international NGO, provided technical assistance and training to managers and peer educators. Aspects of the prevention program included:

- Conducting HIV/AIDS education activities in the workplace, including the training of peer educators and organization of communication sessions;
- Making condoms available to employees free of charge (an estimated 50 condoms per worker per year);
- Establishing a referral system for counseling and HIV/STI testing and treatment services.

Throughout the program, the VCCI and CARE drew on the experiences of the joint venture to develop guidelines, policy recommendations and training materials that could assist other companies and governments in designing workplace HIV/AIDS programs.

By the end of the four-year pilot period in 2001, the joint venture had a viable HIV/AIDS program, with written materials and training guidelines. These were widely circulated to other companies. The VCCI provided the government with practical recommendations for expanding the program. The government responded by sending an official letter to the directors of all companies in Hanoi urging the adoption of a workplace HIV/AIDS program. The VCCI also enlisted a new set of companies for a second phase of prevention activities.

## **CASE STUDY 5:** **HIV/AIDS PREVENTION FOR MIGRANT** **WORKERS TIMIKA, IRIAN JAYA, INDONESIA**

Irian Jaya, Indonesia's eastern-most province, occupies the western half of the island of New Guinea, the world's second largest island. The province is rich in natural resources and is very culturally diverse. This remote province is undergoing some of the most rapid development seen to date in Indonesia. The wealth of the province has attracted multinational companies and a large number of immigrants from within and outside Indonesia.

An unfortunate outcome of the heavy growth is the highest adult HIV prevalence rate among Indonesia's 27 provinces: 1.4 per 10,000. As of 2001, 287 HIV-positive or AIDS cases have been identified through limited screening of people with high-risk behaviors, their contacts and blood donors.

Timika is a rapidly growing town of 75,000 people, at least a quarter of whom work at companies that serve a mine at the world's third largest copper deposit. The mine is operated by PT Freeport Indonesia (PTFI), an Indonesia-U.S. partnership. The vast majority of workers live in single-sex quarters; accommodation is made for families of senior staff only. A large commercial sex industry has sprung up to serve the many bachelors and other patrons in this rapidly developing area. Sex workers are largely non-Irianese and come from western Indonesian islands. Many rotate from city to city on a six-month cycle. Merauke, 300 kilometers east of Timika, has the highest HIV-infection rate in all of Indonesia.

The remoteness of the site, the extraordinary isolation and other factors make recreational sex an attractive outlet.

In 1996, the government Community Health Center in Timika and PTFI's Public Health and Malaria Control Department collaborated on an assessment of the risks of HIV/AIDS in the area.

The assessment identified five factors that contribute to the potentially swift spread of HIV:

- A rapidly expanding commercial sex industry. There are more than 600 commercial sex workers (CSWs) in brothel complexes and bars, and a number of others on the street. The Community Health Center and PTFI estimate that there may be as many as one CSW for every 100 residents.
- High incidence of STIs among the CSW population. Nearly three-quarters of CSWs had one or more STI upon initial exam.
- Poor understanding of HIV/AIDS-infection risk by miners and the local population.
- A large number of men, many single, who receive a regular income.
- About 10 percent of men reporting having sex with other men.

PTFI and the government designed a workplace prevention program to reduce the risk of HIV/AIDS/STI transmission among employees, families and the local community through a mix of education, encouragement of responsible sexual behaviors, condom provision and STI treatment and counseling.

PTFI management supported the prevention efforts, recognizing that a healthy workforce with healthy families is more secure and productive. By contrast, HIV/AIDS among workers and their families results in disability and death and increases operational costs. PTFI management felt that prevention and personal responsibility early rather than late could limit that impact of the epidemic.

### **Implementation**

This integrated government-private HIV/AIDS prevention effort has included:

- Education and information provided to all employees as tools for behavior change;

- Encouragement of responsible sexual behaviors and heightened awareness of personal responsibility for HIV/AIDS prevention;
- Proper STI treatment and counseling;
- Condom availability;
- Ongoing risk assessment for HIV/AIDS transmission.

The information directed at employees was designed to increase awareness about HIV/AIDS/STI prevention and to correct misconceptions that could lead to stigmatization of people who may be living with the disease.

Two STI clinics have been established: one at a brothel complex south of Timika and the other at the government health center in Timika. The clinics provide CSWs with comprehensive medical exams, including STI evaluation, treatment and counseling. The high initial STI rates among the CSW population declined as diagnosis and treatment procedures were implemented.

In addition, a growing number of non-CSW female patients began using the clinics. Many of these women were infected by husbands who had unprotected sex with local CSWs. Male participation was initially low but increased as word of clinic efforts spread.

### **Increasing the Sense of Personal Responsibility for HIV/AIDS Prevention**

The company's extensive workplace safety program provides weekly, monthly and yearly refresher training. Rather than develop a new communication chain de novo, dissemination of HIV/AIDS information was added to the existing program. More than 45 safety trainers were initially trained as peer educators and outreach workers to provide employees with basic and up-to-date HIV/AIDS information. Refresher sessions have improved the trainers' skills and knowledge.

To increase awareness of the risk of HIV/AIDS transmission in the community, the PTFI Public Health and Malaria Control Department has supported (and expects to continue supporting) workshops and talks on HIV/AIDS to various groups, including employees, local government officials, community elders, religious leaders, tribal chiefs, NGO representatives and the public at large. Social workers routinely visit CSWs to promote safe-sex practices.

### **Community-based Distribution of Condoms**

A major problem in implementing the program has been lack of understanding of the importance of condoms and how they should be used.

Initially, sex workers in Timika reported that condom use among clients was very low (less than 5 percent), that clients determined whether a condom would be used and that clients considered their decision to be non-negotiable. Condom use was also restricted by "pimps." In general, sex workers felt powerless to determine their own destiny and health. Worker education to encourage condom use and close cooperation with bar owners has raised reported condom use to nearly 80 percent.

### **Lessons Learned about HIV/AIDS Prevention**

Employees seem genuinely impressed with the company's efforts to deal openly and non-judgmentally with issues related to sexual behavior and HIV/AIDS. The company is viewed by the local community, the rest of the province and HIV/AIDS prevention experts throughout the country and region as a good (and proactive) corporate citizen. Team members have been invited to speak in Jakarta and Australia about this joint government-private initiative.

PTFI's information, education and communication materials are being copied and used at other mines and businesses in other parts of Indonesia. Due to its positive and proactive position on HIV/AIDS, PTFI is seen as a pacesetter and standard-bearer for HIV/AIDS workplace interventions.

Non-judgmental discussion of sexual behaviors and risks in a multiethnic, mixed-belief environment can be a sensitive, if not explosive, issue. Some community and religious groups feel strongly that open discussion of sexual issues encourages “free sex.” Thus, messages promoting sexual responsibility need to be carefully crafted and the reasons explained to community and religious leaders before any campaign is instituted.

Initially, PTFI overstated the effectiveness of its prevention efforts, perhaps in its initial enthusiasm to be seen as a responsible corporate presence. Implementation in fact moved more slowly than was publicized by the company. PTFI realized that further expansion of the prevention program was needed to reach all employees. PTFI is working to expand the program to reach all of its 20,000 employees annually.

#### **CASE STUDY 6:** **LEARNING FROM SUCCESSFUL EXPERIENCES** **HIV/AIDS PREVENTION IN UTILITY COMPANIES** **IN FRANCOPHONE WEST AFRICA**

The experiences and successes of companies in addressing HIV/AIDS in the workplace provide important learning for other companies. On that basis, the Compagnie Ivoirienne d'Electricité (CIE) of Côte d'Ivoire shared its efforts with other West African water and electricity companies.

CIE is considered to have a model HIV/AIDS prevention and care program for both its employees and communities where it has offices, especially in areas that have a large number of CSWs. Employees and their dependents receive health coverage and confidential medical care. Central features of the company's HIV/AIDS program are condom distribution, dissemination of information and provision of antiretroviral treatment to HIV-positive employees. Company policy explicitly forbids discrimination against HIV-positive

employees. Such employees are assured they will not be dismissed because of their HIV status. Antiretroviral treatment is financed by a company fund jointly supported by employee and company contributions. Collaboration between employees and company management on all aspects of the HIV/AIDS program sets CIE apart from many other companies in the region.

New reports on the company's experiences indicate a decrease in STI rates by two-thirds, creation of worker support groups and strong management and employee support.

A workshop in Abidjan, Côte d'Ivoire, brought together participants from water and electricity companies in six West African countries: Benin, Burkina Faso, Côte d'Ivoire, Mali, Senegal and Togo. Managing directors, human resources managers, company doctors and workers' representatives from 12 companies were invited to attend the workshop, which was organized by the Union of Producers, Conveyors and Distributors of Electrical Energy in Africa (UPDEA) and the Union of African Water Suppliers (UADE). Technical assistance was provided by the ILO and UNAIDS. The companies agreed to bear the full cost of participation, a clear sign of their commitment to the fight against HIV/AIDS.

The workshop had three main objectives:

- To develop a common and in-depth understanding of the magnitude of the epidemic and its impact on utility companies and their workers;
- To exchange views on experiences and best practices regarding resource mobilization, prevention and care in settings of CIE and other companies in the area;
- To develop an action plan for formulating and implementing HIV/AIDS policies and programs in participating companies.

During the presentations and discussions, workshop participants focused on three main themes:

**Components of effective prevention programs:**

Components identified included peer education, condom distribution, VCT and treatment of STIs— all within a context that facilitates the organization of meetings with people who have identified themselves as HIV-positive and promotes HIV/AIDS-awareness campaigns for workers, their families and surrounding communities.

**Care and treatment:** Care and treatment do not necessarily mean free distribution or subsidized prices for antiretroviral drugs, even if treatment with these drugs is considered or adopted. It was clearly stated that psychosocial care is the central pillar of a comprehensive care and support program.

**Minimizing stigmatization and discrimination:**

Fear of stigma by co-workers and discrimination in the workplace were noted as regular concerns. It was agreed that greater confidentiality of medical consultations and treatment is essential in the provision of care for HIV/AIDS/STIs and for VCT. The modalities and types of appropriate training for medico-social teams, considered essential, as well as strategies to ensure confidentiality, were defined.

The unconditional involvement of top management was indispensable in establishing CIE's HIV/AIDS program.

CIE's experience and best practices served as the connecting thread of the workshop. CIE's efforts in integrated HIV/AIDS service delivery, and the funding and results of its program, were subjects of several presentations and discussions. The advantages and implications of antiretroviral programs and the constraints on them were also discussed at length. The funding of care and treatment programs through a solidarity fund

(one composed of proportional deductions from the salaries of all employees at all levels) was presented as a best practice.

**Outcomes of the Workshop**

Participants from the utility companies seemed impressed with the experiences of CIE. Some company managers said they wanted to replicate much of that experience in programs of their own. Others indicated that aspects of CIE's program could be adapted to their particular situation.

Each participating company prepared an action plan with a realistic timetable for implementation in 2002-2003. The plans will be discussed within each company and adapted to fit its needs. The initial plans included several common points:

- Assessment of the HIV/AIDS situation;
- Creation of a company HIV/AIDS committee;
- Adoption of a company HIV/AIDS policy;
- Establishment of an HIV/AIDS prevention program;
- Establishment and funding of an HIV/AIDS care and support program.

Summarizing what was learned from CIE, one participant said, "We've known about the problem of HIV/AIDS, but worried that it was too difficult for the company to deal with. The chance to see how CIE has handled the problems gives us the guidance we need to move ahead ourselves."

Companies that did not take part in the workshop have heard about it as well. Some oil and transportation companies have asked FHI and UNAIDS to organize workshops to help them develop or expand their own HIV/AIDS programs.

## CASE STUDY 7: PROVISION OF MEDICATIONS FOR HIV

As businesses face the reality of AIDS, numerous decisions must be made on the types of care to offer HIV-positive employees — or whether to deal with care issues at all. Initially, many companies rely only on existing insurance coverage, on-site clinics or employee out-of-pocket payments to deal with the costs of hospitalization and medications. For a variety of reasons, none of these is always adequate.

The development of life-prolonging HIV/AIDS drugs has raised great hope. Several companies have decided that for both humanitarian and business reasons they will assist their HIV-positive employees in accessing needed drugs and treatment. However, the high costs of the drugs and of monitoring patients using the drugs exclude most people who are HIV-positive.

The drug treatment is called highly active anti-retroviral therapy (HAART) — a combination of three or more medications, usually including a protease inhibitor and/or a non-nucleoside reverse transcriptase inhibitor (NNRTI), along with nucleoside reverse transcriptase inhibitors (NRTI).

HAART has been shown to decrease the number of opportunistic infections in people with considerable immune suppression from HIV and to increase their life expectancy. From an economic viewpoint, businesses may choose to offer HAART to their employees because:

- It reduces or delays the need to recruit and retrain large numbers of new employees;
- It improves productivity, keeping current employees on the job and reducing absenteeism;
- It reduces or defers healthcare expenses, such as treatment of opportunistic infections;

- It reduces or delays the burial/funeral expenses & death benefit payments made by the business.

HAART remains an expensive option, costing a little under US\$1,000 per patient per year as of early 2002. However, a combination of generic drugs can be purchased from an Indian pharmaceutical manufacturer for as little as US\$290 per year. In addition to the cost of the drugs, many of the medical tests associated with HAART can be quite expensive. If the company has to pay for these tests themselves, the cost of HAART may be closer to US\$2,000 to US\$5,000 per year.<sup>1</sup>

The figure on the next page illustrates how the costs and benefits of HAART can be compared in economic terms.

In the example shown, the employee without access to HAART would become ill after developing clinical symptoms of AIDS and the company would incur significant healthcare costs, as shown by the grey bars. The employee would die at the end of a year; the company would incur most of the financial impact in the employee's final year of life (when productivity is low and healthcare costs are high). In the second year, the employee's death would also produce significant costs associated with hiring a replacement worker and training that worker (see second grey bar). First and second year costs may overlap.

By contrast, a company that invests in HAART would pay a significant amount each year for medications and medical oversight, but it would delay the high costs associated with the employee's illness and death for five years.

However, two unknown factors will affect both the costs and benefits of HAART. These are:

- How long can life expectancy be increased using HAART?

<sup>1</sup> For a detailed publication on the price of HAART and corresponding tests, see the Website [www.unaids.org/publications/documents/care/acc\\_access/IC645-Sources&Prices-E.pdf](http://www.unaids.org/publications/documents/care/acc_access/IC645-Sources&Prices-E.pdf).

- How are the costs of treating opportunistic infections affected by having access to HAART?

As of 2002 there is not enough experience with HAART to adequately answer these questions.

**We Know the Cost: Is it Affordable?**

Does it make economic sense for businesses to offer HAART to their employees? The answer depends a great deal on the availability of people with needed skills, the types of pre-existing benefits offered and the effectiveness of the medications available.

Often, managers justify their decisions not in terms of costs and benefits, but by whether the medications can be afforded over the required period of time. Affordability depends on a number of factors: price of the drugs and medical care; ready access to the drugs and medical care; benefits of maintaining workers on the job; company profitability; and case flow.

The price of HAART has decreased significantly over the past few years, but the cost of the corresponding tests generally has not. The price of newer drugs also remains extremely high. Over time, there may be increased demand for newer drugs, especially as resistance develops to the existing antiretrovirals.

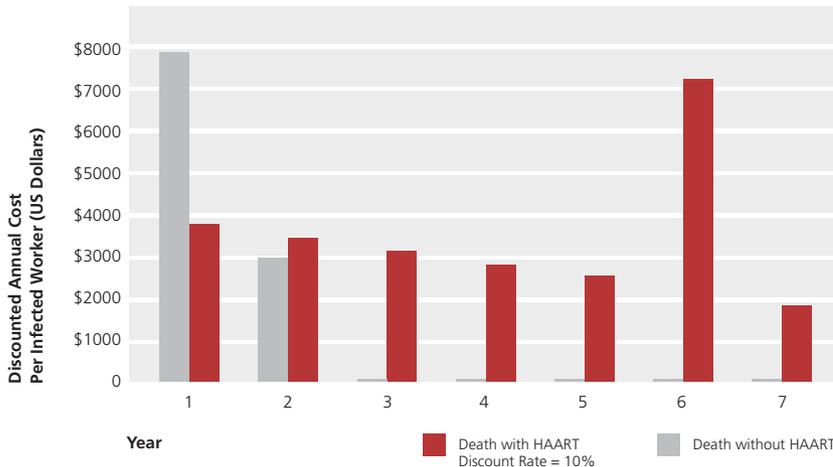
Several critical questions need to be answered when addressing affordability. These include:

- How many people would be covered by the company's policy? (e.g., Should all employees be eligible? Should spouses be eligible? What about employees' children? Will the company discontinue treatment after an employee's child reaches a certain age?)
- How much can life expectancy be increased with HAART?

Debswana is the largest diamond mining company in Botswana, a partnership between the government and De Beers Centenary. The company estimates that HIV rates among employees are similar to those in the country as a whole—at least one-third of workers.

To safeguard its investment in a skilled workforce and "to extend employees' productive lives," Debswana management decided in 2001 to subsidize 90 percent of the cost of antiretroviral drugs and medical treatment for its employees with HIV/AIDS and their spouses.

**COSTS WITH AND WITHOUT HAART**



- How long will HAART be offered? (e.g., the life of the person? the period of employment with the company?)
- How might the price of HAART change over time?
- Should the employee be required to pay any of the costs associated with HAART?
- Does the company need to pay for all tests, or can some of these tests be performed by the public health sector?
- For public health and humanitarian reasons, companies that choose to offer HAART must be prepared to make a commitment to continuing it for the life of the employee.

### **Equity**

Because of the cost of HAART, companies need to consider whom, if anyone, will receive treatment. Do all or some HIV-positive employees receive HAART? If some, what are the equity and morale implications? Some companies in Southern Africa have determined that it is cost-effective to pay for HAART for senior managers and to extend their productive life with the company. The alternative—recruiting a replacement (sometimes an expatriate) and conducting a training period of half a year to a year—is considered more expensive than the drug therapy.

A few companies have decided that covering HAART costs for all employees is desirable, for reasons of equity, morale and productivity.

### **Maintaining a Vital Workforce**

Managers may choose to offer HAART to sustain the morale of their workforce. Workers who are infected with HIV, who are caring for ill family members or who have co-workers who are infected are often distracted and less than fully productive. Watching colleagues die of AIDS can

lead to fatalism or overall despair. However, if an employer shows that something can be done for HIV-positive employees, and that the business is truly concerned about the health and well-being of its employees, the effect on worker morale can be very positive.

HAART can be an essential component of labor relations, especially when it is offered as a benefit that is highly valued but not available through the public health sector.

### **The Private Sector and Treatment of Opportunistic Infections**

In addition to HAART, there are other ways in which businesses can reduce the cost of HIV/AIDS in the workplace. TB treatment and prophylaxis may be particularly cost-effective, for example, since they not only benefit the infected worker but also can reduce the chances that an infected worker will develop active TB, and that a worker with active TB will infect his or her co-workers.

Some drugs, such as cotrimoxazole, can also protect workers from developing certain common opportunistic infections. By offering employees access to preventive care, businesses can assure that their workforce remains healthy and productive.

### **Conclusion**

Managers may choose to offer HAART to HIV-positive employees for humanitarian, economic and/or morale reasons. Managers need to be aware of the implications of offering HAART, since almost everyone agrees that the prospect of introducing it, only to discontinue it later, is highly unacceptable.

A company's decision to support HIV-positive employees (and their dependents, as the case may be) requires that it expand or reassess its policies toward treating all people with chronic and terminal illnesses. Rather than addressing HIV/AIDS as an exceptional case, treatment should be considered an aspect of overall company policy toward employees with terminal illnesses.

## **CASE STUDY 8: INTERNATIONAL LABOR COLLABORATION**

The labor movement has been slow to respond to the HIV/AIDS pandemic in many countries. Other issues have had greater priority — among them, expanding membership, retaining autonomy in the face of government efforts to control unions and assuring that workers are protected in an era of liberalization and deregulation of the business environment. It is clear, however, that the impact of HIV/AIDS on workers is very much a labor issue.

The labor movement has issued several important framework statements on HIV/AIDS. One such statement was issued in 2000 by African trade unionists through the International Confederation of Free Trade Unions (ICFTU). This statement sets forth labor's perspective on the pandemic and commits unions and workers' organizations to addressing HIV/AIDS in a comprehensive manner. In this case study, we reproduce the Framework of Action toward Involving Workers in Fighting HIV/AIDS in the Workplace.

### **ICFTU "Framework of Action toward Involving Workers in Fighting HIV/AIDS in the Workplace"**

#### **Preamble**

#### **Background**

HIV/AIDS is the greatest global public health disaster that the world has ever known. The trade union movement believes that we should respond to the spread of the disease as if the entire world community is in grave danger. The threat posed by HIV/AIDS is as great as the two World Wars of the past century, requiring a similar commitment of resources and human power to bring an end to this terrible human tragedy.

Though African trade unions recognize the primary importance of building workplace education and prevention programs, as grandparents, fathers, and mothers, we cannot stand by and watch as the fruit of Africa—its youth—die away. Our hearts are torn by the prospect of millions of children

whose parents will be stolen by this disease, condemned to lives without hope and driven to lifestyles to survive that will only perpetuate the cycle of suffering brought about by the disease. We pledge our most creative organizing skill in trying to find solutions to restore hope and a future for AIDS orphans and provide treatment and care for those already suffering from the disease.

We believe that in Africa's grassroots there is a tremendous wealth of talent that has gone untapped to help address the HIV/AIDS crisis. The hope for an African Renaissance did not spring from the minds of the elite; the prospects for its realization came in the actions of countless Africans at the grassroots who struggled against centuries of oppression. We have made tremendous progress and we have much more to accomplish.

#### **Trade Union Commitment in Fighting HIV/AIDS at the Workplace**

We believe that no effective strategy to address the AIDS pandemic will succeed unless it includes a serious commitment to reach people where they work. Workers' unions and vast networks of worker activists build within their families, communities, and through alliances with our social partners that work to advance the interests of people at the grassroots. As African trade unionists, we pledge to take our efforts from the shop floor to the streets of the communities in which we live.

As African trade union leaders, we believe that it is essential that we provide leadership by example, by practicing what we preach. It is understood that some trade unions are more willing to fight this disease than others. This we will work hard to change. Here, our most creative energies must be brought to bear to craft ways to overcome prejudice, the prevalence of sexism, the abuse of women, and the perpetuation of stigma and denial.

Trade unions have, among others, at least three attributes that distinguish them from nearly every other societal organization responding to

HIV/AIDS. First, we represent or have contact with workers most at risk for new infections in both the formal and informal sectors. Second, we represent workers who possess unique access to deliver the education and prevention message in workplaces, such as schools, among healthcare workers, and in work sites employing people who would otherwise be unreachable. Thirdly, we have structures, to which we are accountable, through well-established democratic processes.

***Trade Union Program of Actions against HIV/AIDS at the Workplace***

Twenty years into the AIDS pandemic, with death projections soaring unabated in developing countries, the time for studying the problem is over. In Africa, there is little room in a trade union agenda for studying the HIV/AIDS crisis further. Every available avenue should be explored to rush assistance to those who are desperately in need. At the same time, African trade unions are aware of the need to safeguard resources from waste and abuse, for we know that in every instance this occurs, we move one step backward on our journey to end the scourge of HIV/AIDS. Organizations with existing structures with accountable, elected leadership are principal foot soldiers in the war against HIV/AIDS.

We pledge to advocate and build political will within governments and, through subregional, regional, and international structures, to promote education and behavior change in the workplace and within our communities; eliminate discrimination, stigma and denial; and empower women to end the heavy burden brought on them by this disease. We do this on behalf of the 15 million members of the African Regional Organisation and the 125 million members of the ICFTU.

We further pledge to use shop stewards at the enterprise level to reduce infections through information and education; mitigate the effects by protecting human and trade union rights and reducing stigmatization; and to adapt and expand approaches to halt transmission of the virus. Areas of action include educating members

in nondiscrimination against workers living with HIV/AIDS; including relevant clauses in collective bargaining agreements; developing preventive education programs; strengthening health and precautions at work; providing extended leave for affected workers; counseling on HIV/AIDS and other STDs and healthy-seeking behavior; social marketing of condoms; and STD diagnosis and treatment services.

The program of action will incorporate the following dimensions:

- Continuing to undertake systematic investigations to determine the extent of implications of HIV/AIDS at the workplace, including its effect on the growth of labor force, labor force participation rates, women, child labor, union membership, productivity, etc.
- Building partnerships and networking with trade union-friendly organizations, donor partners, and other interested parties. This would involve activities such as the provision of instruction on the legal aspects of HIV/AIDS and the workplace and training focal points at various levels.
- Assisting in strengthening community capacity to care for people living with HIV/AIDS, owing to the tradition of community solidarity and the important role played by women workers and youth in the trade unions. In all community based activities, attention should always be given to local initiatives.
- Focusing on preventive education. There is a need to establish and strengthen national tripartite AIDS councils in order to enhance ownership and sustainability.
- Integrating HIV/AIDS issues and gender components in all trade union programs and technical cooperation projects currently being implemented in the African region, including gender and equality, social and economic policy, project work, education, publicity, and human and trade union rights.

- Preparing an information kit targeted to inform ICFTU-AFRO affiliates and collaborating partners on the implications and follow-up actions to mitigate the pandemic of HIV/AIDS in the world of work.
- Assisting at the enterprise or branch level in the formulation and implementation of policies to protect PLWHA at work and providing prevention and care, including education and training.
- Providing technical assistance specifically on HIV/AIDS to social security schemes and medical schemes.
- Strengthening collaboration with other agencies, such as the ILO, World Bank, WHO, UNDP, UNESCO, UNFPA, IOM, and UNAIDS, which are actively involved in combating HIV/AIDS. Further collaboration will be sought with national, subregional, and regional organizations with similar interests with respect to the total eradication of the HIV/AIDS menace.
- Enhancing the capacity of the ICFTU-AFRO to coordinate implementation of this “Framework of Action.”
- Building the capacity of our national trade union centers to coordinate a workplace education and prevention campaign.
- Developing infrastructure by building capacity and through training within affiliates to conduct shop-floor-based campaigns.
- Advocating for the establishment or maintenance and evaluation of political will on the part of governments in fighting HIV/AIDS.
- Sharing knowledge of and information about the HIV/AIDS pandemic.

### **The Role of Partners**

We believe that no effective international strategy will succeed unless it places partners on an even footing based on mutual respect and the

common determination of priorities of work, planning, and implementation. We know from long experience that no prescribed solutions are sustainable unless they are developed in the context of partnership.

Although we have begun with our own limited resources to build the capacity in our national trade union structures and some of our affiliates, we know that there is much that remains to be done to put into place effective, broad-based workplace education and prevention programs. We have undertaken these efforts with very little support from the international community. We appeal for support to assist us in this effort.

The African labor movement welcomes and holds great hope for the actions of the International Confederation of Free Trade Unions, the International Labour Organization, and UNAIDS in joining us in our efforts. We believe that thus far, among the most under-utilized weapons in the fight against HIV/AIDS is the potential power that the social partners of government, employers, and labor can deploy when mobilized.

Africa welcomes the arrival of more international forces—including community-based organizations—to join us in the battle against HIV/AIDS. At the same time, we are insistent that workplace-based programs are those programs which do not favor either employers or workers, but rather enlist all social partners. In the interest of minimizing waste and duplication, we call upon community-based organizations to respect basic trade union protocol by simply contacting national trade union centers before exploring programs with our affiliated unions.

### **Conclusion**

The ICFTU-AFRO and its affiliates commit themselves to the implementation of the Gaborone Trade Union Declaration and its resulting Framework of Action to ensure that the HIV/AIDS pandemic will not steal our future from us.

(Source: <http://www.icftu.org>)

Many companies recognize the HIV/AIDS epidemic as a serious threat to their productivity and profitability. *Workplace HIV/AIDS Programs: An Action Guide for Managers* provides practical steps for developing and implementing a workplace prevention and care program that serves both employees and managers. The guide is designed for use by company human resources managers, medical officers and union representatives.

Users will find guidance on assessing the real and potential impact of HIV/AIDS on their company; on developing an HIV/AIDS policy to cover the workplace; and on designing and implementing an HIV/AIDS prevention and care program for the workplace. A series of checklists aids in decision-making about specific components of workplace HIV/AIDS programs.

The guide offers numerous ways for company managers and union leaders to find assistance for their HIV/AIDS programs. It also includes examples and case studies of how other companies have responded to the epidemic.

*Workplace HIV/AIDS Programs: An Action Guide for Managers* reflects more than a decade of global experience of Family Health International and other companies in addressing HIV/AIDS in the workplace. As such, users will find it both comprehensive and action-oriented.



**FHI AIDS Institute**

Family Health International  
2101 Wilson Blvd., Ste. 700  
Arlington, VA 22201  
USA

Tel: 703.516.9779  
Fax: 703.516.9781  
[www.fhi.org](http://www.fhi.org)

