

*AIDS in the New Millennium:  
The Challenge to Businesses in Southern  
Africa*

*15th - 17th November 2000  
Mbabane, Swaziland*

*A conference co-hosted by USAID, The  
Federation of Swaziland Employers  
and The POLICY Project, South Africa.*

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## Executive Summary

The acknowledgement and understanding by the business community of the impact of HIV/AIDS on their particular sector has dramatically increased over the past few years, and a number of innovative corporate HIV/AIDS activities have been initiated.

Cognisant of the fact that the business sector in the Southern Africa region is now faced with particular challenges in relation to the HIV pandemic, the Federation of Swaziland Employers (FSE), the United States Agency for International Development (USAID) Regional HIV/AIDS Programme and the POLICY Project hosted a two-day Southern African consultation entitled "AIDS in the New Millenium: The Challenge to Businesses in Southern Africa". The consultation took place on the 16 –17 November 2000 in Mbabane, Swaziland.

The overall aim of the consultation was to share models of best practice, develop a 'checklist' of actions and strengthen responses in the areas of:

- ❑ the management of the impact of HIV/AIDS in the workplace
- ❑ wellness management of infected employees
- ❑ greater and more meaningful involvement of people living with HIV and AIDS
- ❑ community participation (including home-based care)
- ❑ cross-border partnerships

Selected participants from seven countries in the Southern Africa region (Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia and Zimbabwe) were invited to attend. Over the two-day period fifty-seven delegates attended the consultation and were able to share their experiences with their colleagues in the region, reflect on the key components of some elements of an effective workplace strategy and hear about similar business initiatives occurring in Asia. One of the many highlights of the consultation included an address by the Honourable Mr ARV Khoza, Deputy Prime Minister of Swaziland, an address by the Honourable Dr PK Dlamini, Minister of Health, Swaziland, and an address by His Excellency Mr Gregory Johnson, the United States Ambassador to Swaziland.

Following a series of guest presentations – illustrating models of corporate best practice - delegates were able to discuss 6 specific HIV/AIDS workplace policy and programme themes in greater detail. These included:

- Conducting surveillance and interpreting data to estimate HIV prevalence in a workforce;
- Managing the impact of HIV/AIDS on medical schemes and other workplace benefits;
- Managing the human resource and industrial relations implications of HIV/AIDS;
- Measuring and managing the impact of HIV/AIDS on productivity;
- Understanding markets in the era of HIV/AIDS;
- Creating a workplace environment for disclosure and acceptance.

Each of the discussion areas generated a list of recommendations which delegates proposed would assist companies in facing some of the key challenges placed before them in relation to these particular issues.

At the end of the workshop all the participants made a commitment to sharing some of the key ideas and strategies that had been discussed during the course of the conference with their colleagues in their home countries. In addition, it was agreed that in 6 months time contact would be made with all participants to ascertain what successful strategies had been employed within their workplaces following the conference. Support was given to continuing work around the establishment of a Southern African Business Council on HIV/AIDS.

At the end of the workshop thirty participants completed evaluation forms which rated the content, resources and facilitation of the workshop very highly.

## **1. Introduction**

Since HIV debuted onto the international stage almost two decades ago, no nation has been left untouched by the personal, economic and social impacts of this pandemic. In particular, countries in the Southern African region are bearing a disproportionately high brunt of this impact. According to the *UNAIDS Report on the Global HIV/AIDS Epidemic* (June 2000), the number of people living with HIV/AIDS in sub-Saharan Africa is estimated to be close to 24 and a half million people and the number of orphans is estimated to be over 12 million. While the real magnitude of these numbers or the ever-increasing graphs projecting cumulative AIDS deaths is often very difficult to imagine, it is in the business sector where the harsh reality of HIV/AIDS is increasingly making its presence felt. On factory floors, at shop steward meetings, in boardrooms and in hallways HIV/AIDS is the protagonist in this unfolding human drama.

Increased costs associated with medical aid/health insurance claims; payouts associated with death benefits and life insurance, and the indirect costs associated with labour turnover and additional training are some of the immediate HIV/AIDS related issues facing the business sector. Yet it is also the indirect impact AIDS has on the business sector that demands a more sharpened emphasis in developing a comprehensive workplace HIV/AIDS and STD strategy.

Increased rates of absenteeism because of ill-health and family care commitments, decreased worker morale and lower work performance are but some of the areas where the all pervasive power of this developmental crisis have become a daily reality. In particular, the destabilising effects of stigma and discrimination that is all too frequently part of the AIDS equation needs to be tackled as a central concern around which many of our strategic HIV/AIDS choices and decisions are made.

## **2. Background and Objectives of the Conference**

Since the acknowledgement and understanding by the business community of the impact of HIV/AIDS on their particular sector has dramatically increased over the past few years, a number of corporate HIV/AIDS activities have been initiated. These have, however largely focused on the development of HIV/AIDS and STD workplace policies and programmes. While it is indeed encouraging to witness the many excellent examples of the proactive involvement of the business sector in HIV/AIDS issues, it is just as true that there are still many gaps - particularly in the area of workplace stigma, and of the care and support of people living with HIV/AIDS – and issues that now need to be addressed by this sector.

Few would argue that the future survival, prosperity and sustainability of business in the Southern Africa region now depends on how effectively we implement our preventative and supportive HIV/AIDS programmes. Our international AIDS history clearly indicates that it is in the joining of forces, in the forging of strategic partnerships and in the sharing of experiences that we can collectively multiply our individual efforts.

Cognisant of the fact that the business sector in the Southern Africa region is now faced with particular challenges in relation to the HIV pandemic, the Federation of Swaziland Employers (FSE), the United States Agency for International Development (USAID) Regional HIV/AIDS Programme and the POLICY Project hosted a two-day Southern African consultation entitled “*AIDS in the New Millenium: The Challenge to*

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Selected participants from six countries in the Southern Africa region (Botswana, Lesotho, Namibia, South Africa, Swaziland and Zimbabwe) were invited to attend. Over the two-day period fifty-seven delegates attended the consultation and were able to share their experiences with their colleagues in the region, reflect on the key components of some elements of an effective workplace strategy and hear about similar business initiatives occurring in Asia<sup>1</sup>. One of the many highlights of the consultation included an address by the Honourable Mr ARV Khosa, Deputy Prime Minister of Swaziland, and an address by the Honourable Dr PK Dlamini, Minister of Health, Swaziland.

### **3. Workshop Process**

#### *Workshop Outline*

The Federation of Employers (FSE), in collaboration with the United States Agency for International Development (USAID) Regional HIV/AIDS Programme and the POLICY Project designed a two-day programme that would meet the majority of the needs of the various regional participants. The content of the programme was based on inputs received from various stakeholders about the state of the business sector responses in the various selected countries. The four key themes that were identified reflected the strides that have been made over the past few years as they moved beyond the basic policy level to practical issues and concerns that have arisen with regard to implementation. The themes were:

1. the strategic management of the impact of HIV/AIDS in the workplace and the importance of high level managerial/CEO participation;
2. wellness management issues related to the care and treatment of infected employees in the workplace;
3. initiatives aimed at addressing stigma and workplace discrimination; and
4. strategies to maximise community participation in workplace settings around HIV/AIDS activities.

A detailed workshop programme is included in this report<sup>2</sup>.

#### *Methodology*

The workshop was designed in such a way as to allow participants to:

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<sup>1</sup> See Appendix 1 for a detailed participant list.

<sup>2</sup> See Appendix 2 for the workshop programme.

- to gain an understanding of how various strategies to address the four key workshop themes have been addressed in different countries within the region;
- to reflect on and share their own business responses to HIV/AIDS in relation to the workshop themes;
- to gain an insight into the role, function and importance of collective business councils as a mechanism to address complex HIV/AIDS issues as they pertain to businesses;
- to develop a 'checklist' of best practices for businesses in the region.

The two-day programme was divided into two parts, the first being used for “expert” input from the various invited speakers, and the second being used for small group work and panel discussions so as to allow delegates an opportunity to discuss the various topics under discussion.

#### *Workshop Materials*

A resource file accompanied each participant pack. This included copies of the guest speaker presentations and a series of information pamphlets, brochures and booklets on HIV/AIDS.<sup>3</sup> In addition, at the end of the conference a set of books was given to each participating country – the set included copies of the World Bank publication ‘Confronting AIDS: Public Priorities in a Global Epidemic’ (1999) and a publication prepared by The POLICY Project for USAID entitled ‘HIV/AIDS in Southern Africa: Background, Projections, Impacts and Interventions’ (August 2000).

#### **4. Workshop Highlights: Day I**

- ❑ **Setting the Scene & Business Councils in Action**
- ❑ **Corporate Best Practice & Other Vital Ingredients**

The workshop was opened by Mr Derek von Wissell, President of the Federation of Swaziland Employers. He introduced the United States Ambassador to Swaziland, His Excellency Mr Gregory Johnson who shared with the delegates the impact that HIV/AIDS is having in the workplace. He illustrated this by sharing with the delegates a personal story about how the US Embassy faced the challenge of an employee living with HIV. The ambassador stressed the importance of moving into regional action - hence the importance of a conference of this nature. Ambassador Johnson also highlighted the various initiatives and programmes that are supported by the US Government and the US Embassy in Swaziland.

The keynote address of the conference was delivered by the Honourable Mr Arthur RV Khosa, Deputy Prime Minister of Swaziland. Dr Khosa stressed the importance of seeing this business consultation as an integral part of both the country’s response to HIV/AIDS and of a united response by the SADC region to the HIV epidemic. Of the many challenges offered to the business community in the region the Deputy Prime Minister emphasized the importance of considering the impact that orphans would have on the economy. Mr Khosa thanked the US Embassy and USAID for their sponsorship and looked forward to a continued partnership. He also praised the FSE for making HIV a top priority for business and gave support to ‘the Swazi dream’ of developing a business coalition around HIV/AIDS<sup>4</sup>.

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<sup>3</sup> Appendix 3 contains the list of resources that were distributed to participants.

<sup>4</sup> The keynote address by the Deputy Prime Minister of Swaziland is included in the conference resource file.

Guest speakers from both the region and beyond were invited to discuss the current status of the HIV/AIDS epidemic and present models of best practice. These included:

- Ms Bernadette Olowo-Freers - Country Programme Advisor, UNAIDS (Swaziland and Lesotho) who discussed the HIV/AIDS epidemic in Southern Africa and the International Partnership against AIDS in Africa (IPAA);
- Mr Jeff Gow - Acting Director, HEARD, University of Natal, Durban (South Africa) who discussed the economic impact of HIV/AIDS;
- Ms Rose Smart – a POLICY Project HIV/AIDS Consultant who discussed the legal, ethical and IR framework for a workplace response to HIV/AIDS;
- Dr Anthony Pramualratana – Executive Director and Mr William Black, Chairman, Thailand Business Coalition on HIV/AIDS who discussed the Global Business Council and the Thailand Business Coalition on HIV/AIDS;
- Ms Batsho Dambe-Groth – Botswana Insurance Holdings Ltd (Botswana) who shared the experiences of the Botswana Business Council in developing a national business partnership on HIV/AIDS;
- Mr Carl Manser – Wellness Manager (Generation), ESKOM (South Africa) who discussed the management of the epidemic in the workplace;
- Ms Mary Muyoyeta Wamuyiota - HR Manager, Barclays Bank (Zambia) who discussed workplace policies and programmes;
- Mr Kevin Osborne – Country Manager (SA), The POLICY PROJECT (South Africa/USA) who discussed the greater involvement of people living with HIV/AIDS;
- Mr Rowland Roome – Rural Development Manager, TEBA Ltd (Southern Africa) who discussed the involvement of business in rural community development;
- Mr Johan Strydom – HR Manager; Ford (South Africa) who discussed the development of an HIV/AIDS partnerships at the Ford Motor Company and
- Mr Gideon Mahlalela – Swaziland Railways who discussed the approach that Swaziland Railways has adopted in relation to HIV/AIDS.

Each of the above presentations was followed by a brief period of discussion during which delegates were able to ask for clarification regarding particular issues.

Copies of all the above presentations were made available to all participants for inclusion in their conference resource files and thus will not be included as appendixes in this report. On request, particular papers can be obtained from the Cape Town offices of the POLICY Project.

#### *The Evening Networking Reception*

A networking banquet, held on the evening of the opening day, facilitated further opportunities for delegates to interact with one another and to continue their discussions of the day. Guest speakers at the banquet included the Honourable Minister of Health for Swaziland, Dr PK Dlamini; Ms Eilene Oldwine, the Deputy Mission Director of USAID, South Africa; and Ms Gcebile Ndlovu, a person living with HIV/AIDS and the director of a hospice in Swaziland.

## **5. Workshop Highlights: Day 2**

### **□ Looking Closer**

Following the guest presentations and deliberations of the opening day, six themes were identified for in-depth analysis. These were:

- Conducting surveillance and interpreting data to estimate HIV prevalence in a workforce;
- Managing the impact of HIV/AIDS on medical schemes and other workplace benefits;
- Managing the human resource and industrial relations implications of HIV/AIDS;
- Measuring and managing the impact of HIV/AIDS on productivity;
- Understanding markets in the era of HIV/AIDS;
- Creating a workplace environment for disclosure and acceptance.

Participants were requested – prior to the close of the first day of the conference - to volunteer to facilitate further discussion on the above themes. What follows is a summary of the content of these presentations:

**THEME:**

**Conducting surveillance and interpreting data to estimate HIV prevalence in the Workplace**

**Presenter: Mr Carl Manser, ESKOM (South Africa).**

The presenter is employed at ESKOM, South Africa – one of the leading examples of a company that had tackled the issue of a workplace HIV/AIDS surveillance system. The content of the input was presented around 3 questions:

*Why should a company consider surveillance?*

- for planning
- for monitoring and evaluation
- to understand the extent of the problem and then be able to act on it

*What are some of the issues when considering surveillance for HIV/AIDS?*

- to try and conduct it amongst only one level of the workforce would be discriminatory – it should be conducted across the board from the CEO and top management to the middle and lower levels of management
- the sample size is important - if you only target a small section of the workforce your results might not be reliable
- there could be potential problems with using saliva tests because this raises doubts in the mind of the workforce about whether or not saliva can transmit HIV
- using blood samples may raise ethical questions as well
- if the HIV testing is voluntary (ie. rather than use a sample, the company requests that people volunteer to get tested in order to ascertain the level of HIV in their workforce) it would introduce a bias. In other words, volunteers are not representative of the whole workforce/community
- the positive side of surveillance within the workplace is that there is an increase in the demand for VCT. This then raises the issue of availability of follow up services – something which needs to be considered by a company before putting a surveillance system in place
- monitoring of AIDS deaths was not seen as reliable because people ‘lied’ within a climate of stigma, about the real cause of illness. Monitoring AIDS deaths would also cause practical difficulties.

It was suggested that using the national HIV prevalence figures and modelling these

is better if coupled with the understanding that these figures will be estimates.

The key question a company should be asking themselves in preparation for the results of the survey is “at what level (of HIV prevalence) do we act” ie. they need to decide what percentage will make them sit up and take notice. And on the basis of those percentages – which programmes are essential and should be initiated and which programmes are a ‘luxury’ or an additional benefit?

*What are some of the ways a study could be undertaken?*

The following points were made:

- Surveillance techniques include - saliva, blood, monitoring AIDS deaths. The latter is more possible where there are in-house medical services that can track deaths. Another mechanisms could be to monitor STDs (but this depends on whether a company has medical services or if that is outsourced because this will influence what results are obtained); condom distribution, a behaviour surveillance, and measuring the impact of interventions and levels of stigma.
- Before conducting a surveillance study you may need to do extensive preparation of the workforce - eg by means of workshops. And there is also a critical need to feed the results of the surveillance exercise back to the workforce.
- Also, an organisation should be ready to provide VCT if there is an increased demand following the surveillance exercise.

Key recommendations made were as follows:

1. Prior to the commencement of workplace HIV/AIDS surveillance systems, it is important to clearly define the reasons for and “terms of reference” of the surveillance.
2. While the interpretation of data is very important, it is imperative to weigh the benefits of data collection against the cost of discrimination – given our current social climate which is considerably discriminatory against people living with HIV/AIDS.
3. Comprehensive and extensive pre- and post preparation of the workforce is essential if surveillance data is to be meaningful.
4. National prevalence rates are excellent indicators of estimates and trends. Because of the inherent difficulties with workplace specific surveillance data these could easily be extrapolated for individual workplace scenarios.

**THEME:**

**Managing the impact of HIV/AIDS on medical schemes and other workplace benefits**

The following issues were raised by the presenter of this session:

- Medical claims are very high for people with AIDS;
- One option is to out-source medical benefits;
- Different types of schemes and options were discussed in light of HIV/AIDS. For example, group life and disability cover - free limit cover (for a higher limit

a medical examination is required) and group personal accident cover (restricted to death as a result of an accident);

- Mortgage protection - again up to a certain limit for medical cover;
- Funeral policies are paid irrespective of the cause of death;
- Principle of "utmost good faith" requires that you disclose;
- At the moment group life insurance does not exclude payments for AIDS.

Key recommendations made were as follows:

1. The important thing is for workforces to be educated about the products, benefits, tests and limitations associated with medical schemes and other workplace benefits.
2. Medical aids should look into "buying into" HIV clinical management - it costs more but medical aids are 'misused' based on the fact that patients do not disclose their status. (A current ball-park figure for AIDS is \$1 500 p.a. This is more-or-less what can be negotiated if you have the right connections for triple therapy. It is important however to remember that adherence is a very important factor).
3. The importance of advocacy and rights about HIV should not be underestimated. There is currently very little information pertaining to drug literacy, hence the confusion for people. It is important to know about use of not only HAART drugs but also those being used in the treatment of opportunistic illnesses.
4. The bargaining power of 'big business' is an untapped vehicle - hence the importance of a continental HIV/AIDS business coalition for Africa.

At the end of the presentation it was noted that UNAIDS has technical expertise – expertise that was offered to the delegates of the consultation.

**THEME:**

**Managing the human resource and industrial relations implications of HIV/AIDS**

**Presenters: Ms Christine Randall and Ms Mary Muyoyeta Wamuyiota  
Ms Christine Randall is an HIV/AIDS HR consultant for SASOL (South Africa) and Ms Muyoyeta Wamuyiota is employed as an HR Manager at Barclays Bank (Zambia).**

The following key points were raised in relation to these two issues:

*Industrial Relations HIV/AIDS Issues:*

- Legislation and compliance with the law are significant issues. In small companies where they don't have HR personnel, this is even more of a problem.
- Discrimination is rife and very time consuming if it goes to the courts. Training as a methodology to address workplace stigma should not be seen as the only approach. It is important to look for (and find) bolder tactics to address workplace HIV related prejudices.
- Equity is also a factor that has to be taken into account. It is imperative to do everything for all levels of employees - even applicants have the same rights

as employees.

- Confidentiality is a huge problem - but it is also important to consider the “burden of knowing” for all involved in the equation. Difficulties experienced also lie in the determination and measurement of “informed consent.”
- Testing - in South Africa there is a section in the Employment Equity Act that prohibits testing for HIV. There is also a Code of Good Practice for the Workplace.
- Trade unions must buy into the process at the workplace. In the past we have been inclined to work in isolation. They should be part of all workplace HIV/AIDS partnerships.
- In the case where an employee is likely to face dismissal because of the amount of sick leave and time he/she is taking off - if you don't know the employee's status you might have to go the performance route and this can take many months. It is also likely that you will find that in order to protect their colleagues, workers are compensating and covering for the ill workers. On the other hand *if you do know the HIV status* of the employee you will be able to support them and also ensure that their time off follows the HIV/AIDS workplace policy guidelines.

#### *Human Resources HIV/AIDS Issues:*

- Employers need to have a policy in place – ideally with the participation of the relevant trade unions. In relation to Swaziland (in particular) there is a ‘deafening silence’ in relation to HIV/AIDS and trade union involvement
- In light of the HIV/AIDS epidemic companies will now have to look at their recruitment practices in a new light – since many of their potential employees will more than likely be HIV+
- Training - there should be equal opportunities and multi-skilling needs to be considered as a standard practice
- Sick leave - there should be a policy on how to handle sick-leave
- Absenteeism - it is important to keep and analyse statistics
- Medical costs - where the company pays 100% of medical costs the implications of this must be considered. An example in relation to this was shared by the representative from Barclays Bank (Zambia) where because the costs have risen the bank is now having to re-evaluate their policy
- Review policies and procedures - based on data and trends. This should include reviewing procedures related to retirement packages; funeral cover; sick leave, and early retirement.
- Succession/person power planning needs to be considered.

#### Key recommendations made were as follows:

1. Because of the dynamism of HIV/AIDS (and the rapidly evolving models of treatment and care – coupled with the changes in legislation with respect to workplace policy and practice) it is imperative that one keeps abreast of all the latest issues - both nationally, regionally and internationally.
2. Training of all workers around issues related to confidentiality (as opposed to secrecy) is a core function in dealing proactively with the issue of HIV/AIDS within the workplace. It is important that the training rests on the principle of participation.
3. The tackling of HIV/AIDS in the workplace inevitably results in more planning meetings, more discipline and more grievance meetings etc. To be successful it is important to budget for more management time to be spent on HIV/AIDS

planning and implementation.

**THEME:**

**Measuring and managing the impact of HIV/AIDS on productivity**

**Presenter: Dr Anthony Pramualratana, Executive Director, Thailand Business Coalition on AIDS.**

This presentation focused on:

*Burdens that a company may face if an HIV infected employee is allowed to continue to work:*

- an increase in hospital costs
- an increase in health & life insurance. In relation to this – the concept of a “lean scheme” was proposed but not accepted (basically - that if you die in the first year they will pay out 1/3, if you die in two years they will pay 2/3 and if you die in three years they will pay out in full)
- an increase in sick leave – although this is not always the case. Where disclosure is supported this often results in people actually taking *less* sick leave.
- when ill - a decrease in work efficiency
- an increase in funeral expenses
- an increase in recruitment costs as employees who have died are replaced. In the current HIV context in Southern Africa they could also be replaced by other HIV positive employees
- the impact on co-workers (gossip, fear, requests for transfer etc)

Key recommendations made were as follows:

1. The advantages of creating a supportive workplace environment will have a positive impact on productivity.
2. It is important to review each individual context when analysing the impact of ill health on work productivity.
3. The impact on productivity is very sector-specific and a risk assessment should be done. For example, where employees work in teams people can cover up for one another and there will be less of a loss to productivity.( eg. Swazi Sugar )
4. HIV/AIDS brings with it a loss of institutional memory which can be very significant - as in the example of the Kenya Sugar company.
5. Training and capacity building is an essential function if the impact of HIV/AIDS on productivity is to be managed proactively. This training should address core issues such as HIV/AIDS workplace stigma and discrimination.

**THEME:**

**Understanding markets in the era of HIV/AIDS**

**Presenter: Mr Matthew Chimbghandah, Human Resources Director, Delta (Zimbabwe).**

Using a case study from Zimbabwe the following issues were highlighted:

- The critical question relates to the definition of a “market.” It is comprised of people, purchasing power and goods and services. For example, in Zimbabwe, it is projected that because of HIV/AIDS the population will barely increase. Projections indicate that the male population will grow from 5,7 million (1997) to 6.7 million (2006). The female population will decline from 5,7 million (1997) to 5,4 million (2006) - without AIDS it was projected that the female population would have grown to 7,3 million in 2006. These changes to the population structure will have a marked effect on the market.
- In 1997 the projections were that the population in Zimbabwe would double in 23 years - that did not take HIV/AIDS into account. In fact there will be a shrinking market. This in turn means that markets will not grow.
- Although there is a young population in Zimbabwe they need to pass through a "cesspool" ie. as they grow up and become sexually active they will inevitably interact with a slightly older age group – many of whom will be living with HIV – and so too will get infected. It is also likely that once people reach the middle age group, they are more likely to die of AIDS related illnesses and not reach old age. The age group over 65 years will decline over the next 10 years.
- The ‘dependency’ population will rise and there will be less income available and what there is goes on basics, not luxuries. There are also implications for capital investment. The depletion of the 15-64 year old age group will be detrimental to business survival. For example, it is estimated that in Zimbabwe goods for the:
  - 0 - 15 year range will decline by 43%
  - 15 –34 year range will increase by 22%
  - 35 –65 year range will decline by 14%
- In addition, an increase in the number of AIDS orphans is of direct concern and consequence to business. In 1997 it was estimated that there were 88 340 orphans (2%) in Zimbabwe. This figure is expected to top 693 560 (15%) in 2006.
- An increase in spending on health care and funeral costs translates into a decrease in spending on other items.
- What this means for a company such as Delta in Zimbabwe is that they are looking at exporting as a result of markets at home not expanding.
- Important questions to consider in relation to HIV/AIDS and markets are:
  - How different is Africa from other continents as a market?
  - Which markets get affected - local; regional or international?

Key recommendations made were as follows:

1. An untapped area that requires additional input and research is the impact of AIDS on technology – especially for developing countries.
2. Shrinking markets also need to be viewed in the light of a reduction in producers. Because the future will be an increased generation of orphans – whose vulnerability to poverty, and illiteracy is increased - it is imperative that

strategic partnerships with Government are activated.

3. Businesses need to take more cognisance of the impact of AIDS orphans as orphaned children do not spend as much as children with parents. Protecting today's society will secure tomorrow's investments.

**THEME:**

**Creating a workplace environment for disclosure and acceptance**

**Presenter: Mr Kevin Osborne, HIV/AIDS Advocacy and Policy Adviser, the POLICY Project/The Futures Group International (USA & South Africa)**

The following issues were highlighted in the presentation:

- The addressing of workplace stigma should be a cross-cutting issue that is a measurable part of all workplace programmes and initiatives.
- In a workplace there are HIV+ and HIV- employees and the clash is not between these two groups but rather between disclosure and acceptance. The biggest fear of those who are infected is rejection. The biggest fear of those who are uninfected is infection.
- Policies must be owned by all and must be based on prevention, care and wellness programmes that are in place and that employees know about.
- Men, as the dominant force in the majority of businesses in Southern Africa; and as the 'drivers' of the epidemic, should become more involved.

Key recommendations made were as follows:

1. There should be HIV/AIDS performance indicators in the scope of work of each employee – across all levels of functions.
2. People living with HIV/AIDS , who are part of all companies in the Southern African region – have an instrumental role to play. Implementing the GIPA (Greater Involvement of People Living with HIV/AIDS) would provide an avenue to decrease workplace stigma and discrimination.
3. Highlighting the HIV/AIDS workplace policy – with specific attention to the actions that those who are discriminated against can take - will foster an increased understanding of the seriousness with which this issue is viewed.
4. Within the Southern Africa region, stigma must be addressed as a central point of all HIV/AIDS activities, programmes and initiatives.

**6. Workshop Highlights: Day 2**

□ **Collective Thinking**

Following the presentations a group work session was arranged to allow participants to self-select into small groups around the following issues:

- Strategic planning
- IR management
- HR management
- Risk management
- Company communication and marketing

- Staff training and development
- Corporate social responsibility

The task of each group was to explore practical methods of integrating HIV/AIDS as a core function into the above business function by highlighting some of the issues that need to be considered and listing the challenges and lessons learned from some success stories. Each group was also requested to develop a checklist and report to the plenary for additional input. Interestingly, the issue of “risk management” was selected by only one delegate whilst the other issues were selected evenly by the delegates.

The following reportbacks were provided by the relevant groups:

□ **Core Function: Strategic planning**  
**Rapporteur: Mr Myeni, Mhlume (Swaziland) Sugar Co.**

Firstly, one has to consider what strategic planning is. Essentially it assists one to:

- examine existing responses
- prioritise areas for strengthening
- develop strategies to reach the objectives
- examine strengths and weaknesses of strategies
- provide appropriate management and funding to meet strategic goals

Historically the steps taken have, at best, not been adequate. In the past companies focused on economic issues associated with HIV/AIDS rather than the social implications of HIV/AIDS. One of the first steps in changing this is to:

- assess the current response of a company to HIV/AIDS;
- to call for more data;
- to change the attitude that HIV/AIDS is not core business; and to
- encourage the need for a holistic view response to HIV – rather than a narrow view

Priority issues for strategic planning include:

- Issues related to early retirement, sick leave/absenteeism, counselling/education, human rights; culture and positive living.
- Emphasis needs to be placed on encouraging youth initiatives and participation
- Caring for orphans and for staff has increasingly become a major focus to businesses

The process of action is as follows:

- Developing and implementing a workplace HIV/AIDS policy – a strategy – a business plan – and then monitoring and evaluating these.

It was proposed that the ‘checklist’ would look as follows:

1. Target industries for corporate commitment
2. Policy development
3. Examine own and review other's responses
4. Identify or consolidate partnerships
5. Company annual budget for HIV/AIDS
6. Beware of "top dog" attitudes and “ownership” of HIV/AIDS
7. Industry assistance to SMEs

□ **Core Function: IR management**  
**Rapporteur: Ms Shongwe, Spintex**

Following a presentation on the group's introductory discussions, it was proposed that the 'checklist' for this core function would look as follows:

First, the company had to consider whether there was a policy in place? - YES/NO

If NO:

- Sensitise stakeholders
- Obtain CEO commitment (there was a difference in opinion whether this should be the first or the second task)
- Develop and agree on policy (ie. labour laws and other policies)
- Put in place "champions" of programmes – who could form the basis of a steering committee

If YES:

- Ensure compliance by all stakeholders and IR practitioners
- Communicate at all levels and in all directions (as this is a cross-cutting issue)
- Train at all levels (on policy, on human rights, treatment, peer education, counselling etc)
- Maintain constructive relationships with all stakeholders especially trade unions
- Make the management of HIV/AIDS a line manager's responsibility - i.e. to become part of their key result areas (with support from the IR department)
- Ensure IR practitioners are informed and networked at all times
- Establish counselling and support mechanisms that are easily accessible

□ **Core Function: HR and medical management**  
**Rapporteur: Ms. Mary Mpho-Roux, Association of Lesotho Employers**

The following points were made in the presentation:

- Develop an HIV/AIDS policy (non-discriminatory, compliant with laws, regularly reviewed)
- Staff development (this should include trade unions as partners) and focus on issues such as HIV/AIDS education, critical skills analysis and multi-skilling
- Recruitment and staff retention: identify skills presently and in the future – a company will need to consider how skills of a person (if sick) could be picked up by someone else.
- Implement sick leave management systems (preferably computerised)
- Provide medical care from preferred providers for outpatients
- Develop a succession plan and have performance appraisals
- Develop strategic training analysis

Some of the challenges facing companies are:

- How to continue to provide medical care (when all allotted sick days have been taken)
- How to provide enhanced medical packages
- Deciding about who should initiate medical/health retirement.

**Sub-input on Prevention and Treatment**  
**Rapporteur: Dr Richard Lemmer, Sappi Usutu**

The following guidelines were offered:

- If the company has in-house health care, this is advantageous
- Start with an awareness programme, condom distribution, VCT, testing on clinical grounds and for TB and STD patients
- Offer a package: prophylaxis for TB and multivitamins, co-trimoxazole with folic acid and nutritional guidelines; 6 monthly – worming; annual - flu vaccine. This “package” costs less than R150/year per patient
- Monthly follow-up is important
- Treat opportunistic illnesses aggressively
- Treat STDs according to a syndromic approach and TBs according to the SD TB Control programme regime
- Once someone is too sick to work – offer a disability insurance (75% of salary to retirement).

A handout detailing the above and listing some basic steps to enhance positive living and improve the quality of life of PLWA was distributed to the group.

□ **Core Function: Risk management**  
**Rapporteur: Dr Alex Coutinho, RSSC**

The following key points were made during the presentation:

What is risk?

- Excess HIV/AIDS illness and death
- Financial and economic losses
- Legal risk for discrimination suits (against PLWA/HIV)
- Occupational risk

How does one address risk?

- Review particular vulnerability to risk
- Explore existing and available coping strategies (eg bring in mechanised harvestors to run if large numbers of cane cutters get sick)
- Quantify the risk and pre-fund it if possible
- Monitor the risk areas regularly and keep a data base of risk areas

What are some of the key concepts in dealing with the risk?

“An active checklist”

- Carry out an institutional HIV risk assessment
- Questions that need to be asked:
  - What is the HIV prevalence and distribution?
  - What policies and procedures exist?
  - What employee benefits are available and how can they be managed or enhanced?
  - What is HR availability and needs?
  - What boundaries do the insurance policies draw on what they are going to cover or not?
  - Are there any legal risks that need to be taken into account?
  - What is the economic impact of HIV on your company?
  - What local and national resources are available?

□ **Core Function: Company communication and marketing**  
**Rapporteur: Ms N Fraser, EPI Consultant**

The ideas that the group discussed about communication were presented. These included:

- That communication is two-way
- That the methodology needs to be audience specific
- Tools for communicating with the workforce included:
  - Company clinic or with peer educators
  - Bigger group meetings (both within and out of work time)
  - Notice-boards, company newsletters, the red ribbon

Some of the challenges faced are:

- People are in denial
- People need to understand that investment in HIV/AIDS has good returns
- People are bored with messages ie. "AIDS fatigue" as the same pamphlets are used and communication is often one-way and not two-ways
- One needs to be flexible in terms of funding budgets as often the annual budgets are set
- Reaching people with disabilities is a challenge for the future
- Often you reach the converted – they come to meetings (and inevitably get bored)

A proposed checklist includes the following:

- Awareness seminars
- Establish an AIDS Committee
- Develop an AIDS Policy
- Develop a communication inventory (eg peer educators) and a communication plan and budgets
- Monitoring & evaluation strategy is important
- Innovation is critical

□ **Core Function: Staff training and development**  
**Rapporteur: Ms. Mashadi Manonga, South African Business Council**

The group proposed the following checklist:

1. Conduct a situational analysis of the company regarding training and development
  - Create an accurate "picture" of the company training programme – but not only in relation to HIV/AIDS
  - List the nature and scope of ad-hoc talks that have been given
  - Understand the current knowledge base of workers on HIV/AIDS
  - Set aside a realistic "issue list" of what the company can put aside for HIV/AIDS training
  - Determine the "environment" from which workers come (eg Lesedi case study)
2. Form a working committee
  - In order to promote ownership, form a committee including workers (representatives from different unions and staff associations) and management
  - CEO leadership is a galvanising force (eg. Ford Motor Company – South Africa)
  - Reporting back to constituencies is important

3. Develop training packages through liaising with all stakeholders
  - Stakeholders should include government, labour, international organisations; etc
  - Training packages will ensure quality and continuity
4. Set up a resource centre for training
  - This should include equipment, IEC materials, and a computer with access to the internet
  - Ideally this should be in collaboration with NGOs in the area and the government
5. Develop a wellness package
  - This should not isolate HIV/AIDS, but contextualise and highlight it (eg the importance of nutrition for good health)
  - Address stigma and discrimination issues in relation to HIV/AIDS

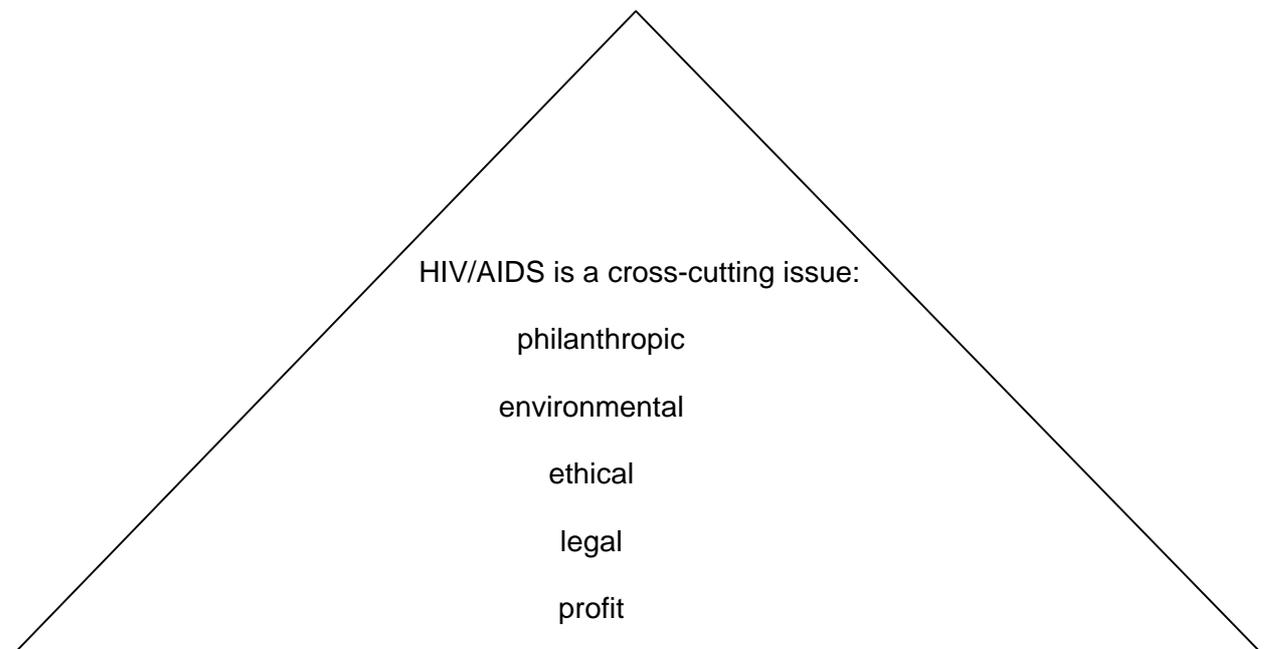
- **Core Function: Corporate social responsibility**  
**Rapporteur: Mr Gideon Mahlalela, Swaziland Railways**

The following input was provided by the speaker:

To address HIV/AIDS, companies have to climb a ladder of responsibility (illustrated below)

Corporate responsibility looks at:

- Profit and social responsibility
- Human resource management (employees)
- Community (public)



The challenges facing companies are:

- Stigma
- Costs
- Business priorities
- Corporate versus plant level implementation

Examples of good practice/lessons include:

- Swaziland Railways
- Cadburys & CONCO: awareness programme and role of peer educators
- Swazi Can: awareness programme and role of peer educators
- Fridge Master

A proposed checklist includes:

- Mobilise existing companies to form a coalition
- Develop a package that can be marketed to all companies
- Plan a successful launch
- Think of expansion: eg. FSE
- Lobby and advocate Government
- Build a cadre of “HIV/AIDS champion” leaders: Get HIV/AIDS onto the agenda by getting leaders to take it on board
- Network with regional and international organisations
- Develop a corporate HIV/AIDS logo and identity

## **7. Workshop Agreements & Way Forward**

When asked what they would do in the week following the consultation to act on the outcome of the summit delegates offered the following suggestions:

- reportback to their colleagues by calling a board meeting with senior managers
- discuss the issue with all staff
- share the information from the summit so that others can ‘buy in’ to the policy ideas
- incorporate the key themes and ideas into a strategic planning session
- use the information and ideas to get people motivated
- share resources with other colleagues
- reportback to the Business Association/Coalition in their respective countries
- reportback to the social welfare committee in their region
- network with other delegates.

When asked to consider how this initiative might be carried forward, the following suggestions and recommendations were made:

- To work toward the development of a Swaziland Business Coalition. It was agreed that this was a task that local delegates would take responsibility for themselves.
- To include union representation in subsequent consultations of this nature – so that employers and employees can work together in building solutions to issues related to HIV/AIDS. It was agreed that this would be considered by the facilitators in future.
- To establish locally a ‘one-stop’ HIV/AIDS resource centre. It was agreed that

this was a task that local delegates would take responsibility for themselves.

- That stronger links should be promoted between Business Councils in the Southern African region. It was agreed that this should be something that is considered by all – both donor agencies and organisations working within the region. To support this further it was agreed that the development of a Southern African regional council could then support the development of a Council for the African continent – which in turn could liase with similar councils that are being established in Asia.

In considering the next steps the following agreement was made:

- That The POLICY Project would compile a summary report of the workshop and in six months time contact all the delegates to explore with them some of the ways in which the summit had assisted them in their work;
- That the possibility of running a follow-up workshop to illustrate achievements made or lessons learnt by the various delegates since the last workshop would be considered;
- That delegates should consider writing up their best practice case studies (similar to the best practices booklet which illustrates the ESKOM programme) and then send them to an appropriate agency like UNAIDS.

## **8. Evaluation**

At the end of the workshop thirty participants completed evaluation forms. All the participants that completed evaluation forms felt that they had been able to learn a significant amount from the conference, that the content of the workshop was very appropriate and that the facilitators ought to be commended for arranging the event<sup>5</sup>.

Report compiled by Kevin Osborne, Nikki Schaay and Melanie Judge  
The POLICY Project, Cape Town  
December 2000.

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<sup>5</sup> See Appendix 4 for a summary of the participant evaluation forms.

PARTICIPANT LIST

“ AIDS IN THE NEW MILLENIUM”  
THE CHALLENGE TO BUSINESSES IN  
SOUTHERN AFRICA

16 – 17 NOVEMBER 2000, SWAZILAND

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**- AIDS IN THE NEW MILLENNIUM -  
THE CHALLENGE TO BUSINESSES IN SOUTHERN  
AFRICA**

**MOUNTAIN INN, SWAZILAND  
16th & 17th NOVEMBER 2000**

## **PROGRAMME**

### **DAY ONE**

8h00 – 9h00     **Signing Up**  
Registration

Chairperson: Mr Derek van Wissell – President, Federation of Swaziland Employers

#### **SESSION ONE: 9h00 – 10h30: *Setting the Scene***

Welcome and Introductions

Opening address by His Excellency Mr Gregory Johnson - US Ambassador to Swaziland

The HIV/AIDS epidemic in Southern Africa and global calls for action  
Ms Bernadette Olowo-Freers - Country Programme Advisor, UNAIDS (Swaziland and Lesotho)

The economic impact of HIV/AIDS  
Dr Jeff Gow - Acting Director, HEARD, University of Natal, Durban (South Africa)

The legal, ethical and IR framework for a workplace response to HIV/AIDS  
Ms Rose Smart – Regional HIV/AIDS Consultant

Plenary discussion

10h30 – 11h00     TEA

#### **SESSION TWO: 11h00 – 12h15 : *Business Councils in Action***

Global and national business partnerships – The Global Business Council and the Thailand Business Coalition on HIV/AIDS  
Mr Anthony Pramualratana – Executive Director, Thailand Business Coalition on HIV/AIDS (Thailand)

A national business partnership – The Botswana Business Council  
Ms Batsho Dambe-Groth – Assistant GM Support Services, Botswana Insurance Holdings Ltd  
(Botswana)

Plenary discussion

12h15 – 13h00            LUNCH

Chairperson: Ms Mary Mpho Roux - Lesotho Association of Employers

**SESSION THREE: 13h00 – 15h00: Corporate Best Practices**

Corporate best practice I – Management of the epidemic in the workplace  
Mr Carl Manser – Wellness Manager (Generation), Eskom (South Africa)

Corporate best practice II – Workplace policies and programmes  
Ms Mary Muyoyeta Wamuyiota - HR Manager, Barclays Bank (Zambia)

Keynote address - The Honourable Mr Asa RV Khosa - Deputy Prime Minister (Swaziland)

Plenary discussion

15h00 – 15h30            TEA

**SESSION FOUR: 15h30 – 17h00: Other Vital Ingredients**

Greater involvement of people living with HIV/AIDS  
Mr Kevin Osborne – Country Manager (SA), The POLICY PROJECT (South Africa/USA)

Beyond the factory gates - Participation in community initiatives  
Mr Rowland Roome – Rural Development Manager, TEBA Ltd (Southern Africa)

HIV/AIDS partnerships: A Case Study of Ford's Experience  
Mr Johan Strydom – HR Manager; Ford (South Africa)

**SESSION FIVE: 17h00 – 17h30: So What?**

Day One wrap up  
Ms Nikki Schaay – Local Adviser, The POLICY Project (South Africa)

***EVENING RECEPTION / BANQUET: 18h00 for 18h30 – 21h00***

Cultural event/entertainment

Speaker: Ms Eilene Oldwine - Deputy Mission Director, USAID (SA)

Speaker: Ms Gcebile Ndlovu - PLHWA representative and Director of Hospice

Guest of honour and speaker: Dr PK Dlamini - Minister of Health, Swaziland

## DAY TWO

Chairperson: Ms Mary Mpho Roux - Lesotho Association of Employers

### **SESSION ONE: 8h30 – 10h00: Looking Closer**

Panel presentations on selected topics (10 minute presentations followed by 5 minutes for Q&A)

- Conducting surveillance and interpreting data to estimate HIV prevalence in a workforce
- Managing the impact of HIV/AIDS on medical schemes and other workplace benefits
- Managing the HR and IR implications of HIV/AIDS
- Measuring and managing the impact of HIV/AIDS on productivity
- Understanding markets in the era of HIV/AIDS
- Creating a workplace environment for disclosure and acceptance

10h00 - 10h30            TEA

### **SESSION TWO: 10h30 – 12h30: Collective Thinking**

First hour - Exploring the issue - towards integrating HIV/AIDS as a core function

- Strategic planning
- IR management
- HR management
- Risk management
- Company communication and marketing
- Staff training and development
- Corporate social responsibility

Second hour - Developing a checklist that defines the way forward

12h30 – 13h30            LUNCH

Chairperson: Mr Safiso Dlamini – Federation of Swaziland Employers

### **SESSION THREE: 13h30 – 15h00 : It's a Wrap**

Report backs

Thanks and closure

15h00 – 15h30            TEA and delegates depart

## RESOURCES DISTRIBUTED TO ALL PARTICIPANTS

### **“AIDS IN THE NEW MILLENIUM” THE CHALLENGE TO BUSINESSES IN SOUTHERN AFRICA**

16 – 17 NOVEMBER 2000, SWAZILAND

#### **Aids Briefs for Professionals (28 sectors)**

*Health Economics and HIV/AIDS Research Division, University of Natal*

#### **AIDS: The Challenge for South Africa**

*Alan Whiteside and Clem Sunter, 2000*

#### **Company Level Interventions on HIV/AIDS (booklet series)**

*Dr. Rene Loewenson*

#### **Confronting AIDS: Public Priorities in a Global Epidemic**

*World Bank Policy Research Report, 1999*

#### **Eskom: HIV/AIDS Best Practice Serious No.1**

*Janine Simon-Meyer*

*Department of Health, South Africa, 2000*

#### **Forging Multi-sectoral Partnerships to Prevent HIV and Other STIs in South Africa’s Mining Communities**

*Family Health International, 2000*

#### **Guidelines for developing a workplace Policy and Programme on HIV/AIDS and STDs**

*Department of Health, South Africa, 1997*

#### **HIV/AIDS in Southern Africa: Background, Projections and Interventions**

*The POLICY Project, 2000*

#### **HIV/AIDS – Issues for the Workplace**

*Volume 10, No. 1, AIDS Analysis Africa, 1999*

#### **HIV/AIDS in Southern Africa: Background, Projections and Interventions**

*The POLICY Project, 2000*

#### **SADC Code: HIV/AIDS and Employment**

SUMMARY:  
PARTICIPANT EVALUATION REPORTS

**“AIDS IN THE NEW MILLENNIUM”  
THE CHALLENGE TO BUSINESSES IN  
SOUTHERN AFRICA**

**16 - 17 NOVEMBER 2000,  
SWAZILAND**

*“It makes sound businesses sense for you, as business leaders, to put your heads together and seek tangible solutions which will enable our respective countries to effectively arrest the spread of HIV/AIDS”*

Senator the Honorable Arthur R.V. Khoza  
Deputy Prime Minister, Swaziland

Opening Address at the AIDS in the New Millenium Conference  
Mbabane, 16 November 2000

At the end of the workshop thirty participants completed evaluation forms.

When asked if the consultation assisted in strengthening aspects of the participants' **understanding** of the corporate sector HIV/AIDS response, all 30 participants responded in the affirmative.

Some of the motivation given by participants for this response was that:

- *“Lots of informative material and experiences were shared”*
- *“Provision was made for sharing guidelines and procedures on policy-making and strategies”*
- *“The workshop strengthened my knowledge and ‘opened’ my mind”*
- *“It showed us innovative approaches to dealing with HIV/AIDS”*
- *“It allowed me to understand AIDS realities in the workplace”*

In relation to the **content** of the consultation, 25 participants felt it was “sufficient”, three stated that “too much” had been covered and 2 felt that the content was “not enough”.

With regard to the **time** allowed for the consultation 17 participants felt that the time had been ‘sufficient’ whilst **18** felt that there was ‘not enough’ time.

When asked what **new information** participants had gained about developing a comprehensive corporate sector HIV/AIDS response and how they might be able to use the information in their current work situation, responses included:

- Experiences of how other businesses had developed an HIV/AIDS response
- Establishment of a business coalition
- Policy formulation and legal aspects of HIV/AIDS
- The importance of leadership and executive commitment and the involvement of all stakeholders
- A multi-skills training approach in the workplace
- The GIPA principle and the role of PWAs in programme implementation
- Inclusion of HIV/AIDS in business strategic planning

Participants stated that **additional information** which they felt could further strengthen their HIV/AIDS response included:

- Information on trade union’s response to HIV/AIDS
- Methods to approach senior management
- Access to cost benefit studies
- Information of treatment options and costs
- Knowledge on the implementation of monitoring mechanisms
- Understanding of the SADC protocol

When asked to rate the usefulness of the **materials** that were distributed at the consultation, all participants felt they were 'very useful'.

When asked how effective the **methods of instruction** used were participant ratings were as follows:

	<b>Very effective</b>	<b>Somewhat Effective</b>	<b>Not effective</b>
<b>Guest Presentations</b>	<b>26</b>	4	-
<b>Plenary Discussions</b>	<b>15</b>	14	1
<b>Group Work</b>	<b>17</b>	13	-
<b>Evening Networking Banquet</b>	<b>16</b>	13	1

Participants were asked to indicate which specific presentations made an impact on them ratings were as follows:

<b>Presentation</b>	<b>Rating</b>
<ul style="list-style-type: none"> <li>▪ HIV/AIDS Partnerships: A Case Study of Ford's Experience</li> </ul>	<b>9</b>
<ul style="list-style-type: none"> <li>▪ Management of the Epidemic in the Workplace: Eskom</li> <li>▪ Thailand Business Coalition</li> <li>▪ Swaziland Railways</li> <li>▪ Greater Involvement of People Living with HIV/AIDS</li> </ul>	<b>5</b>
<ul style="list-style-type: none"> <li>▪ Economic Impacts of HIV/AIDS</li> </ul>	<b>3</b>
<ul style="list-style-type: none"> <li>▪ Lesedi case study</li> </ul>	<b>2</b>
<ul style="list-style-type: none"> <li>▪ Workplace Policies and Programmes: Barclays Bank</li> <li>▪ Botswana Business Council</li> <li>▪ HIV/AIDS Epidemic in Southern Africa and Global calls for Action: UNAIDS</li> <li>▪ The legal, ethical and IR framework for a workplace responses to HIV/AIDS</li> <li>▪ Discussion panel: strategic planning</li> <li>▪ Discussion panel: corporate social responsibility</li> </ul>	<b>1</b>

When asked about their experiences of the **logistical arrangements** for this workshop, participants indicated as follows:

	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Average</b>	<b>Poor</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Consultation registration &amp; introductory information</b>	5	<b>10</b>	9	3	-
<b>Travel Arrangements</b>	2	<b>7</b>	3	1	3
<b>Accommodation</b>	3	4	<b>7</b>	3	2
<b>Catering</b>	3	<b>14</b>	8	2	-
<b>Suitability of Venue</b>	5	<b>13</b>	8	3	-

When asked whether they had any **other comments or suggestions** to improve regional consultations in the future, participants offered the following suggestions:

- Involve trade unions as key stakeholders
- Follow up session for each country – directed at CEOs
- Encourage senior managers to attend”
- PWAs and agencies dealing with HIV/AIDS in the host country should be involved
- Re-convene in 12-18 months time to assess progress and share experiences
- Bi-annual monitoring of progress would be useful
- Have more case studies
- Make additional opportunities for networking.

## **AIDS IN THE NEW MILLENNIUM:** The Challenge to businesses in Southern Africa

On the 16-17 November 2000 USAID, the Federation of Swaziland Employers and the POLICY Project co-hosted the conference '*Aids in the New Millennium*' in Mbabane, Swaziland. As one of the delegates who attended the conference we are sending you this questionnaire as part of our continued support to building the business community's response to HIV/AIDS in Southern Africa.

You will recall that one of the agreements we made at the end of the workshop was to follow up with all delegates to see how the conference had assisted them in their work. We also agreed that it would be useful if delegates could consider writing up their achievements as best practice case studies.

### **This questionnaire aims to assist us to reach both these agreements ie:**

- ❑ to identify how companies, organizations and business councils that were represented at the conference have **increased their HIV/AIDS workplace initiatives** as a result of attending the conference; and
- ❑ to **identify a group of 'best practice' case studies** which we could potentially include in a booklet.

It is envisaged that a booklet of case studies will enable us to share some of our stories about how we have at a local level been able to take up the issue of HIV/AIDS in the workplace, and in so doing build on the current steps that are being taken by the business community in the Southern African region.

We would like to request that you spend some time completing the following questions - in as much detail as possible.

We have created the questionnaire in a format, which allows you to fax it back to us – or, if you like, you can post it to us at the address below.

**We would appreciate it if you could forward to us the response to the questionnaire by 30<sup>th</sup> April 2001.**

# facsimile transmittal

<b>To:</b>	The POLICY Project (René Petersen)	<b>Fax:</b>	+27 21 462 5313
<b>Tel:</b>	+27 21 462 0380	<b>Email:</b>	polproj@mweb.co.za
<b>Re:</b>	AIDS in the Millennium Questionnaire	<b>Pages:</b>	3
<b>Date:</b>			

**From (your name):** \_\_\_\_\_

**Name of your company, organisation, institution:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

<b>Tel (include area code):</b>	<b>Fax (include area code):</b>
_____	_____

**Email:** \_\_\_\_\_

# **AIDS IN THE NEW MILLENNIUM:**

## The Challenge to businesses in Southern Africa

### **Question 1**

How did you share the information you gained from the conference with other members of your company, organisation or business council/association?

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### **Question 2**

How has your company, organisation or council/association been able to use this information? (Please list practical examples)

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### **Question 3**

Have there been any changes that have taken place in your company, organisation or council/association since the workshop - in relation to both HIV/AIDS workplace *policies* and *programmes*? (If yes, list the changes)

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**Question 4**

Have you networked with other conference delegates and/or local business councils/associations since the conference? (If you have, please will you list some of the *outcomes* of this networking)

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**Question 5**

Does your company, organization or business council/association have a specific HIV/AIDS workplace programme or policy that you think could serve as a 'best practice' case study for other Southern African businesses? (Please write a few paragraphs describing the project and why you think it could help others)

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**Thank you very much for spending the time answering this questionnaire.**