HIV/AIDS and Business in Africa
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For African businesses to attract new investors, they must demonstrate a competitive advantage. In much of Africa, businesses already have a competitive advantage because labor is abundant, affordable, and productive. Countries inevitably compete against one another to attract investors. In turn, investors seek to locate their businesses in a country that has the most productive, lowest-cost workforce.

There are several mechanisms by which HIV/AIDS affects the international competitiveness of African businesses:

1. **Labor Supply.** AIDS deaths lead directly to a reduction in the number of available workers. These deaths occur predominantly among workers in their most productive years. As younger, less experienced workers replace experienced workers, worker productivity is reduced, which in turn results in a decline in international competitiveness.

2. **Profitability.** AIDS reduces the profitability of African businesses by both increasing the cost of production and decreasing the productivity of African workers. The loss of profitability clearly will reduce Africa's competitive advantage.

3. **Other Impacts.** AIDS can also affect African businesses in many ways that are difficult to quantify but that nonetheless can significantly affect competitiveness. For example, AIDS affects worker morale, labor relations, demand for output, and so forth.

Each of these impacts is discussed in greater detail on the following pages.

As already indicated, the objectives of promoting trade and increasing investment in Africa can be reached only if African businesses have an adequate supply of trained workers.

Figure 1 shows the percent of adults in Africa infected with HIV. It is estimated that at least one in 12 workers in sub-Saharan Africa is infected; for some African businesses, the ratio is as high as one in three. Most infected workers will become ill and die within seven to 10 years of becoming infected. The impact from losing so many workers will vary greatly as will the response of companies with several infected workers.

**How Does HIV/AIDS Affect African Businesses?**

**How Does HIV/AIDS Affect the Labor Supply?**

**Figure 1. Percent of Adults (15-49) Infected with HIV in Africa, 2001**
Most African businesses that have more than 10 employees have already seen at least one employee die of HIV/AIDS or currently employ infected workers. In some countries, the number of HIV infected employees has been devastating. For example,

- In a sugar mill in South Africa, 26 percent of all tested workers were infected with HIV. Infected workers incurred, on average, 55 additional days of sick leave during the last two years of their life.
- In Botswana, it has been estimated that 35 to 40 percent of all teachers are infected with HIV.
- One study in Kenya on a sugar estate found that 25 percent of the estate's workforce was infected with HIV.
- Even in countries such as Ghana, which has a more moderate prevalence of HIV, businesses report significant numbers of both AIDS deaths and known HIV infections.

If businesses are to succeed financially, they require a steady supply of adequately skilled labor. For companies requiring skilled workers, it is likely that HIV/AIDS will present a particularly significant problem. Professionals are in short supply, and the costs required to train a new worker are often significant. One study demonstrated that firms took, on average, eight times longer to replace a deceased professional than a skilled worker.

The bulk of infections generally occur among young people who are just entering the workforce. This should be particularly worrisome to African businesses, as it demonstrates that the future supply of laborers and managers are likely to be the ones most affected by HIV/AIDS. At the same time, this fact demonstrates the critical importance of spending money on HIV/AIDS prevention among young people. In order to safeguard the future labor supply, it is necessary to stress prevention programs for youth today.

![Figure 2. HIV Prevalence by Age and Sex (Rwanda, 1997)](image)
HIV/AIDS can affect a company’s profitability by either increasing expenditures or decreasing revenues. During the early stages of infection, managers may observe an unexplained increase in the number of sick days taken. The employee, his or her spouse, and children may incur higher health care costs, many of which are reimbursed by the employer. The productivity of the worker may decline, particularly when opportunistic infections such as tuberculosis (TB) become more common.

As the epidemic progresses, managers may observe within their workforce an increase of diseases, such as TB, sexually transmitted infections (STIs), skin rashes, diarrhea, and possibly even malaria. (Some evidence suggests that HIV-infected individuals are much more susceptible to serious bouts of malaria as a consequence of their suppressed immune system.) There is likely to be a corresponding increase in health care costs and sick days. Employees who are identified as being infected may be retained, moved to a less demanding position in the company, or fired outright (with or without compensation) depending on corporate policy.

“NamWater, the largest water purification company in Namibia, announced recently that HIV/AIDS is ‘crippling’ its operations. They report high staff turnover due to AIDS-related deaths, increasing absenteeism, and a general loss of productive hours. The firm plans on examining the impact of the epidemic through a survey, and then designing further policies to mitigate the impact. The company already distributes condoms to their workforce and has trained 60 peer educators.”

A loss in revenues attributable to HIV/AIDS can occur when infected workers take leave due to illness, the need to care for other infected family members, or the need to attend the funerals of coworkers or loved ones -- in north central Namibia, for example, it has been estimated that extension staff spend at least 10 percent of their time attending funerals. Productivity can also decline when workers in poor health come to work but are unable to produce at their normal levels.

The extent to which people living with HIV/AIDS will continue to be employed depends on the type of work performed and the existing policies of the relevant company. Presumably, employees involved in heavy manual labor will be less likely than desk workers to maintain their jobs when they become infected. Certain companies are required (by government mandate or union contract) to continue offering benefits. However, other companies are able to shift the burden to the government or the families of the employee living with HIV/AIDS.

There are various ways in which expenditures are likely to increase when African businesses are affected by HIV/AIDS. An increase in health care costs is likely to be one sign that a company is experiencing the effects of the epidemic. Companies with private health insurance policies may find that their premiums are increasing. Other companies with in-house health care services may find an increased need for services that may not immediately be identified as HIV-related.

<table>
<thead>
<tr>
<th>Factors Leading to Increased Expenditures</th>
<th>Factors Leading to Decreased Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care costs</td>
<td>Absenteeism due to illness</td>
</tr>
<tr>
<td>Burial fees</td>
<td>Time off to attend funerals</td>
</tr>
<tr>
<td>Training and recruitment</td>
<td>Time spent on training</td>
</tr>
<tr>
<td></td>
<td>Labor turnover</td>
</tr>
<tr>
<td></td>
<td>Reduced worker productivity</td>
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</tbody>
</table>
Figure 3 indicates how quickly the number of AIDS-related deaths can increase. As more workers die of AIDS, it is likely that the private sector in Africa will observe increased costs in terms of death benefits. When a worker dies, many larger African companies offer a death benefit to the surviving family. In some cases, these death benefits equate to as much as three years of salary plus funeral-related expenses. Some companies also pay workers a death benefit if their spouse or children die. With the advent of the HIV/AIDS epidemic, companies have tried to mitigate the impact of benefit costs in various ways. For example, some African companies have reduced the amount of their contribution to funerals. Other companies have required funerals to be conducted on weekends to minimize the disruption to work.

The cost of recruiting and training new workers may also be substantial. The cost of replacing unskilled workers may be small, particularly when the rate of unemployment in the community that houses the business is high. As a result, most unskilled workers can be replaced within a week with little or no cost of recruitment. However, many African countries have a shortage of experienced senior managers. In this case, positions may be left unfilled for months or even years, which represents a significant cost to the company. Some companies even have had to resort to hiring highly paid expatriates following the death of senior managers.

As with recruiting, the cost of training and of general human resource development depends on the education and skill level required for the position as well as on the capacity of the pool of available workers. Training of unskilled workers often occurs over a period of a few days and does not generally represent a high cost to the company. The costs involved in training a director of finance, marketing, accounting, or sales, however, can be significant, particularly as such training is typically performed overseas. One international company, for example, trains its African senior managers in Europe over a period of four weeks. That same company indicated that when a managing director is lost due to AIDS or other reasons, the company incurs costs of $100,000 to recruit and train a replacement.
In the end, HIV/AIDS is likely to have a variable impact on expenditures depending on the

- prevalence of HIV;
- cost of training and providing benefits;
- availability of prevention activities; and
- extent to which the company can shift the economic burden of the disease from itself to workers, their families, and the public sector.

It should be noted that the data on the extent of the impact of HIV/AIDS on profitability remain controversial. Studies completed in South Africa\(^7\) and Kenya\(^8\) suggest that the economic impact of HIV/AIDS on profitability is likely to be substantial. Studies in Zambia, Malawi,\(^9\) and Botswana,\(^10\) however, indicate that the impact of HIV/AIDS on profitability was not substantial at the time those studies were carried out. Nonetheless, the loss of profits due to HIV/AIDS may be substantial for some African business. Therefore, it is critical that businesses become aware of the HIV/AIDS problem and take immediate steps to mitigate its impact. Such steps should include workplace peer education programs, condom distribution, voluntary counseling and testing, STI treatment, and treatment for HIV-related opportunistic infections.

<table>
<thead>
<tr>
<th>Region</th>
<th>Severe impact via death, disability, and funeral expense</th>
<th>Severe impact via medical expenses</th>
<th>Severe impact via proactivity and absenteeism</th>
<th>Severe impact via recruitment and training expenses</th>
<th>Severe impact via loss of revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>24.2%</td>
<td>25.5%</td>
<td>25.7%</td>
<td>15.8%</td>
<td>16.3%</td>
</tr>
<tr>
<td>Asia</td>
<td>11.5</td>
<td>14.1</td>
<td>17.3</td>
<td>14.1</td>
<td>13.6</td>
</tr>
<tr>
<td>Central American &amp; North Africa</td>
<td>8.5</td>
<td>10.5</td>
<td>10.5</td>
<td>9.8</td>
<td>9.2</td>
</tr>
<tr>
<td>Europe</td>
<td>12.4</td>
<td>15.7</td>
<td>15.7</td>
<td>15.7</td>
<td>12.4</td>
</tr>
<tr>
<td>Middle East &amp; North America</td>
<td>14.7</td>
<td>17.3</td>
<td>21.3</td>
<td>16.0</td>
<td>12.0</td>
</tr>
<tr>
<td>North America</td>
<td>0.0</td>
<td>0.0</td>
<td>9.1</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>South America</td>
<td>17.5</td>
<td>19.3</td>
<td>22.8</td>
<td>21.1</td>
<td>22.8</td>
</tr>
<tr>
<td>Overall</td>
<td>19.1</td>
<td>21.0</td>
<td>21.8</td>
<td>15.1</td>
<td>14.8</td>
</tr>
</tbody>
</table>

The indirect impacts associated with HIV/AIDS are much more difficult to quantify but can nonetheless be an important factor in influencing investment decisions. The indirect impact incurred by African businesses refers to those outcomes that cannot be directly attributable to an increase in revenues or a loss in expenditures over the short term, but that still can create a significant burden for a company. For example, HIV/AIDS can result in a substantial decline in morale among workers. As employees watch many of their co-workers die of AIDS, they may adopt a generally fatalistic attitude toward life and work.
One indirect effect of absenteeism is that it results in extra work for other healthy employees who have to stand in for sick colleagues. In some companies, healthy employees were increasingly working extra hours to compensate for the time lost by their absent (sick) colleagues. In so doing, not only did companies pay more in terms of overtime, but interviewed workers also pointed out that they were overworked and exhausted. According to the engineering manager of one of the companies, working longer hours produced stress among employees and was responsible for a decline in both the quantity and quality of the final product (sugar). The spread of the epidemic can also contribute to worsening labor relations. If employees do not feel that their employers are providing adequate prevention or care services, the relationship may degenerate. In some cases, workers demand the dismissal of their colleagues when learning of their colleagues’ illness.

“...Knowledge or even suspicion that one of their colleagues has HIV/AIDS is likely to trigger certain negative attitudes and behavioural responses towards that individual and how they perform their own tasks.”

Managers may not always be aware of the ways in which HIV/AIDS is affecting their business. One way to address the indirect effects of HIV/AIDS is to establish a workplace policy that explains how the needs of infected workers should be addressed. Such a policy should promote a positive relationship among infected workers, their employer, and their colleagues.

HIV/AIDS can also result in a significant decline in the demand for some products. HIV/AIDS is known to be a disease that tends to impoverish families, particularly because infected individuals are often the main income earners in the household. As a result, families end up earning less but spending more on health care, leaving few resources available to purchase other goods. Thus, most businesses are likely to observe at least some decline in demand for their products, especially the “luxury” goods that consumers can forego during difficult economic times. An article by Alan Whiteside, for example, noted that a South African furniture manufacturer (JD Group) projected an 18 percent reduction in its customer base as a result of HIV/AIDS. The study went on to conclude that consumers would incur a significant decrease in demand for furniture due to HIV/AIDS and its corresponding impact on household consumption.

In addition to the impact of HIV/AIDS on particular businesses, HIV/AIDS can influence national economies. Such an impact can be particularly devastating to the objective of increasing investment, for investors seldom invest in countries with declining economies.

Various methodological issues and features of developing country economies make detection of macroeconomic impacts difficult. Initial studies regarding the potential impact of HIV/AIDS on macroeconomic growth have generally not been conclusive, with some studies in Botswana and Tanzania showing that the change in per capita income would be minor.

However, as the epidemic has progressed, economists have tended again to raise questions about the potential macroeconomic impacts of HIV/AIDS. A Kenyan analysis indicated that HIV/AIDS would produce a significant impact, with predictions that HIV/AIDS would leave the Kenyan economy one-sixth smaller than it would have been in the absence of HIV/AIDS. A study of African countries in 2000 suggests that HIV/AIDS has reduced the growth of per capita income by 0.7 percent per year; in malarial countries, the rate of growth was further lowered by 0.3 percent. For countries with HIV/AIDS prevalence levels above 20 percent, GDP is estimated to be 2.6 percentage points less per year. Economic analyses have therefore indicated that the epidemic may be affecting growth to...
a much greater extent than earlier predicted. Another study found that the impact of the AIDS pandemic in South Africa could be “substantial.” By the year 2010, the level of GDP could be lower by 17 percent due to HIV/AIDS while the level of per capita GDP could be lower by 7 percent. About half of the decline is attributable to the increase in current government spending to pay for health care associated with the pandemic; another third of the decline is attributable to lower productivity.

It appears that many African economies are already affected by HIV/AIDS. Decision makers must be pursue policies at the national level that can mitigate social and economic impacts. This may include promoting policies that increase savings and encourage investment in specific types of human capital that might be in short supply (e.g., teachers, doctors, and so forth).

African nations have a potential competitive advantage over other regions of the world. Businesses and governments must protect the vast majority of workers who are uninfected, offer appropriate support and services to those who are infected, and ensure that the impact of HIV/AIDS is mitigated.

Since HIV/AIDS tends to affect people in their prime working ages, the spread of the disease can prevent some nations from meeting their labor needs, particularly for businesses that require workers with significant training or experience. The loss to HIV/AIDS of even one critical employee can cause a business to lose its competitiveness.

The spread of HIV/AIDS has resulted in the loss of profitability among African companies. This loss is attributable to increased expenditures on benefits such as health care, sick leave, and death benefits as well as to the additional cost of retraining new employees. In turn, revenues have been shown to decline when many workers become infected and their productivity declines. African businesses have also been affected more indirectly as a result of HIV/AIDS. For example, as workers become ill, companies have experienced a decline in morale, labor relations, and demand for the company’s products. Lost profitability among African businesses may already be thwarting efforts to encourage foreign businesses to invest new money in the African continent.

Strong macroeconomic prospects are particularly important to investors who want assurance that they are investing in a country with a stable currency and a growing demand for their products. Economic studies indicate that HIV/AIDS can negatively affect a nation’s overall economic growth, which in turn is likely to hinder the success of trade and investment initiatives by limiting the number of businesses that are willing to invest in Africa.
To conclude, it is imperative to recognize that in most African countries, more than 90 percent of workers are not infected with HIV. In other words, despite the potentially dire consequences of HIV/AIDS, in most countries there is still time to prevent and to mitigate the impact of the epidemic. Also, we now know what works in terms of HIV/AIDS prevention. In countries such as Uganda and Senegal, prevention programs have succeeded in significantly reducing or limiting the spread of HIV infection. Finally, there are now unprecedented levels of commitment globally to addressing the issue of HIV/AIDS.
References


8 Morris et al. Economic Impact.

9 Roberts et al. Private Sector.


The challenge is to move from rhetoric to action, and action at an unprecedented intensity and scale. For this there is a need for us to be focused, to be strategic, and to mobilise all of our resources and alliances, and to sustain the effort until the war is won.”

- Nelson Mandela

This section addresses how African businesses are responding to the HIV/AIDS crisis. It is imperative that businesses take immediate action to lessen the economic and social consequences of HIV/AIDS. If they take action, businesses can ensure that economic initiatives, such as the African Growth and Opportunities Act, will succeed in stimulating economic growth in Africa. While both the public and private sector should have HIV/AIDS policies and programs, this paper addresses only the private business sector response to the epidemic. However, many of the actions, best practices, and conclusions discussed in this paper are also applicable to public sector policies and programs.

The most important step for a business in responding to HIV/AIDS is to get started on an HIV/AIDS program. If a business has started addressing HIV/AIDS, it must progress to the next step of evaluating the effectiveness of current activities.

A critical component to the success of any HIV/AIDS program is the involvement of top leadership. Other key components include development of workplace policies to eliminate stigma and discrimination, and education about the policies to both supervisors and employees. Other key components include providing workplace HIV/AIDS education, addressing care and treatment issues, and outreach to families of employees, suppliers and contractors, and communities.

As a framework for action for businesses responding to the crisis of HIV/AIDS, this section has been organized around specific kinds of activities that businesses can implement within their organizations, in the surrounding community, and in concert with governments in the country or countries in which they operate.

This section presents six pillars of action in which the following practices are highlighted:

**Workplace initiatives**
Implementing comprehensive and effective workplace HIV/AIDS programs that are collaboratively designed and implemented and that ensure employee rights and confidentiality are provided for within an HIV/AIDS workplace policy.

**Community initiatives**
Ensuring that communities from which staff are employed and/or that are suppliers or contractors to the workplace are assisted and reinforce the overall community response to HIV/AIDS, including community-based interventions.
Advocacy initiatives
Collaborating with other businesses, such as through coalitions or business service organizations, and, in tandem with worker organizations when possible, to advocate for increased response from national authorities and the international community. Small and large businesses can work together to ensure that legislation, tariffs, and taxes are conducive to and supportive of other HIV/AIDS efforts.

Capacity development
Enabling businesses to provide employees, managers, workers, and others with the capacities and competencies necessary to effectively undertake an HIV/AIDS program and the methods to successfully sustain it.

Enabling environment
Providing capacities in order that business efforts are part of the coordinated efforts on a country level, both in creating and sustaining efforts to address HIV/AIDS.

Public-Private sector partnerships
Facilitating dialogue and action among business, labor, governments, and the nonprofit sector at country, state, and community levels to strengthen the national response to HIV/AIDS.

Workplace Policies
One of the first steps in implementing a comprehensive and effective workplace HIV/AIDS program is the design and incorporation of a workplace policy. Ideally, a policy is developed collaboratively with all those involved. Key elements of a model policy include addressing elimination of stigma, employee rights including nondiscrimination and confidentiality, periodic workplace programs, management responses to the epidemic, and other issues such as medical care and treatment.

<table>
<thead>
<tr>
<th>Key Elements of a Policy</th>
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<tbody>
<tr>
<td>• Elimination of stigma and discrimination</td>
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<tr>
<td>• Confidentiality for affected workers</td>
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<tr>
<td>• Management response to the epidemic</td>
</tr>
<tr>
<td>• Periodic workplace programs</td>
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<tr>
<td>• Benefits, including care and treatment issues</td>
</tr>
<tr>
<td>• Inclusion of suppliers and contractors</td>
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A decade of experience in HIV/AIDS education in southern Africa has demonstrated that educational programs alone are of limited effectiveness without effective policies. In fact, educational programs can sometimes be counterproductive. Proper support services must be in place, specifically workplace-based, antidiscriminatory employment policies, for the fear of HIV can lead many people into denial and discourage them from making behavioral changes and seeking help.

The workplace offers a unique opportunity to confront societal discrimination and stigma. By teaching that there is no need to fear people living with HIV and providing a guarantee of job security, a powerful message is sent. It is more than just an educational message; workplace-based, antidiscrimination policies provide visible guarantees that people can live and work with HIV, often for many years, without fear of loss of income or isolation. Only when antidiscrimination measures are in place will people seek to learn their status, take to heart educational messages about how HIV can and cannot be transmitted, and ultimately seek to modify high-risk behavior.
Many workplaces have substantial HIV policies. Some examples of companies or labor organizations with workplace policies that specifically address confidentiality and stigma include Anglo-American, Levi-Strauss, MTV International, Debswana Diamond Company LTD, Eskom, Ford Motor Company of South Africa, Daimler Chrysler of South Africa, and the International Labor Organization (ILO).1,2,3,4,5

Examples of model policies are included at the end of this document. A number of model policies have been developed, which can be used as a guide for a business in developing their own workplace policy. The AIDS Management Standard Initiative is a standardized guideline that can objectively evaluate a company’s commitment to an AIDS policy in the workplace6. The guidelines are similar to the International Standard Organization #14000, which is used by the European Union (EU) to ensure a safe work environment.

Examples of Workplace Policies

- **Elimination of Pre-employment Testing.** Large companies such as Eskom, a South African utility company, have eliminated a requirement for a pre-employment HIV test. They recognize that the test has limited value, since someone may become positive after taking the test. Other companies such as the Regent Bangkok Hotel in Thailand have a policy that does not use pre- or post-testing for HIV for recruitment, transfer, or promotion. They do offer voluntary counseling and testing and confidentiality for all employees.7,8

- **ILO Code of Practice Addresses Stigma and Discrimination.** The ILO Code of Practice is a comprehensive document that addresses HIV/AIDS in the world of work internationally. The fundamental principle of the code is to safeguard conditions of decent work, avoid stigma, and promote non-discrimination and the dignity of workers and persons living with HIV/AIDS. The ILO code promotes partnerships of governments, unions, and employers to address HIV/AIDS workplace issues. Through collective bargaining mechanisms, these partnerships are expected to address provision of HIV/AIDS education and prevention programs, expanded health-related benefits, and mechanisms to redress grievances arising from discriminatory practices, denial of benefits, and other HIV/AIDS-related issues. The code can be found electronically at: http://www.ilo.org/public/english/protection/trav/aids/pdf/acodeen.pdf.6

- **Multicountry Collaboration for Model Code of Practice.** The Southern African Development Community (SADC), in consultation with its tripartite structures of business, labor, and government, has also developed a code of practice for the 14 member countries. SADC member states are Angola, Botswana, Democratic Republic of Congo, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe.

- **Updating a Policy on HIV/AIDS to Encourage VCT.** The Anglo-American Corporation of South Africa, Ltd., a mining and national resources company, has a new strategy and policies that encourage early diagnosis and knowledge of HIV status in all sexually active persons through voluntary counseling and testing (VCT). The strategy supports behavior change counseling and linking VCT to a program of care for infected persons. With regard to care, the policies address large-scale efforts to treat sexually transmitted infections (STIs) and to improve care for all HIV infected individuals. The program encourages people to disclose that they are living with HIV and provide them with visible support.
• **Business Coalition Develops Model Policy.** The Confederation of Indian Industry held a business leaders forum and collectively developed an HIV/AIDS model policy for industry, which was released on World AIDS Day. The model policy called for the provision of prevention and care, non-discriminatory policies, elimination of stigma, and availability of condoms.

Policy is a key step in the development of comprehensive and effective workplace HIV/AIDS programs; however, it is not the only step. Such programs can include HIV/AIDS education and awareness programs; voluntary counseling and testing; provision of benefits, including medical care; youth development and training; and community initiatives.

### Examples of Comprehensive Workplace Programs

#### Agribusiness Providing Workplace Education and Care.
Illovo Sugar is a sugar production and processing industry, with more than 19,000 employees in Kenya, South Africa, and Tanzania. To prevent loss in productivity, the company has developed workplace education programs, provided treatment for STIs, and used peer counselors in prevention and education. It has also offered voluntary counseling and testing, introduced use of prophylactic antibiotics for opportunistic infections and screening for tuberculosis, and promoted a healthy lifestyle.

#### Extending Healthcare Benefits.
Coca-Cola is implementing workplace HIV prevention and care programs with the largest of its African bottlers, with a commitment to extend these services to its entire network of 40 bottlers in Africa.

#### Providing Care as Part of Workplace Program.
Heineken is providing all employees, along with their partners and children, access to preventive and therapeutic medical care. Recently, its board of directors decided to extend medical care to include demonstrated effective HIV/AIDS therapies, specifically antiretroviral therapy to infected employees and family members. Initially, these services will be provided to employees in Rwanda and Burundi, but will extend to other countries in which Heineken operates.

#### Healthy Workplace Project-Tripartite Collaboration-
In Malawi, the Ministry of Labor, in collaboration with employers and labor organizations, have implemented a comprehensive workplace education program. The program is designed to increase awareness, including development of workplace policies for the protection of workers living with HIV/AIDS, and to reduce the adverse consequences on development. In addition to developing a national HIV/AIDS workplace policy to reduce stigma and discrimination, the program includes collaborative partnering.
efforts with a broad array of organization. Funding is provided through a private non-governmental organization and a U.S. government agency.

While this document is targeted to business, it is important to note that the governments of many African countries employ large numbers of programs. The development of policies and programs within the public sector may serve as a model for similar action by the private sector.

Communities supply the labor from which business operates, as well as business suppliers or contractors. Business can work to reinforce the overall response to HIV/AIDS, including community-based interventions. Business can easily use their existing networks, including communication networks, to reach out to suppliers and ensure that critical public health education messages are delivered to young people.9

Business also has an opportunity to assist in providing support for community-based HIV/AIDS initiatives through corporate giving. In this way, locally supported projects can be started and sustained. Community capacity in addressing HIV/AIDS can also be provided by management advice and assistance to local community-based groups, as well as

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A Comprehensive Workplace Program, including Stakeholder Involvement

Debswana Diamond Company (PTY), Ltd., in Botswana has instituted a comprehensive HIV/AIDS program, which includes the communities surrounding its mines. They have developed a comprehensive policy for employees and suppliers, as well as providing medical care and antiretroviral therapy for all affected employees and their spouses. Their initial policy developed in 1995 included non-discrimination provisions and no pre-employment HIV testing, and stressed the importance of education and prevention efforts for HIV/AIDS. The policy outlines the role of all employees and supports structures such as home-based caregivers, counselors, peer educators, and health care workers.

In 2000, the company prepared a new strategic plan, identifying HIV/AIDS as an area of strategic importance requiring a special, ongoing focus. The new HIV/AIDS strategy includes a vision and mission statement to address HIV/AIDS in the following areas that require further attention: epidemic containment, living with AIDS, cost containment, stakeholder engagement, monitoring and evaluation, and communication.

The policy defines stakeholder engagement as a requirement for suppliers that provide goods and services to Debswana. Stakeholders must have their own workplace HIV/AIDS policy and programs as well as be supportive of Debswana’s community HIV/AIDS initiatives. Suppliers are audited on a periodic basis to assure that they have an HIV/AIDS workplace policy and program. Debswana has also developed a youth training initiative through a scholarship program for youth that are receiving training in colleges.

Beginning in March 2001, the board of directors approved the provision of antiretroviral treatment for employees living with HIV/AIDS. Debswana provides subsidies for antiretroviral therapy, which includes prophylactic treatment and appropriate monitoring and laboratory testing. Debswana pays 90 percent of the cost for an infected employee and one legally married spouse who is HIV positive. A nurse monitors employees using antiretroviral therapy, through a toll-free line. She contacts all registered patients to discuss the importance of adherence to therapy and provides reminders to patients for blood tests and follow-up with doctors and other staff.

Debswana has engaged diverse stakeholders, including the Botswana Mining Workers Union, various government ministries and departments through the multisectoral AIDS committee structures, various pharmaceutical companies, and nongovernmental organizations. In the mining communities, Debswana collaborates with schools, local governmental agencies, community-based groups, and traditional and faith healers to provide HIV/AIDS education through peer education and participation in government and community efforts.
through organized corporate philanthropy. The goal is to support the formation of local foundations and organizations that can provide sustainable efforts for a long-term response to HIV/AIDS within specific communities in concert with local NGOs.

Examples of Community Initiatives

• **A Collaborative Community-based Intervention:** The Lesedi Project. Treatment of STIs has been shown to reduce the risk of transmission of HIV in some studies. Initially begun in one community in Virginia, South Africa, the Lesedi Project was designed to provide diagnosis and treatment of STIs at no cost to miners and their female sexual contacts. Following the initial intervention, the project was expanded to other areas, and with a broader array of participating partners. Developing a longer-term strategy for sustainability, the partners included Harmony Gold Mining Company, Ltd., Goldfields Ltd., Joel Mine, the local branch of the National Union of Mineworkers and the local, state, and national health departments. Each partner had an important role. The Department of Health provided staffing and assistance in securing funding from EU countries for the initial period. The unions facilitated communication, and thereby cooperation in the project. The company continued to support the project, especially when cost savings were recognized.10,11

• **Partnering Between Businesses in Communities.** Rotary clubs have partnered within their communities and with other Rotary clubs around the world to address HIV/AIDS. In Bangladesh, the Rotary Club of Dhaka, Metropolitan Dhaka, and others in District 3280 worked with UNAIDS to organize a workshop and compile a resource guide to educate the media about HIV/AIDS. Another example is in South Africa, where the Rotary Club of Sandown, through matching grants from developed countries, established a community care center for HIV-positive/AIDS mothers and children and is managed for Hope Worldwide. This club developed an HIV education CD-ROM that will be used in the schools of South Africa. A third example is the Rotary Club of Delhi, South End, India, and a counterpart club from West San Fernando Valley, California, that combined club and district funds with a Rotary Foundation Matching Grant to purchase a van and video equipment to support a television HIV/AIDS awareness campaign. The van was used to tape interviews of people impacted by HIV/AIDS and provide print information. The interviews were broadcast on cable television and also locally broadcast in low-income housing areas.12

• **Delivering Health Education Messages to Young People.** As part of the Chevron Workplace AIDS Education Program (CWAPP), Chevron engages in a wide range of community education activities, using targeted approaches and innovative methods, such as cartoons, drama, music videos, and story. They have emphasized outreach to youth through the Chevron Adolescent Reproductive Health Program, with a variety of workshops, events, a yearly festival, and other activities.

• **Support for Youth Development and Training and Microcredit.** Increasing economic opportunities for youth and women offers options other than sex work. The Planned Parenthood Association of Ghana (PPAG) offers development and training for youth. In Accra, the INNOVATE Project offers training in computer software and batik/tie-dying. They also offer a youth resource service including a reference library, computer center/internet café, and recreational area. In Agape, teen mothers are provided with literacy and handicraft supplies. They are supported with enterprise development training and helped to access micro credit for small handicraft businesses through the Akuapem Rural Bank.

• **Corporate Grants for HIV/AIDS.** Levi Strauss and Company and the Levi Strauss Foundation have been corporate leaders in making charitable gifts for community
prevention and care projects. These resources fund projects that provide health care, education and HIV prevention services for poor and underserved people. Through their “community involvement teams” (CITs) or community volunteerism programs, company volunteers conduct HIV/AIDS awareness programs for employees as well as support communitywide efforts in HIV/AIDS. (For a list of grants, see the company’s website at http://www.levistrauss.com/responsibility/foundation/grants/index.htm).

- **Partnerships with Grantmakers and Local Government.** Ford Motor Company of South Africa (FMCSA) has gone into communities, which specifically include their employees and dependents, with two new pilot projects in partnership with local government, a U.S. government agency, and NGOs to influence behavioral change and assist with the care and support of those infected and affected by the HIV/AIDS pandemic. The first has been designed with the city, the Regional Department of Education, the University of Port Elizabeth, and a number of community-based organizations. Together, they have launched an HIV/AIDS pilot study involving senior primary school children (aged 11-13 years) in 40 schools in the Port Elizabeth area. Beginning in April 2001, the program was called the “Life Skills Programme Focusing on HIV/AIDS Education for Primary Schools Youth.” A second pilot project focuses on the care and support of people living with HIV and AIDS orphans or orphans-to-be in Mamelodi in partnership with local community organizations.

- **Providing Pharmaceuticals to Communities.** Boehringer Ingelheim, a pharmaceutical company, announced that it would offer Neviripine to prevent mother-to-child transmission (MTCT) of HIV/AIDS free of charge for a period of five years in developing countries. Initial projects for distribution and systems to deliver care with Doctors without Borders have begun in South Africa and Uganda.

- **Peer Educators Provide Broad-based Community Education.** Eskom, a large South African utility company, has participated in broad-based HIV/AIDS awareness in communities in South Africa and Nigeria in government-sponsored programs. Peer educators from Eskom have provided education in communities, including events with school-aged children, leaders in government, business, schools, television, radio, and newspapers.

**Advocacy Initiatives**

Collaboration among business can enhance existing programs and prevent duplication of effort. Businesses, especially small businesses, can share and learn about effective policies, programs, and advocacy through coalitions or business service groups. Examples of such groups are the Global Business Coalition (GBC), the Ugandan Business Council on AIDS, the Zambian Business Coalition on AIDS, and the Thai Business Council on AIDS. These coalitions are particularly important in sharing information about the implementation of HIV/AIDS comprehensive workplace programs, engaging new businesses, and advocating as a group to governments on issues related to HIV/AIDS.

These coalitions, as well as focused meetings of business and labor, can provide an effective forum in which to formulate responses to the pandemic and advocate collectively for additional efforts from national authorities, legislative bodies, and the international community. Working collaboratively, small and large businesses can ensure that legislation, tariffs, and taxes are conducive to and supportive of HIV/AIDS efforts. These groups can also engage other stakeholders in advocating for additional government funding. For example, businesses could advocate for care and treatment issues for tuberculosis and sexually transmitted infections.
In addition to funding for specific activities by government, coalitions and other tripartite groups can advocate for debt cancellation because of the impact of HIV/AIDS. Businesses can advocate for governments to provide specific assistance for debt cancellation, poverty reduction strategies, and readjustment of development goals due to the impact of HIV/AIDS.

In addition, coalitions or large businesses can advocate for legislative and regulatory changes, especially in relation to restrictive trade practices. For example, if high rates of HIV/AIDS infection are attributed to high-risk behaviors among truckers delayed at border crossings, businesses can advocate for more border security personnel or increased hours of border operation.

**Examples of Advocacy Initiatives**

- **Global Coalition Formed for Advocacy.** The Global Business Coalition was founded in 1997 to promote the business response to HIV/AIDS and to offer leadership and advocacy to increase action by business on HIV/AIDS, as well as the need to inform and engage leadership from other sectors. The council’s advocacy efforts help keep HIV/AIDS at the top of the national and international agenda, including media publicity. Sharing of policy and programming efforts are encouraged.²

- **Coalition Established and Addresses Legislative Issues.** Legislative issues around HIV/AIDS are being addressed through the National Economic Development and Labor Council (NEDLAC). This council, which has representatives of labor, government, business, and civil society, seeks consensus to reach agreements through negotiation and discussion. NEDLAC has developed a special code of practice for South Africa. The council is a collaborative partnership that reviews potential legislative issues that go through Parliament.

- **Dropping Excise Tax.** Advocacy efforts between legislators, government ministries, and businesses assisted in removing an excise tax in Senegal that quadrupled the price of condoms, thereby assisting in the successful implementation of a national condom promotion campaign.

- **Advocating for Changes to Specific Legislation on Testing.** The Chamber of Mines in South Africa is advocating for an amendment to the Employment Equity Act of South Africa, which prohibits all mandatory HIV testing in the workplace. Voluntary counseling and testing are an important adjunct to treatment options.

Every business has capabilities in addressing the crisis of HIV/AIDS. Businesses can scan the environment within their organization, as well as within the communities from which they draw their labor, to assess potential contributions and capacities for addressing HIV/AIDS.

It is important that businesses provide employees, managers, and others with the capacities and competencies to effectively undertake an HIV/AIDS program and the methods to successfully sustain it. Enhancing capacity is a concept by which business can address HIV/AIDS within their own capabilities and within their sphere of influence. Innovative approaches, strategic thinking, and sound business planning are part of this capacity.¹³

Evaluation is an important skill for managers and peer educators. Evaluation is also important for measuring how effective programs address HIV/AIDS issues. Monitoring and evaluation of programs is essential in providing feedback to continuously improve
programming efforts. One of the most challenging aspects of HIV/AIDS programming efforts is the provision of care and services. Evaluation can be used to assess impact of providing care and treatment.

**Examples of Capacity Development Initiatives**

- **Applying Businesses Core Competencies in Addressing HIV/AIDS.** USAID and a former Coca-Cola executive worked together to design and test a model for public-private partnerships to address HIV/AIDS in Nigeria. The goal of this partnership is to bring business and the public together and create opportunities for business to participate in Nigeria’s national HIV/AIDS strategy. This partnership has evolved into the National Business Concil on AIDS. Leading Nigerian, U.S., and European corporations have joined forces with the National Action Council on AIDS and are applying their core competencies in key areas including policy formulation, project design, and implementation.

- **Enhancing Capacity for Accessing Care and Treatment.** Laborormanagement partnerships are expanding the capacity of the worksite as an interim delivery mechanism for providing care where treatment does not currently exist. The National Union of Mineworkers recently signed an agreement with the Chamber of Mines of South Africa to provide access to AIDS treatment and care. (See [http://www.bul-lion.org.za/bulza/agreements/aids.htm](http://www.bul-lion.org.za/bulza/agreements/aids.htm).) Daimler-Chrysler and the Ford Motor Company recently reached agreement with unions securing the protection against discrimination and treatment for HIV/AIDS for their employees and their families. Transport unions have taken the issue to centralized bargaining structures in which the Bargaining Council has initiated a major AIDS prevention program that includes the employment of peer counselors at major truck depots.

- **Participating in Community Programs.** Pfizer is sponsoring the Global Health Fellows Program, a private sector medical Peace Corps. The program is made up of 20-25 Pfizer executives selected each year to lend their expertise and needed skills in the fight to promote better health care in Africa and throughout the world.

- **Measuring Increased Condom Use.** Ford Motor Company of South Africa has measured HIV/AIDS awareness and knowledge among every employee and contract worker who has received mandatory HIV/AIDS education. Managers report that employees no longer hesitate to engage in open discussion on HIV/AIDS, with more and more employees seeking advice or clarity. The use of condoms supplied by the company has increased 20-fold. Onsite dispensing of free condoms was increased, and usage increased from 700 per month to more than 17,000 per month.

The environment - including political commitment, community values, support systems, policies, and resources - necessarily influences the impact of HIV/AIDS interventions. A supportive environment is integral to the success of HIV/AIDS prevention and treatment programs, as well as individual efforts to change risky behaviors. Meeting the unique challenges of HIV/AIDS requires creating and sustaining country-level coordinated, multisectoral partnerships and strategies to address the epidemic.

Individual business entities, both large and small, also have an opportunity to support countrywide efforts on the local level and within communities. Examples of enabling programs include supporting efforts for orphans and vulnerable children, human rights and gender issues and involvement of persons who are living with HIV/AIDS. Media efforts can provide supportive environment for HIV/AIDS messages. Company participation in community awareness and education strengthens a broad-based response.
Businesses can assist with efforts to ensure the economic security of youth by preventing the economic attraction of sex work. The hotel and hospitality industry has been proactive in addressing this issue. For example, a youth career development program in Thailand provides training in a range of hotel services, such as food and beverages, housekeeping, and kitchen and laundry work. Microcredit may be important for women, especially those widowed from HIV/AIDS, to start new business.

The media is especially important in creating an environment that supports prevention, care, research, and behavior-change messages. The media has the ability to reach a broad audience in a very short time and can reinforce messages from educational programs or stimulate the need for more information.

**Examples of Initiatives that Create Enabling Environments**

- **Report Spurs Country Leadership in Addressing HIV/AIDS.** In Botswana, the United Nations Development Program supported a National Human Development Report on how HIV/AIDS reduces economic growth. This report impacted policy, by spurring public discussion on antiretroviral drugs. The Ministries of Health, Finance, Development and insurance companies met, prompting the President of Botswana to announce a decision to provide antiretroviral drugs to all HIV-infected citizens.

- **Youth Prevention Initiative with Microcredit.** The United Nations Foundation has launched a youth and HIV/AIDS prevention initiative in southern Africa, with local NGOs and donor agencies. In Zimbabwe, adolescent girls are provided with peer education and access to microcredit information. The project has also provided enhanced community support for orphans.

- **Participation in Broad-based Awareness with NGOs, Schools, and the Media.** Chevron has participated in broad-based awareness activities with NGOs and international donor agencies, in the funding of educational materials for primary and secondary schools, as well as the training of female journalists in AIDS education and media access to information.

- **Education and Training and Microloans for Women.** The Independent Business Enrichment Center in South Africa provides training and services to women and youth. Through the German donor, GTZ, the center provides a full range of programs, from microloans for economic sustainability as well as methods of addressing violence toward women, which was identified as a constraint to business growth.

- **Social Marketing of HIV/AIDS Messages to Youth.** Africa Alive! is a broad-based social marketing effort addressing youth about HIV/AIDS. It supports popular, creative channels of communication, such as music contests in which contestants compete to have their songs with HIV/AIDS prevention messages aired, radio and TV dramas, and radio and TV talk shows and comic books.

- **Using TV to Encourage Youth to Talk with Elders.** Supported by the United Nations Population Fund, a television program, “I Need to Know,” encourages young people to ask questions of elders on topics that are difficult to discuss. The program airs on 20 television stations in Nigeria.

- **Airing Videos and PSAs.** MTV Networks International has produced award-winning, original documentaries and public service announcements (PSAs) about HIV/AIDS, making them available for airing by all international broadcasters, rights-free, at no cost. For example, “Staying Alive,” a program showcasing young people affected by HIV/AIDS, reached more than 900 million homes due to its rights-free distribution.
Private-Public Sector Partnerships

This section features strong public-private collaboration for stronger country programs. Highlighted are programs that facilitate dialogue between business, labor, governments, and the nonprofit sector at country, state, and community levels.

Public-private sector efforts can ensure that public funds are directed toward prevention and care, as well as providing for assistance for HIV/AIDS awareness and education. For example, countries such as Cameroon, Côte d’Ivoire, Gabon, Mali, Morocco, and Senegal are subsidizing access to antiretroviral drugs. Burundi and Rwanda contribute to a special fund for purchasing drugs at subsidized prices.

HIV/AIDS is causing readjustments in poverty reduction, development, and HIPC (heavily indebted poor country) initiatives.\textsuperscript{15,16,17} In particular, programs that target orphans and vulnerable children are especially important to enhance labor and security issues.\textsuperscript{18,19} Since it is estimated that 25 million children will become orphaned by 2010 because of HIV/AIDS, special focus should address this population.\textsuperscript{20}

These partnerships can work together for increased health assistance, including basic medical care and nutrition information, especially for the most needy populations. They can encourage collaboration on standard testing for candidate vaccines and microbicides with coordinated effort from government scientists, international bodies, and UNAIDS. For example, Anglo-American has also identified the long-term need to participate in vaccine trials, and is participating in vaccine readiness studies in collaboration with Aurum Health Research and the International AIDS Vaccine Initiative.

They can also encourage legislation, such as tax incentives for provision of medical care that ensures strong economic growth for industries and sectors affected by HIV/AIDS. Companies can contribute to National AIDS Councils, as Financial Holdings Limited donated $10 million to the National AIDS Council through the Zimbabwe National Chamber of Commerce for AIDS awareness programs.

Examples of Private-Public Sector Partnerships\textsuperscript{21}

- **Multisectoral Efforts in Poverty Reduction.** Poverty reduction strategies in high HIV-prevalence areas are addressed in the Malawi national AIDS plan as part of crosscutting concerns, called “Supersectoral Analysis,” in which actions specific to different sectors are identified, such as the public sector, private business sector, or ministries. Families and orphan issues are included in the plan. Government officials launched a resource mobilization roundtable in March 2000 that brought together representatives of health and development organizations, business, donor agencies, and government to expand the response from multiple sectors to address HIV/AIDS. The roundtable resulted in pledges of over $100 million from donors and private sector resources to support countrywide HIV/AIDS efforts.\textsuperscript{16}

- **Including HIV in HIPC Initiatives.** Tanzania has integrated HIV into its development strategies including the HIPC Initiative and the Social Development Fund.

- **Partnerships Between Public and Private Sector.** The International Partnership Against AIDS in Africa is a coalition working with the leadership of African governments to mobilize available resources through international and national through donors and private sector sources. UN organizations provide support to country-level efforts by mobilizing resources for coordinated efforts from the private sector as well as integrating community responses from affected persons.

- **U.S.-Africa Labor Advocacy.** In early 2000, John Sweeney, President of AFL-CIO and the U.S. Secretary of Labor, convened the U.S.-Africa Trade Summit on AIDS,
hosted by the White House Office of National AIDS Policy, to bring American and African trade unions together to address the HIV/AIDS crisis. This summit crystallized efforts to tackle the issue of HIV/AIDS for trade unionists in Africa. Following the meeting, the International Confederation of Free Trade Unions (ICFTU) promoted a special workplan calling for roles and responsibilities of partners of trade unions in addressing HIV/AIDS. This workplan is known as the “Gaborone Declaration on HIV/AIDS in the Workplace: Plan of Action.” ICFTU has successfully advocated for increased spending for international HIV/AIDS activities with labor.

**Nonprofit Links U.S. and Africa Businesses.** Established in 1992, the Corporate Council on Africa is a nonprofit organization of corporations that seeks to strengthen economic ties between African and American corporations (see http://wws.africacncl.org). It provides a forum on policies, information linkages, business summits, and has produced a comprehensive report on HIV/AIDS, with specific recommendations for government and business in addressing HIV/AIDS.

In today’s competitive marketplace, businesses are becoming increasingly aware of all the factors that affect the bottom line. As with other health issues, HIV/AIDS has both economic and social consequences. For a business, HIV/AIDS can affect the labor supply, profitability, and other impacts, such as decline in worker morale, absenteeism, labor-management relations, and even consumer demand for products. Each business can measure the economic impact. A simple model for measuring impact on a business is available through Metropolitan Life Insurance of South Africa at http://www.redribbon.co.za. ("Try our online AIDS test", “AIDS in the workplace”).

Several studies and literature reviews suggest that a company’s investment in prevention and medical care may provide savings to that company. While spending for health in most African countries is about US$10 per capita, it has been estimated that the direct medical costs of care for AIDS, excluding antiretroviral therapy, is about US$30 per capita. Costs of providing care for tuberculosis (TB), treating STIs, providing therapy for opportunistic infections, and distributing condoms may be highly effective in reducing the impact of HIV/AIDS. A World Bank analysis of the costs of HIV/AIDS interventions showed that providing prevention services produced cost savings for some companies.

The term “best practice” for business is not well defined. Most approaches highlight programs with comprehensive and integrated HIV/AIDS programs in the workplace and include a component to maximize the productivity of affected workers and include community outreach. Some companies are choosing to provide care and treatment as a way to minimize impact of HIV/AIDS. Several leading authorities, including a recent Harvard consensus statement and a commission on macroeconomics of the World Health Organization, have supported the use of antiretroviral therapies.

An economic model for best practices has not yet been developed since some studies are underway or just completed. Development of key economic indicators and measurement tools for business to assess their approach to HIV/AIDS against such indicators by type of business is needed. Compilations of best practices have been published for specific countries as well as global examples.

The practices that are highlighted in this document were chosen based on their proven success, practicality, and feasibility of replication by other businesses. They are consistent with values of corporate social responsibility, concern for the health and safety of employees, and cost of providing programs, where available. Leaders of the best-managed companies are addressing HIV/AIDS based on current and future corporate values.
Research on the Costs and Benefits of HIV/AIDS Programs

- **Reducing Turnover by Providing Medical Care.** A study of the economic impact of HIV/AIDS was conducted in three firms in Abidjan, Côte d’Ivoire from 1995-1996. Employee turnover was found to be a significant factor adding to the cost of HIV/AIDS suggesting that company investment in medical care at the worksite or through medical insurance may mitigate the turnover rate and its associated costs.24

- **Benefits of Treatment of TB and Opportunistic Infections Exceed Costs.** Published data were analyzed from companies providing specific treatment for TB and opportunistic infections combined with counseling. The benefits to companies of investment in treatment and care are likely to exceed the costs, based on the present cost to a company of new infections.30

- **Benefits of Providing STI Treatment.** The Lesedi Project in South Africa measured the value of investment in prevention, as well as treatment. The cost of STI management intervention is $230 per STI infection averted or $3 per employee/year. For each year of the intervention, it is estimated that new HIV infections (HIV incidence) was reduced by nearly 50 percent. These activities contributed to a 46 percent decline in STIs in women and miners. Probability models estimate that HIV infections were averted by providing STI treatments within the community-about 40 HIV infections among the women and 195 HIV infections among miners. The intervention produced an estimated direct cost savings of US$539,630. The company stated that this figure appeared low.10,11

- **Measuring the Business Cost of Providing Prevention and Care for HIV/AIDS.** An ongoing research study conducted in seven firms in southern Africa is providing information about how HIV/AIDS is affecting the costs and benefits of providing HIV/AIDS prevention and treatment. The AIDS Economics Team of the Center for International Health at Boston University is conducting the study. Findings are as follows:

  - **AIDS Costs:** In a preliminary analysis of three sectors that vary by size and industry, costs due to AIDS are estimated at 3-11 percent of annual salaries in 1999, 2-8 percent in 2000, and 5-18 percent by 2006.

  - **Cost per infection:** As expected, costs per new HIV infection among males 35-40 were the highest. Actual costs varied by retirement, medical expenses, and disability and death benefit premiums. For two of the businesses, treatment was most cost-effective for supervisors and less so for technicians.

  - **Cost-benefits of treatment:** For each new HIV infection a firm’s prevention efforts successfully avoid, the company saves the costs associated with that infection (less the cost of prevention efforts). Treatment costs will vary widely between firms, depending on who is offered care within the labor force and the type of care offered. Providing treatment and care to keep employees in the workforce might be less expensive than the costs of HIV/AIDS, even for low-cost companies.26

There are many opportunities for business to address the future response to HIV/AIDS. These include

- Continuing to address discrimination, stigmatization, and denial (DSD) related to HIV/AIDS. A recent UNAIDS report analyzes methods to reduce DSD from Uganda and India;29

- Expanding and strengthening workplace policies and programs, specifically in the areas of treatment for TB, STIs, and opportunistic infections;
• Working with different sectors to address HIV/AIDS by strengthening the capacity of that sector, including working with legislators on specific programming; 30,31,32
• Focusing on education and microenterprise for youth to ensure the availability of skilled labor; and
• Enhancing strong community-level programs to keep the infection rate low and produce healthy and educated young men and women.

The dilemma of how to address the impact of HIV/AIDS will not be solved by businesses, governments, or individuals working in isolation. It will be solved by the collective action of many people from many sectors of the economy with differing perspectives engaged in collaborative, interdisciplinary discovery and focused action. It is with this view that this document was written. The purpose of the document is to forward the end goal of inspiring continuing coordinated action—both individual and collective—from all sectors of the economy to address the economic, social, and health impact of HIV/AIDS.

Editor’s note: The name or mention of specific companies or products is not to be interpreted as a specific endorsement or recommendation of products or services by USAID over other similar products or services.
References


AIDS IN WORK PLACE: SAMPLE HUMAN RESOURCES POLICY STATEMENT

YOUR COMPANY NAME will treat HIV/AIDS the same as other life-threatening illnesses and handicaps in terms of our policies and benefits where they apply. YOUR COMPANY NAME does not discriminate against a qualified individual with regard to job applications, hiring, advancement, discharge, compensation, training, or other terms, conditions or privileges of employment.

YOUR COMPANY NAME recognizes that an employee with HIV/AIDS or another life-threatening illness may wish to continue in as many of their normal pursuits as their illness allows, including work. YOUR COMPANY NAME will be supportive of and make reasonable accommodation for the employee who is medically able to perform his or her job. An employee’s medical information is personal and will be treated as confidential.

While accommodating employees with life-threatening diseases and other disabilities, however, YOUR COMPANY NAME recognizes its obligation to provide a safe work environment for all employees. YOUR COMPANY NAME is sensitive and responsive to coworker’s concerns and will emphasize employee education. We will continue our efforts to be adequately informed about HIV/AIDS and will make this information available to employees on a regular basis.

The following work practices are an adaptation from those developed by the Allan Vincent Smith Foundation, in Hamilton, Bermuda. The work practices have been modified to suit the needs of the environment of YOUR COMPANY NAME, but the meaning of each point remains the same.

- People with AIDS or HIV infection are entitled to the same rights, benefits and opportunities as people with other serious or life-threatening illnesses.
- Employment practices comply with local laws and regulation and/or the practices of the parent company, which ever is greater, and where applicable.
- Employment practices are based on the scientific and epidemiological evidence that people with AIDS or HIV infection do not pose a risk of transmission of the virus to coworkers through ordinary workplace contact.
- Senior management unequivocally endorses nondiscriminatory employment practices and education programs or information about AIDS.
- YOUR COMPANY NAME will communicate policies and practices to employees in simple, clear, and unambiguous terms.
- YOUR COMPANY NAME will provide employees with sensitive, accurate and up-to-date information about risk reduction in their personal lives.
- YOUR COMPANY NAME will protect the confidentiality of employee’s medical insurance information.
- To prevent work disruption and rejection by coworkers of an employee with AIDS or HIV infection, YOUR COMPANY NAME will undertake education for all employees before such an incident occurs and as needed thereafter.
- YOUR COMPANY NAME does not require HIV screening as part of pre-employment or general workplace physical examinations.

If you have any questions or concerns regarding this policy, please contact the Manager - Human Resources and Administration.

Source: Allen Vincent Smith Foundation of Bermuda
Sample Policy from the National AIDS Fund

(Company) does not unlawfully discriminate against employees or applicants living with or affected by HIV (Human Immunodeficiency Virus) or AIDS (Acquired Immune Deficiency Syndrome). The (Company) recognizes that HIV infection and AIDS, the most serious stage of disease progression resulting from HIV infection, pose significant and delicate issues for the workplace. Accordingly, we have established the following guidelines and principles to serve as the basis for handling employee situations and concerns related to HIV infection and AIDS.

1. The (Company) is committed to maintaining a safe and healthy work environment for all employees. This commitment stands on the recognition that HIV, and therefore AIDS, is not transmitted through any casual contact.

HIV is a blood/borne virus, and is spread only through intimate contact with blood, semen, vaginal secretions, and breast milk. For over ten years, scientists have made new discoveries about HIV infection and AIDS. But one piece of information has never changed—the disease spreads. Scientists have recognized this fact since 1982. The basic facts about HIV transmission and prevention are sound.

2. The (Company) will treat HIV infection and AIDS the same as other illnesses in terms of all our employee policies and benefits, including health and life insurance, disability benefits and leaves of absence. Employees living with or affected by HIV infection and AIDS will be treated with compassion and understanding, as would employees with other disabling conditions.

3. In accordance with the law, the (Company) will provide reasonable accommodations for employees and applicants with disabilities who are qualified to perform the essential functions of their positions. This applies to employees and applicants living with HIV infection and AIDS.

Generally, disabled employees have the responsibility to request an accommodation. It is the policy of (the Company) to respond to the changing health status of employees by making reasonable accommodations. Employees may continue to work as long as they are able to perform their duties safely and in accordance with performance standards. Supervisors and managers are encouraged to contact the Human Resources Department for assistance in making reasonable accommodations.

4. Coworker concerns will be handled in an educational fashion. The Human Resources Department can provide information and educational materials. In addition, the names of community-based organizations in our operating areas are appended. Consult one of these groups for support and information. Supervisors and managers are encouraged to contact the Human Resources Department for assistance in providing employees with information and assistance.

Recognizing the need for all employees to be accurately informed about HIV infection and AIDS, the (Company) will make information and educational materials available. Employees who want to obtain information and materials should contact the Human Resources Department.

5. Coworkers are expected to continue working relationships with any employee who has HIV infection or AIDS. Coworkers who refuse to work with, withhold services from, harass or otherwise discriminate against an employee with HIV infection or AIDS will be subject to the same disciplinary procedures that apply to other policy violations.

6. Information about an employee’s medical condition is private and must be treated in a confidential manner. In most cases, only managers directly involved in providing a reasonable accommodation or arranging benefits may need to know an employee’s diagnosis. Others who may acquire such information, even if obtained personally from the individual, should respect the confidentiality of the medical information.

7. (Company) maintains an “open-door” policy. Employees living with or affected by HIV infection and AIDS, and those who have any related concerns, are encouraged to contact their supervisor, office administrator, (Company)wide director, the Employee Relations and Development Manager, or the Chief Administrative Officer to discuss their concerns and obtain information.

If you have questions about this policy, its interpretation, or the information upon which it is based, please contact any of the individuals listed in item (7) above.

Appendix: List of local HIV/AIDS information and service organizations (optional).
Sample Policies from the South African Afrikaanse Handelsinstituut

The following are some adapted examples of policies which have been developed. These may help you develop your organisation’s policy.

Example 1: Draft HIV policy for a large group of companies
Example 2: Management statement on AIDS
Example 3: Draft HIV/AIDS and STD policy for government departments

EXAMPLE 1

DRAFT HIV POLICY FOR A LARGE GROUP OF COMPANIES

Employment

• Applicants for employment need to pass a standard pre-employment medical examination which, at present, does not include an HIV test.

• Employees who contract HIV will continue to be employed until they become medically unfit for work.

Employee benefits

• Medical assistance will be provided for employees with HIV, in accordance with the rules of the relevant medical scheme. Group companies must ensure that employees are aware of any limitation of benefits imposed by their respective schemes.

• When an employee is no longer able to continue in employment due to ill-health, the company’s rules governing ill-health retirement will apply.

Confidentiality

• An employee who contracts HIV will not be obliged to inform management.

• If employees with HIV inform their supervisors or the personnel department of their situation, then all reasonable precautions will be taken to ensure confidentiality and the employees’ right to disclosure.

Counselling

• Access to appropriate support and counselling services will be made available to employees affected by the disease.

Education

• Employees will have access to information and education programmes on HIV and AIDS.

Policy review

• This policy will be reviewed on a regular basis to take account of the progression of the epidemic, developments in medical care, experience in managing it in the workplace and its impact on employee benefit schemes.
EXAMPLE 2

MANAGEMENT STATEMENT ON AIDS

The company treats AIDS and HIV-infection as disabilities in accordance with our policy on Equal Employment Opportunity (EEO). The company’s EEO, non-discriminatory policy makes reasonable accommodation for disability. In addition, the following guidelines are intended to assist managers in:

- maintaining a work environment that responds to the workplace issues created by AIDS and HIV infection;
- responding to the concerns of employees who may request management assistance; and
- recognising that a supportive and caring response is an important factor in maintaining the quality of life for an employee who has HIV or AIDS.

Managers should be sensitive to the special needs of employees and assist them by demonstrating personal support, referring them to counselling services and arranging for benefits counselling, as necessary. Studies show that the support for others in the workplace can be therapeutic for the employee and may help to prolong the employee’s life.

AIDS does not present a risk to the health or safety of co-workers or customers. On the basis of current medical and scientific evidence, the company recognises that AIDS is a life-threatening illness that is not transmitted through casual personal contact under normal working conditions. Co-workers are expected to continue working relationships with employees with HIV or AIDS.

Managers are encouraged to contact the personnel department for assistance in providing employees with general information about AIDS and HIV infection. Any employee who is unduly concerned about contracting AIDS may be further assisted through individual counselling.

An employee’s health condition is private and confidential. An employee with AIDS or HIV infection is under no obligation to disclose his/her condition to a manager or any other employee. Managers are expected to take careful precautions to protect the confidentiality of information regarding any employee’s health condition, including an employee with AIDS or HIV infection.

An employee with AIDS or HIV infection is expected to meet the same performance requirements that apply to other employees, with reasonable accommodation, if necessary. If an employee becomes disabled from performing the work involved, managers will make reasonable accommodation, as with any other employee with a disability, to enable the employee to meet established performance criteria. Reasonable accommodation may include, but is not limited to, flexible or part-time working schedules, leave of absence, work restructuring or reassignment.

The company is following the process of medical research on AIDS and HIV infection. If any significant developments occur, these guidelines will be modified accordingly.
EXAMPLE 3
DRAFT HIV/AIDS AND STD POLICY FOR GOVERNMENT DEPARTMENTS

Preamble
This Department:

- acknowledges the seriousness of the HIV/AIDS epidemic;
- seeks to minimise the social, economic and developmental consequences to the Department and its staff; and
- commits itself to providing resources and leadership to implement an HIV/AIDS and STD programme.

Principles
The Department affirms that

- the policy shall be developed and implemented in consultation with staff and their representatives;
- staff living with HIV/AIDS have the same rights and obligations as all staff; staff living with HIV/AIDS shall be protected against discrimination;
- HIV status shall not constitute a reason to preclude any person from employment;
- no staff member shall be required to undergo HIV testing. Where testing is done at the insistence of the employee, this will be with his/her informed consent and accompanied by counselling; and
- confidentiality regarding the HIV status of any member of staff shall be maintained at all times.

HIV/AIDS and STD programme in the workplace

Co-ordination and implementation
The Department shall appoint an HIV/AIDS Programme Co-ordinator and Working Group to:

- communicate the policy to all staff;
- implement, monitor and evaluate the Department’s HIV/AIDS Programme;
- advise management regarding programme implementation and progress;
- liaise with local AIDS service organisations and other resources in the community; and
- create a supportive and non-discriminatory working environment.

Management of infected employees
HIV/AIDS shall be treated in the same way as other disabling or terminal conditions.

Programme components
The HIV/AIDS programme of the Department shall provide all staff access to:

- information, education and communication activities, including media materials and peer education;
- barrier methods (male condoms);
- health services for the appropriate management of STDs;
- treatment of opportunistic infections for infected staff, along with testing and counselling services;
- personal protective equipment for staff who may potentially be exposed to blood or blood products; and
- support for both infected and affected staff.
Planning
The Department shall conduct regular impact analyses in order to understand the evolving epidemic and how it will impact on the future of the Department, its structure, operations and functions.

Benefits
HIV infected staff are entitled to the same benefits as all staff.

Budget
The Department shall allocate an adequate budget to implement every aspect of the programme.

Interactions with civil society
The Department shall try to utilise all opportunities in which it interacts with civil society to contribute to the mission and objectives of the National HIV/AIDS and STD Programme.

Interactions with government
The Department shall serve on the Inter-departmental Committee to ensure a uniform and concerted response by Government to the epidemic.
This document is an update of two previous publications, “The Impact of HIV/AIDS on African Businesses” and “How Are African Businesses Responding?” Both original documents were published in 2001.

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