HIV/AIDS and the workplace: forging innovative business responses

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UNAIDS *Best Practice* Collection

At a Glance

- Businesses throughout Africa, Asia, Latin America and the rest of the world are increasingly recognizing that HIV infection and AIDS can affect productivity and profitability.
- AIDS prevention and care activities by businesses can maintain—and sometimes even increase—productivity and profitability.
- AIDS not only causes illness, disability and death for employees and severe economic and emotional disruption for their families—it also increases the cost of doing business.
- Some of the costs of AIDS to business are:
  - increased health-care expenses
  - increased retirement, pension and death benefit claims
  - decreased productivity as worker absenteeism rises owing to personal illness or absence from work to care for sick relatives
  - increased recruitment, labour turnover and training costs from the loss of experienced workers.
- In a growing number of countries—including Brazil, South Africa, Thailand and the United States of America—companies have formed business coalitions to pool resources and help each other to respond better to the crises in their workplaces and communities.
- Effective workplace programmes can be set up by a company at a fraction of the current, rising financial cost of AIDS to the business. Companies should not wait for the government or health sector to take action for them.
- Establishing an HIV/AIDS programme and policy in the workplace is a cost-effective solution and will help reduce the future spread and impact of the disease.
- A good workplace AIDS programme takes into account the legal, ethical, social, and economic dimensions of HIV/AIDS. Particular programmes will vary according to company size, resources, structure, and employee culture, as well as public policy.
- The recommended components of an AIDS programme are:
  - an equitable set of policies that are communicated to all staff and properly implemented
  - ongoing formal and informal education on HIV/AIDS for all staff
  - the availability of condoms
  - diagnosis, treatment and management of sexually transmitted diseases, for employees and their sex partners
  - HIV/AIDS voluntary testing, counselling, care and support services for employees and their families.
- The effectiveness and sustainability of workplace HIV/AIDS programmes are enhanced if they are periodically monitored, re-evaluated and updated.

UNAIDS *Best Practice* materials

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is preparing materials on subjects of relevance to HIV infection and AIDS, the causes and consequences of the epidemic, and best practices in AIDS prevention, care and support. A *Best Practice* Collection on any one subject typically includes a short publication for journalists and community leaders (Point of View); a technical summary of the issues, challenges and solutions (Technical Update); case studies from around the world (*Best Practice* Case Studies); a set of presentation graphics; and a listing of key materials (reports, articles, books, audiovisuals, etc.) on the subject. These documents are updated as necessary.

Technical Updates and Points of View are being published in English, French, Russian and Spanish. Single copies of Best Practice materials are available free from UNAIDS Information Centres. To find the closest one, visit UNAIDS on the Internet (http://www.unaids.org), contact UNAIDS by email (unaids@unaids.org) or telephone (+41 22 791 4651), or write to the UNAIDS Information Centre, 20 Avenue Appia, 1211 Geneva 27, Switzerland.

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2. Workplace

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Background

In the early years of the AIDS pandemic, little thought was given to the role that businesses might play in HIV prevention, and the workplace was not seen as a major venue for interventions. Since then, much has been learned about the pandemic and how it should be fought—and in particular that AIDS prevention and care are complex issues requiring a multisectoral approach. The business sector and its workplaces can play a key role in preventing the transmission of HIV, and in caring for and supporting those affected. As the impact of HIV on businesses becomes more visible, business leaders are increasingly seeing the advantages of creating HIV/AIDS programmes for their workplaces—and, beyond the workplace, for their surrounding communities.

The impact of AIDS on business

With the rising prevalence of HIV/AIDS, businesses are increasingly concerned about the impact of the disease on their organizations—concerns that are well founded. At the broadest level, businesses are dependent on the strength and vitality of the economies in which they operate. HIV/AIDS raises the costs of doing business, reduces productivity and lowers overall demand for goods and services. It therefore makes sense to invest in prevention, care and support programmes to stem declining business productivity and profitability.

The epidemic is already mature in some parts of Africa and its impact on national productivity is telling. South Africa estimates that, if current trends continue, AIDS will cost the country 1% of GDP each year by the year 2005. Within its mining sector, as many as 1 in 5 workers are currently estimated to be infected with HIV. In Tanzania, the World Bank predicts that GDP growth will be 15–25% lower for the period 1985–2010 as a result of AIDS.

Reflecting the disproportionate impact AIDS can have on the workforce, recent analyses for India show that an estimated 3–5 million people are HIV-positive and that around 90% of these are under 45 years of age. Another study predicts that, by the year 2000, the cost to Asian economies from AIDS will have been US$ 38–52 billion. Thailand alone will have lost nearly US$ 11 billion as a result of AIDS.

The impact of AIDS in the workplace

At company level, such aggregate *national* losses are often hard to detect—or else have yet to come—and they may not always, therefore, convince businesses to act. But the *business* impact of AIDS is already visible in workplaces in many parts of the world—something that worries managers, from the shop floor to the top management.

AIDS takes its toll in the workplace in a number of ways:

- the loss of experienced personnel—in Zambia, for example, a leading commercial bank has lost most of its senior management;
- absenteeism through AIDS-related illnesses, to care for others, and to attend funerals—in Madras, India, industrial labour absenteeism is predicted to double in the next two years because of AIDS;
- increased recruitment and training costs—in many developing regions, finding qualified top management and skilled line workers to replace those who die or can no longer work can be extremely difficult;
- increased labour turnover—productivity suffers during the time it takes to replace workers, particularly among more skilled or senior workers;
- lower productivity of new recruits—often it takes weeks for new employees to become as productive as those whom they replaced. For example, in Mauritius it can take at least a year for a garment factory employee to be sufficiently skilled to work on a company's high-end clothing production line;
- increased health care costs, including growing health staff, medical and insurance costs, death benefits, disability and pension payments.

The Challenges

Businesses face enormous challenges in responding to AIDS. For the most part, business managers want to do the "right thing" for their employees, but when it comes to AIDS they often feel they don't know how, or are afraid it will be too expensive. The following are some of the challenges.

Convincing businesses to set up comprehensive, sustained programmes

To achieve significant and sustained results, programmes must be sustained over time and comprehensive. Surveys have found that few companies have established *comprehensive prevention, care and support interventions* for their workplaces. Many medium and small-scale enterprises, in particular, have little interest in workplace programmes. In a study of Kenyan companies, while most managers believed AIDS would affect their businesses, only half of their companies gave HIV/AIDS education, 60% offered diagnosis and treatment for sexually transmitted diseases (STDs), and less than a third provided counselling.

Businesses may be reluctant to set up workplace HIV/AIDS programmes because they feel they lack the resources, because they do not have adequate in-house knowledge, or because they consider the matter too sensitive. They may also lack links with the wider community, and thus miss out on ways in which community and other outside groups could help them in dealing with HIV/AIDS issues —and vice versa.

Getting businesses to adopt relevant policies

Many companies setting up workplace programmes often do so without clear policies on how to deal with HIV/AIDS. For businesses to manage HIV/AIDS effectively, though, they need to have well defined and internally consistent policies. Even when companies do have policies, these are often unconnected to national HIV/AIDS policies, or else are limited in scope or short-term in nature. Educational programmes, for instance, often consist of single-session courses —with poor and unsustained results.

Obtaining management commitment

The establishment of a comprehensive and sustained HIV/AIDS programme with appropriate policies depends on the creation of genuine management commitment to the enterprise. A forceful manager who publicly endorses and collaborates on a programme will help generate enthusiasm for it across the company. While support for one-off activities is usually relatively easy to secure, obtaining commitment for an ongoing programme—something requiring a process of dialogue and negotiation—can be much more difficult. And getting management to approve staff participation in AIDS activities during work hours can be contentious.

Ensuring confidentiality and non-discrimination

Two important policy matters—and ones that are often lacking —are confidentiality and non-discrimination. Workers, for example, are unlikely to report to a company clinic for STD services—an important HIV prevention component—if they are not assured of both these measures.

Supporting staff with HIV/AIDS

Many companies are unwilling to provide the necessary services —including medical care and counselling—for workers with HIV/AIDS. And even where they do, the company's system is often not flexible enough—or management does not make sufficient effort—to find alternative work, where necessary, for those with HIV/AIDS.

Dealing with attitudes of co-workers

Without proper knowledge and training on the subject, workers frequently stigmatize colleagues who are infected with HIV—or are thought to be infected. And co-workers do not always respect the confidentiality of a colleague who tells them he or she is HIV positive.

Sustaining involvement

Workplace programmes sometimes fail to maintain the interest of staff. Boredom with over-familiar messages or activities can set in. Burnout by peer educators can result in the collapse of a workplace programme.

> *"AIDS has already become as big a killer in Africa as malaria. Economic losses due to AIDS may soon outweigh foreign aid in some countries."*
>
> Peter Piot, Executive Director of UNAIDS, at the Xth International Conference on STDs and AIDS in Africa, Abidjan, 1997

The Responses

It is estimated that a comprehensive HIV/AIDS prevention, care and support workplace programme may cost around US$ 15–25 annually per employee in a lower-income country. A programme with extensive medical care is likely to be more expensive. A basic programme that includes a solid education component and offers access to condoms is likely to cost about US$ 5 per employee annually.

Steps for effective HIV/AIDS workplace programmes

The recommended steps in setting up and operating effective HIV/AIDS programmes in the workplace include the following:

- developing a step-by-step action plan
- formulating a sound HIV/AIDS policy—taking on all the legal, ethical, social and economic aspects
- developing a process for multisectoral involvement, and ensuring cooperation and sensitivity to employee culture
- establishing a comprehensive HIV/AIDS prevention, care and support programme
- monitoring, evaluating and updating the programme
- forging alliances with outside networks and resources, both private and public, and building a broad-based response
- extending workplace interventions to include the local community

(For further details on policy formulation, see M. Roberts *et al.*: *Private Sector AIDS policy: Businesses managing HIV/AIDS—a guide for managers* and Centers for Disease Control: *Business responds to AIDS: manager's kit and labor leader's kit.*)

The experience of various business-sector responses to date has highlighted particular issues that are critical for high-quality HIV workplace programmes, including the following.

Policy formulation and implementation

All HIV/AIDS workplace policies should be formulated around the principles of:

- non-discrimination
- equality
- confidentiality
- medical accuracy.

People with HIV/AIDS are entitled to the same rights, benefits and opportunities as people with other serious or life-threatening illnesses. There are no medical or other business reasons to treat people with HIV/AIDS differently from anyone else with a serious illness. HIV infection itself usually takes years to produce illness, and merely being HIV-positive does not entail any limitations in fitness to work. If and when fitness to work *is* impaired by HIV-related illness, reasonable alternative working arrangements should be made, to the mutual benefit of company and employee. There are many misconceptions and fears around this policy area, and it is most useful to provide for open dialogue on the topic.

Multisectoral involvement in planning programmes

Workplace HIV/AIDS programmes are most effective when their planning and monitoring processes involve representatives from a wide range of sectors. Thus, there should be included representatives from the workforce, from management, from the company's health clinic (if there is one), and a representative concerned with human rights issues—as well as representatives from the wider community, including nongovernmental organizations (NGOs), especially if the company does not have an in-house clinic or support service.

Special occupations

In some occupational settings—such as in hospitals—where workers are regularly exposed to human blood or blood products, ongoing education, training and the necessary equipment for "universal (standard) precautions" should be provided. In particular in such settings, there should also be proper training in, and provision of antiretroviral drugs for, post-exposure HIV prophylaxis, where this can be provided.

It should be mentioned that in occupations such as the military and civil aviation there is no evidence that the levels of competence required are at all compromised by a person being HIV-infected.

Broadening the scope of formal and informal education

Workplaces are ideal places for learning. The content of all HIV/AIDS educational programmes in the workplace, whether formal or informal, should take account of the employee culture and factors increasing vulnerability to HIV infection. It is now well

Training peer educators: Brazil's TELEPAR

TELEPAR is a Brazilian telecommunications company. In 1989 it set up an STD and HIV/AIDS prevention and care programme. The coordinating group overseeing this programme is responsible for training volunteer employees to act as 'multipliers'—people passing on their knowledge to 4500 employees. These volunteers give information, offer guidance and counselling, run educational activities and provide support to HIV-infected work colleagues. They also challenge discrimination in the workplace. Among the methods used are internal newsletters, lectures, short meetings, workshops, films, plays and e-mail networks.

accepted that HIV/AIDS information *on its own* is insufficient to help people adopt preventive behaviour. Workplace programmes should therefore cover not only factual information about AIDS, HIV transmission and safer sex alternatives, but also topics such as alcohol and drug use (including drug injecting), sexuality and gender inequality—including violence against women.

Peer education is a popular education method. Peer educators—acceptable to and preferably selected by their co-workers, and properly trained—have often been very effective. It has been found that single sessions of education are quite inadequate; education must be ongoing, allow for open discussion, and cover the wide range of issues already outlined. Employee input—through focus groups, feedback questionnaires and other means—is highly desirable. (See the Thai Red Cross publication, 110-page guide for training peer educators to conduct HIV/AIDS education in the workplace for more details.)

To avoid burnout among peer educators, they should be treated with respect and not overloaded excessively with duties. It helps to select and train new peer educators regularly, so as to allow long-serving ones a rest.

Company education programmes should provide materials giving accurate, up-to-date information on HIV/AIDS, on combating stigma and rejection of people living with HIV, and on promoting safe behaviour. Most public health facilities and community NGOs are rich resources for such information, as are national AIDS programmes.

Condom availability

Since regular and correct condom use is essential for the prevention of HIV and other STDs, companies should make efforts to make condoms accessible in the workplace and include condom use in the education programme. Unless the company is certain that condoms are readily available, reliable and affordable in the surrounding community, the organization should provide employees (free or at low cost) with condoms. This can be done through dispensing machines, company stores and clinics.

Provision of STD treatment and other care

Many employees suffer debilitating illnesses that increase absenteeism and reduce productivity as a result of undiagnosed or untreated STDs. In addition, the presence of an untreated STD greatly increases the risk of HIV transmission through sex, when HIV is present in one partner. STD services, whether internally or externally provided, should be handled in the same way as other company-sponsored health services.

An effective workplace response: the Botswana Meat Commission's HIV/AIDS programme

In 1991, the Botswana Meat Commission began an HIV/AIDS prevention and care programme for its 1500 employees, including:

- ongoing HIV/AIDS education for all workers
- the provision of condoms from dispensers in toilets, changing rooms, showers and the workplace clinic
- STD treatment for workers and their partners at the workplace clinic
- HIV counselling for employees and families.

Applicants and workers undergo physical examinations but are not tested for HIV. Employees with HIV/AIDS are provided the same medical and other benefits as other employees with a disability. And, when fitness is impaired by HIV-related illness, HIV-positive workers are given less strenuous jobs until they are no longer able to work.

In places where drug and alcohol use is prevalent, companies should consider making available appropriate counselling, support and treatment programmes.

Counselling, care and support for employees with HIV

HIV-positive employees are usually able to be productive for many years. Access to counselling and health care services can help maintain the quality of life for HIV-positive people and their families, as well as keep up productivity. In time, as these employees develop AIDS-related illnesses, their need for care and support services will most likely increase. Many large companies already provide medical insurance for their employees, and this should be extended to cover HIV/AIDS.

HIV testing

Employers should *not* require HIV screening as part of general workplace physical examinations or when recruiting new staff. HIV screening cannot guarantee a workplace free of HIV/AIDS. Because of the "window period", during which someone can be infected but not yet have developed antibodies to HIV, a negative HIV test does not ensure that an organization will be recruiting an HIV-negative employee. And testing does not prevent later infection. A number of companies that previously tested for HIV have stopped the practice because the cost of testing and of lowered morale outweighed the benefits.

While mandatory HIV testing is strongly discouraged, employers may choose to offer *voluntary, informed, and confidential* testing and counselling for employees and their partners as part of the employee education programme.

When recruiting new staff, employers should neither test for nor ask about HIV status. For those rare employers who insist on HIV testing before recruitment, this should be stated in the job advertisement.

Alliances with the public sector: the multiplier effect

The Body Shop International's AIDS response is an excellent example of alliance-building and of the multiplier effects that can be obtained by working with the local community. A multinational company with facilities worldwide, the Body Shop established a partnership with two of its suppliers in Nepal and India to provide HIV prevention education to their workplaces and to the surrounding communities. Further alliances have been established with the public sector to reach police, bus drivers, school children and others. Through these linkages it has been possible to create a diverse and energetic prevention campaign.

Monitoring and evaluating programmes

Workplace HIV/AIDS programmes need to be monitored and evaluated according to their stated objectives. Such evaluations are important in improving the programme and measuring the effectiveness of the interventions. Examples of indicators that might point to the success or effectiveness of a programme include: a decrease in STDs among the workforce; a decrease in alcohol and drug use; increased involvement of employees in workplace activities; and an increase in activities—such as community service—resulting from educational programmes. Guidelines for carrying out cost-benefit analysis, as a means of assessing the impact of HIV programmes, are available (the *Private Sector AIDS Policy* guide, see p. 9, contains this tool).

Alliance building and the wider community

Even the most successful company AIDS prevention programme can become outdated in time, or stand as a single effort in a surrounding wilderness, unless there is a concerted effort to build a united AIDS response. Businesses should seek opportunities to collaborate with each other, with their suppliers and with other organizations—locally, nationally, or globally—to offer AIDS programmes and services.

Linking workplace programmes with public or private health services and other organizations in the community outside the workplace has resulted in effective programmes as well as benefits for the companies concerned. Such linkages are also useful when companies do not have adequate resources themselves: linking up, for instance, with an NGO or public health service can help create an effective programme.

The sometimes lengthy process of obtaining top and middle-level management support in the workplace is critical to

the long-term viability of a programme. A concerted effort to demonstrate the negative impact of AIDS on business, compared with a workplace programme established at reasonable cost, can prepare the way for a sustainable programme (see UNAIDS/The Prince of Wales Business Forum, *The Business Response to HIV/AIDS: innovation and partnership*).

Workplace HIV programmes should be constantly evolving. Knowledge of the employee culture—and of such factors as the incidence of STDs, of violence (including rape) and of drug and alcohol use among employees and in their community—is essential for making programmes as relevant and effective as possible.

Working with the wider community: The Anglo American Corporation

The Anglo American Corporation in South Africa is the largest business group in the country, involved in mining, engineering, chemicals and other sectors. Since the late 1980s it has had a full-time AIDS education officer, and has encouraged all its companies to set up AIDS awareness programmes. In the early 1990s, it began extending its activities into the wider community where its employees live. A key community activity has been directed at young people. Another has centred on women—those living close to the mines, wives of miners living at the mines, and wives visiting migrant workers. One mine has established a primary health-care clinic in the community, where women can obtain STD treatment, and counselling and testing for HIV.

Selected Key Materials

UNAIDS/The Prince of Wales Business Leaders Forum. *The Business Response to HIV/AIDS: innovation and partnership*. Geneva and London: UNAIDS and the Prince of Wales Business Leaders Forum, 1997. This 62-page booklet describes a range of aspects of corporate response to HIV/AIDS, barriers to and benefits of corporate action, and partnership with NGOs and the public sector. It includes 17 detailed case studies from around world.

ActionAid. *Work against AIDS: workplace-based AIDS initiatives in Zimbabwe*. London: ActionAid, 1993. Collection of case studies of effective workplace programmes in Zimbabwe.

Business Exchange on AIDS and Development (BEAD). *Costly Diseases in Developing Countries: a business guide*. London: BEAD, 1996. This is a 22-page business guide to developing a corporate "costly diseases" policy, including HIV/AIDS.

Centers for Disease Control. *Business Responds to AIDS: manager's kit and labor leader's kit*. Atlanta, GA: CDC, 1992. *Developed for US-based companies, this kit contains many of the policy and prevention programme guidelines that are applicable in other settings.*

International Labour Organisation. *The role of the organized sector in reproductive health and AIDS prevention: report of a tripartite workshop for anglophone Africa held in Kampala, Uganda, 29 November – 1 December, 1994*. Geneva: ILO. This 138-page report on AIDS prevention workshop discusses experiences and recommendations for workplace programmes in Africa.

Thai Red Cross Society, Thailand Business Coalition and European Community. *Friends tell friends: a peer-based HIV/AIDS curriculum for blue-collar and white-collar workers*. Bangkok: Thai Red Cross Society, 1996. A 110-page guide for training peer educators to conduct HIV/AIDS education in the workplace.

Pike EC. *We are All Living with AIDS: how you can set policies and guidelines for the workplace*. Minneapolis, USA: Fairview Press, 1993. This 396-page book provides useful policy recommendations, questionnaires, and background material on developing a workplace programme.

Roberts M, Rau B, and Emery A. *Private Sector AIDS Policy: Businesses managing HIV/AIDS: a guide for managers*. Arlington, VA: FHI/AIDSCAP, 1996. This is a 250-page comprehensive business guide (comprising individual modules) for planning workplace HIV/AIDS programme and policies. Originally designed for African-based companies, its methodology is sufficiently general for use in other regions.

British Medical Association. *Infection Control: A Guide for Health Care Professionals*, CD-ROM, London: BMA, 1998. This interactive CD-ROM updates the British Medical Association's report *A Code of Practice for the Sterilisation of Instruments and Control of Cross Infection* and draws from other publications to provide a practical guide to preventing cross infection in the health-care setting. It includes information on universal precautions, emergency advice following sharps injury and post exposure prophylaxis, as well as case studies from leading journals and a searchable bibliographic database.

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