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# HIV/AIDS SERVICES THROUGH THE WORKPLACE: A SURVEY IN FOUR SUB-SAHARAN AFRICAN COUNTRIES



July 2008

This publication was produced for review by the United States Agency for International Development. It was prepared by Sara Zellner, PhD and Ilana Ron, MSc for the Private Sector Partnerships-*One* project.



**PSP-*One***

PRIVATE SECTOR PARTNERSHIPS FOR BETTER HEALTH

## **Technical Report No. 8**

**Technical Report Series:** This PSP-One Technical Report addresses important issues relating to the private sector's role in reproductive health, HIV/AIDS and family planning. Papers in the Technical Report series may discuss lessons learned and best practices, highlighting PSP-One technical areas.

**Recommended Citation:** Zellner, Sara, Ron, Ilana. July 2008. HIV/AIDS Services Through the Workplace: A Survey in four Sub-Saharan African Countries. Bethesda, MD: Private Sector Partnerships-One project, Abt Associates Inc.

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**Contract/Project No.:** GPO-I-00-04-00007-00

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Global Health/Population and Reproductive Health/Service Delivery Improvement  
Center for Population, Health and Nutrition  
Bureau for Global Programs, Field Support and Research  
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■ Tulane University's School of Public Health and Tropical Medicine

# **HIV/AIDS SERVICES THROUGH THE WORKPLACE: A SURVEY IN FOUR SUB-SAHARAN AFRICAN COUNTRIES**

## **DISCLAIMER**

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.



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# ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ART</b>	Antiretroviral Treatment
<b>ARV</b>	Antiretroviral
<b>FERA</b>	Females of Reproductive Age
<b>GBC</b>	Global Business Coalition
<b>HBC</b>	Home-based Care
<b>HIV</b>	Human Immunodeficiency Virus
<b>NGO</b>	Nongovernmental Organization
<b>OI</b>	Opportunistic Infection
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PMTCT</b>	Prevention of Mother-to-Child Transmission
<b>SME</b>	Small- and Medium-Size Enterprises
<b>TB</b>	Tuberculosis
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counseling and Testing
<b>WEF</b>	World Economic Forum



# ACKNOWLEDGMENTS

The authors wish to thank a number of people who were instrumental in the development of this paper. Several colleagues at Abt Associates Inc. provided their input and support, including Jeffrey Barnes, Sara Sulzbach, Ruth Berg, Rebecca Bronheim, Paurvi Bhatt, Patricio Murgueytio, and Nadia Khan. Many colleagues at Family Health International (FHI) contributed to this report through data collection, data analysis, and insightful comments. Key contributors from FHI included Donna McCarraher, Gwyneth Vance, Bill Rau, Teresa Peterson, Kwaku Yeboah, Megan Kearns, Wilikister Ombidi, Kerry Wright, Willis Odek, Suzanne Fischer, Rebecca Dirks, Brian Goercke, Miniva Chibuye, Barb Monahan, Leine Stuart, and Ya Diul Mukadi. Nancy Lowenthal of USAID initially approved this study and provided overall guidance. The paper benefitted immensely from the constructive review of Shyami DeSilva of USAID.

We are deeply grateful for the participation of the following NGOs that provided invaluable assistance in identifying potential survey respondents and in encouraging their participation.

Kenya: National Organization of Peer Educators, especially Philip Waweru Mbugua and Peter Mwarogo

Namibia: AIDS Care Trust, Chamber of Mines, Walvis Bay Multi-Purpose Centre Trust

Zambia: Zambia Health Education and Communications Trust (ZHECT)

Finally, our sincere thanks to all the company representatives who agreed to be surveyed and interviewed, and who openly shared with us their experiences in providing HIV/AIDS services in the workplace.



# EXECUTIVE SUMMARY

For over a decade, many businesses have experienced increased costs and reduced productivity as a result of HIV/AIDS. Many companies are responding to the HIV/AIDS crisis through investment in prevention programs, especially in employee education and condom distribution. A smaller, but increasing number have supported a range of care and treatment services for employees and their families. However, not enough is known about the factors that influence the choices companies make in HIV/AIDS service provision and the range of approaches taken to increase access to services.

To address this knowledge gap, the Private Sector Partnerships-*One* project (PSP-*One*) conducted a survey of companies in Ethiopia, Kenya, Namibia, and Zambia in 2006-2007. PSP-*One* selected the sample based on a list of companies that donor agencies had previously worked with related to HIV/AIDS issues. Human resources personnel or health clinicians from 121 companies participated in the survey via an online, self-administered questionnaire, or phone interviews. The data were then analyzed using univariate and bivariate analyses. Additional qualitative data were collected through key informant interviews with company personnel from four companies in each of the study countries.

Survey results show that companies that do not deliver or finance HIV/AIDS services on site primarily refer their employees to government facilities for HIV/AIDS services. More than half of companies with onsite clinics obtain HIV tests, drugs to treat opportunistic infection (OI) and tuberculosis (TB), and male condoms from the government. Cumulatively, 69 percent of companies offer voluntary counseling and testing services on site, finance these services, or use both mechanisms. OI and TB services follow closely behind, at 68 and 60 percent respectively. Prevention of mother-to-child transmission services and home-based care are not as commonly delivered on site or financed for employees. Forty-two percent of companies facilitate access to ART through onsite clinics or offsite financing. Results differ between services offered by large, multinational companies and those offered by small and medium enterprises, and qualitative data analysis focuses on the motivations for and challenges of HIV/AIDS service provision by both small and large companies.

This study cuts across countries and quantifies the range of service provision types and mechanisms used by sub-Saharan companies that are diverse—in terms of size, industry, and national origin. The study results systematically quantify which services are actually being offered, and how companies actually finance those services. The study also explores some motivators for offering workplace services and assesses why certain services and financing mechanisms are used predominantly by large companies. Thus, these findings can help missions and organizations looking to collaborate with or provide relevant technical assistance to small or large companies wishing to expand their HIV/AIDS service provision.



# I. INTRODUCTION

For more than a decade, many businesses have experienced increased costs and reduced productivity as a result of HIV/AIDS. The degree to which businesses experience negative impacts of the pandemic differs tremendously—that is, a business’ size, industry, location, and workforce composition do matter. Many companies are responding to the HIV/AIDS crisis through investment in prevention programs, especially in employee education and condom distribution. A smaller, but increasing number of companies has supported a range of care and treatment services for employees and their families. However, not enough is known about the factors that influence the choices companies make in HIV/AIDS service provision and the range of approaches taken to increase access to services for employees. This lack of knowledge limits the ability of United States Agency for International Development missions and other organizations to provide meaningful technical assistance or support to companies looking to expand their workplace HIV/AIDS service provision.

To address this knowledge gap, the Private Sector Partnerships-*One* project (PSP-*One*) carried out research with companies in sub-Saharan Africa in 2006-2007 to document how companies facilitate access to HIV/AIDS services<sup>1</sup> for their employees and how those services are financed. Data were gathered using a survey questionnaire that was contextualized through a literature review of recent publications focusing on company responses to HIV/AIDS and the provision of services to employees. A convenience sample<sup>2</sup> of 193 companies in Ethiopia, Kenya, Namibia, and Zambia was asked to complete a survey of 60 questions in writing. Of the 193 companies, 121, representing a cross-section of private sector businesses, completed the survey. Additionally, in-depth interviews with company representatives of four companies from each of the four countries were conducted to better understand challenges and strategies in the provision of workplace HIV/AIDS services. Information from the interviews is highlighted in text boxes throughout the presentation and discussion of the survey results.

## DECIDING WHETHER TO OFFER HIV/AIDS SERVICES

Companies weigh a number of considerations in determining whether, and to what extent, to offer HIV/AIDS services to their employees. In addition to cost considerations, our research found that businesses also weigh benefits from improved productivity, reduction of absenteeism, improved institutional memory, and employee demand. These factors are discussed below in terms of companies’ multinational affiliation, the existence of individual champions inside the company, and workplace policies.

## COST IMPLICATIONS

An indisputable fact is that commercial companies need to manage costs to stay profitable. For businesses to consider taking on expenditures related to HIV service provision, it is often necessary for them to accurately quantify the costs they are actually incurring as a result of HIV/AIDS. Companies

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<sup>1</sup>HIV/AIDS services included in the research were: voluntary counseling and testing (VCT), antiretroviral treatment (ART), home-based care for HIV-positive employees (HBC), prevention of mother-to-child transmission (PMTCT), treatment of opportunistic infections (OI services), and treatment for tuberculosis (TB).

<sup>2</sup>The companies chosen were ones that had worked with organizations that had received donor support to help companies implement HIV/AIDS workplace programs. The organizations were Abt Associates Inc., Family Health International, and John Snow, Inc.

that provide a range of HIV/AIDS services to employees often are motivated by recognizing the costs imposed upon the firms by employee absenteeism and early retirements for health reasons and death.

## **MULTINATIONAL AFFILIATION**

Multinational affiliation plays a role, not only in terms of available resources, but also in the corporation's global policy toward the epidemic. Many multinational corporations that operate in Africa have adopted HIV/AIDS prevention and treatment policies across all regions of operations.<sup>3</sup> These policies have been shared with national affiliates, which are usually expected to develop and implement similar policies to guide their local operations. Also, PSP-One's survey found that multinational affiliation has made a difference in the extent of HIV/AIDS services offered to employees. Multinational companies are more likely to offer HIV/AIDS services through onsite service delivery, direct financing of services, or both mechanisms than are national companies. By contrast, a high proportion of non-multinational companies do not offer any type of onsite or referral services, particularly for antiretroviral treatment, home-based care, and prevention of mother-to-child transmission.

## **INDIVIDUAL CHAMPIONS**

Employee demand and individual advocates play an important role in creating workplace responses to HIV/AIDS. In each of the four companies interviewed in Ethiopia, clinical or administrative staff played a key role in bringing HIV/AIDS issues to the attention of senior managers. Even without making the case for cost savings, some individual champions brought about increases in company support for HIV services simply by making the case that it was the right thing to do. Ethiopian company representatives noted that senior management support was a key requisite for implementing and sustaining workplace HIV/AIDS programs. Open corporate environments where individual employees can share potentially controversial ideas with senior management without the fear of adverse repercussions can foster employee-driven advocacy efforts. Employee engagement with management also is a step toward reducing the stigma surrounding the epidemic.

## **WORKPLACE POLICIES**

HIV/AIDS workplace policies, and their implementation, are an important part of a company's response to the epidemic. Over 60 percent of the companies in the study did have formal HIV/AIDS policies. Our research found, however, that the absence of a written HIV/AIDS policy did not inhibit companies from providing access to at least some HIV/AIDS services. Nearly all of the companies surveyed provided either onsite service delivery, financing for, or referrals to HIV/AIDS services.

Promoting no-cost and low-cost steps that companies can take to expand HIV/AIDS services is important for reaching a much larger number of companies, particularly small- and medium-size enterprises and low-resourced companies (Rau 2002). Unprofitable companies may assume they can do nothing for their employees, but even just leveraging resources from donors, nongovernmental organizations (NGOs), and the government and setting up effective referral systems can make a difference.

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<sup>3</sup> See Centers for Disease Control and Prevention, Global AIDS Program (2005). For a partial list of companies, see <http://www.businessfightsaids.org>

## **DELIVERING HIV/AIDS SERVICES**

The survey found that companies use a variety of mechanisms to link employees with different HIV/AIDS services. Key findings of the principal mechanisms including onsite service delivery, offsite financing, and referrals are highlighted below.

### **ON-SITE SERVICE DELIVERY**

On-site service delivery is usually conducted through a company clinic staffed by one or more medical personnel. In most cases, companies had onsite clinics prior to offering HIV/AIDS services. According to the study, onsite HIV/AIDS services are most frequently used by larger companies with the adequate resources. The expectation, as illustrated in the Zambian company interviews, is that onsite services will reduce employee time away from the workplace. Usually, the presence of onsite services implies that companies cover the costs, although not all HIV/AIDS services may be offered on site. In those cases, companies may pay for HIV/AIDS services received by employees through outside providers or simply refer employees to outside providers without paying for the services.

The survey found that onsite service delivery is most common for the management of opportunistic infections and tuberculosis treatment and voluntary counseling and testing. It is least common for prevention of mother-to-child transmission. Just over one-fifth of companies with onsite facilities provide antiretroviral treatment at those clinics.

### **FINANCING ARRANGEMENTS**

When not directly supporting service provision, companies use a wide variety of offsite financing arrangements to facilitate access to HIV/AIDS services. The most common are reimbursements to employees who use outside services, provision of private insurance, and contracting out of services to private or NGO facilities. The survey found that contracting out to private health facilities was the most common method of financing all HIV/AIDS services. Reimbursements were the second most common form of offsite financing. One surprising finding is that some companies with onsite clinics choose to contract out for HIV services. This may be done to take advantage of nonprofit/NGO facilities specializing in HIV care and treatment or public facilities offering services free of charge.

Employees in the surveyed Ethiopian companies have taken the initiative to support colleagues with their own resources. Similar employee-backed support and solidarity associations are common across Africa, in both public and private companies. Insurance and employer reimbursement play some, but not a major, role at this time. In most sub-Saharan African countries, insurance companies have been slow to cover HIV/AIDS services.

### **REFERRALS**

Companies commonly refer employees to outside providers for HIV/AIDS services. The survey clearly showed that small companies are more likely to rely on referrals for a broader range of services than are large companies, which are likely to use other mechanisms for offering services. Some Namibian companies, for example, set up a referral network, both to public facilities and private providers, for employees who cannot afford the medical insurance offered through their companies.

Companies offer referrals for two major reasons. First, a service may be cheaper from an outside provider. This is especially the case where government provides free or highly subsidized antiretroviral treatment. Companies may also refer to NGOs that can offer quality services because of grants from donor agencies. The second major reason for referrals is convenience. Companies usually want to assist employees with health issues, but do not have the resources, in-house facilities, or management to provide such services themselves.

## **DISCUSSION**

PSP-One believes our study results will be useful to USAID missions and collaborating agencies involved in private sector programming, and to private companies that are considering enabling access to HIV/AIDS services for their employees and/or for surrounding communities.

The overall lesson of this work is that all companies, irrespective of size, nationality, or profitability, can improve access to HIV/AIDS services for their employees. The range of services that can be supported will vary tremendously according to company and country context. Learning about the promising approaches used in the provision of HIV/AIDS treatment can help similarly sized or resourced companies across sub-Saharan Africa respond effectively to the HIV/AIDS epidemic.

## 2. LITERATURE REVIEW

There is a substantial body of literature examining the effect of HIV/AIDS on sub-Saharan Africa's workforce composition and economic well-being. Much of this literature is focused on the efforts of large, multinational companies in Southern Africa, particularly in South Africa, to provide extensive HIV/AIDS services to employees affected by HIV/AIDS. A considerable portion of the literature advocates for an increased role for the private commercial sector as a provider of effective HIV/AIDS service provision, including antiretroviral treatment (ART). For instance, articles such as "AIDS Is Your Business," published in the *Harvard Business Review* (Rosen and Simon 2003), urge companies to consider the implications of HIV/AIDS on their workplaces and take action to mitigate its effects on employees, their families, and society. International and government initiatives like the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) also advocate for greater corporate involvement, emphasizing the importance of workplace partnerships with the public sector to combat HIV/AIDS (Bloom et al. 2006; PEPFAR 2007).

Some companies respond to the HIV/AIDS pandemic through community support, education, and behavior change programs, as well as antidiscrimination initiatives (Global Business Coalition [GBC] 2006). More companies also are responding by facilitating access to HIV/AIDS services for their employees. The GBC reports that of the companies with operations in Africa that it surveyed, more than 70 percent of them are now fully subsidizing access to HIV treatment for all employees<sup>4</sup> (GBC 2006). In addition, the World Economic Forum (WEF) found that 43 percent of the 1,653 sub-Saharan companies surveyed with a formal HIV/AIDS policy offer voluntary counseling and testing (VCT) and 26 percent of companies with a formal policy offer ART (Bloom et al. 2006).

While such reports provide overviews of companies' efforts to offer HIV/AIDS services to their employees, research has yet to collectively summarize the diverse variables companies consider, including financing mechanisms, when deciding to offer HIV/AIDS services to their employees. This literature review focuses on the motivations for workplace service provision and some of the key variables companies face when extending services to employees.

### METHODOLOGY FOR THE LITERATURE REVIEW

The literature review includes publications about workplace HIV/AIDS services from 2000 to present. Online searches and literature databases (such as Google and popline.org) were the main source, although information was also obtained through conference publications and the websites of relevant organizations (such as UNAIDS and the GBC). Searches focused on literature from or containing references to sub-Saharan Africa and included peer-reviewed and unpublished research. Publications from companies on their HIV/AIDS work were not included in this analysis, although a review of corporate reports and institutional audits would be useful to include in future studies. Because this paper focuses on HIV/AIDS services in the workplace, articles that centered solely on HIV/AIDS-prevention education programs, nongovernmental organizations (NGOs), and faith-based organizations were excluded.

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<sup>4</sup>The GBC survey consisted of 75 GBC member companies worldwide. They ranged in size from those with fewer than 10,000 employees to those with more than 500,000 employees and included multinational and non-multinational corporations.

## **MOTIVATIONS FOR COMPANIES TO OFFER SERVICES**

Research shows that there are advantages for some companies to invest in HIV/AIDS services to keep their employees healthy. Key advantages include cost savings, a decrease in employee turnover, an increase in employee motivation and productivity, and a reduction in employee absenteeism.

Feeley et al. (2004) found that if drugs to treat HIV-related illnesses cost \$500 per year in Zambia, the savings to the employer associated with each death averted would pay for six to eight years of ART for an employee. Another study revealed that in the short term, the savings achieved through a reduction in absenteeism, a reduction in health care costs, the retention of skilled employees, and improved productivity more than covered the cost of providing ART for employees (GBC 2006).

Companies must weigh issues of profitability and liability with the desire to extend HIV/AIDS services to its employees and/or the surrounding community. Although some companies can provide HIV/AIDS services, they may be concerned that employees will not adhere to treatment guidelines. Companies may fear that employees will share or sell the medication they receive or seek care from traditional healers, lessening the health benefits to HIV-positive employees (GBC 2006). Other company concerns include the potential for continued obligations to an employee's health if he or she leaves the company, ensuring quality treatment, and affording the costs of ART or other AIDS-fighting drugs (GBC 2006).

When companies do not offer HIV/AIDS services, the burden is shifted to employees, the government, or NGOs. Burden-shifting practices that companies use include pre-employment screening, limited employee benefits, and outsourcing of jobs (Rosen and Simon 2003). Although such burden-shifting practices are part of business trends worldwide, companies may specifically consider the effects on their HIV/AIDS costs when implementing these practices (Rosen et al. 2006b). Though companies may benefit in some cost-related respects from burden-shifting, there also are disadvantages. Offsite visits to treatment clinics increase absenteeism (Rosen et al. 2006b) and employees may shoulder the added responsibility by paying for their own HIV/AIDS services or forgoing treatment altogether (Simon et al. 2000).

## **FACTORS AFFECTING HIV/AIDS SERVICE PROVISION**

When evaluating whether to offer HIV/AIDS services, companies consider several factors that may facilitate or hinder their efforts. These include the financial cost to the company, the demand for HIV/AIDS services from employees, the involvement of partners or other community resources to facilitate the process, national policies on HIV/AIDS, corporate social responsibility programs, and a moral imperative.

### **COST TO THE COMPANY**

One of the most important factors that companies consider when evaluating if and how to offer HIV/AIDS services is the cost. The size of a company is a primary mitigating factor in determining how much capital it has to invest in HIV/AIDS services. Given that large and multinational companies often have a greater amount of financial and human capital, and as investing in HIV/AIDS services for employees should be a multiyear commitment, these reserves allow large companies more flexibility in choosing and facilitating HIV/AIDS services. Research shows that large companies more often provide HIV/AIDS services for employees than small- and medium-size enterprises (SMEs) (Ramachandran et al. 2006;

Sulzbach et al. 2005). In addition, large companies and multinationals are more likely to have professional human resources departments that are staffed to manage health benefits and select insurance plans or medical providers, facilitating the establishment and maintenance of such services (Feeley et al. 2005). Still, there are great disparities in the extent and type of services offered by multinational companies (Barnett and Whiteside, 2006). Industry, corporate social responsibility policies, and shareholder expectations can drive and shape multinationals' responses.

Several difficulties exist for SMEs to offer HIV/AIDS services to their employees. SMEs may not be able to fully fund HIV/AIDS services. They frequently lack dedicated human resources and health staff to implement and manage such activities, which limits the types of mechanisms they can use to facilitate HIV/AIDS access for their employees. SMEs are often overlooked by health care or HIV/AIDS service providers, which give unsolicited information on their services to larger companies but may not consider SMEs (Connelly and Rosen 2005). Moreover, the struggle to stay in business affects SMEs more than their larger counterparts and can make HIV/AIDS services for their employees a low priority (Rosen et al. 2006b). Studies have found that SME managers often consider offering treatment, but perceive the demand for treatment to be low and other company issues more pressing (GBC 2006; Feeley et al. 2005).

The level of skill of employees is linked to the overall cost of offering HIV/AIDS services. Companies may feel that the cost of providing HIV/AIDS services outweighs the costs of losing skilled employees who have been trained for their positions and of having to find and train replacements for them (Simon et al. 2000). For employees who are less skilled or easier to replace, the value to the company of preventing a new infection or prolonging a life might not exceed the cost of doing so. Research, however, has found that although companies that have a majority of skilled employees are willing to incur larger costs per HIV-positive employee, the number of employees with HIV/AIDS is likely to be small, and the share of labor costs (including costs of providing HIV-related services to employees) in overall operating expenses also may be low (Rosen et al. 2006b). Rosen et al.'s research (2006b), which examined data from six countries from 2000 to 2006, also found that the companies they studied that had a majority of unskilled or semi-skilled employees were more likely to have a higher prevalence of HIV infection, but the costs to the employer for each employee infected with HIV were minimal.

Companies also must consider whether to extend HIV/AIDS services to employees' dependents and the wider community. Although employees may not be infected with HIV, they may take leave to care for ill family members, increasing the amount of absenteeism from work. Some companies, however, have expressed concern about providing benefits to all dependents given the potential financial implications. Despite these issues though, the GBC (2006) reported that 45 percent of the 75 companies surveyed, many of which have operations in Africa,<sup>5</sup> were extending their programs to provide access to HIV/AIDS treatment for spouses and dependents.

## **EMPLOYEE DEMAND AND USAGE**

Another factor companies must consider is how high the uptake for HIV/AIDS services will be among employees, especially if companies are considering offering services at onsite health facilities. In countries with higher HIV prevalence, there is a greater chance that companies will have employees who are HIV positive but that may not correspond with high employee usage of services. Companies may be able to use district-wide or national HIV-prevalence data to estimate the potential HIV prevalence within

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<sup>5</sup> The exact number of companies with operations in Africa is not indicated in the report.

their workforce, but determining the actual prevalence of HIV among employees requires their consent in revealing their HIV status. Collecting this information may be difficult to obtain given that some employees fear stigmatization or discrimination (Connelly and Rosen 2005).

Research has found that in some instances where companies have offered HIV/AIDS services to employees, the use of these services has been low. Therefore, there may be a gap between perceived need for HIV/AIDS services and actual demand by employees. George (2006) revealed that employees' uptake of VCT and ART was slow in the early stages of workplace treatment due to factors like stigmatization and, in the case of ART, lack of awareness of HIV status. Thus, if employees do not utilize services as quickly as expected, treatment programs could be abandoned.

## **INVOLVEMENT OF PARTNERS**

Some companies may be motivated to offer HIV/AIDS services to employees when efforts can be shared with other entities, such as professional associations, governments, international organizations, and other businesses. In the GBC survey (2006), 87 percent of the 75 member companies interviewed worldwide responded that they participate in organizations and networks related to business and AIDS. Such coalitions can be a united voice for companies and act as a liaison between them, governments, and NGOs, or among businesses themselves to create opportunities for shared HIV/AIDS facilities and services. SMEs have joined with large businesses that have onsite health facilities or other programs with HIV/AIDS services to offer services to their employees (UNAIDS et al. 2000).

Beyond the direct benefits of joining business coalitions to share knowledge about service provision and shape national policy on HIV/AIDS through a more unified private sector voice, companies are influenced by what other similar companies—particularly competitors—are doing to respond to HIV/AIDS (Dickinson and Stevens 2005). Thus, the decision to offer extended HIV/AIDS services may be in response to the perception of a competitor as more actively engaged in fighting the pandemic.

Direct collaborations between companies and the public sector and NGOs are also an option. Fifty-six percent of the 75 businesses assessed said they co-invest in public-private partnerships to conduct HIV/AIDS activities like education, prevention, testing, or treatment for communities (GBC 2006). The public sector and NGOs often have access to lower prices for drugs, medical supplies, and laboratory testing (Rosen et al. 2006a), which allows companies to affordably finance HIV/AIDS services for employees if they cannot obtain similar discounts. Governments also have much to gain through public-private partnerships. Studies of HIV-related tuberculosis (TB) treatment in South Africa (Sinanovic and Kumaranayake 2006) and ART in Uganda (Marseille et al. 2006) found that enhanced partnerships between the private and public sectors could reduce the cost to the government per new patient treated.

## **NATIONAL POLICY**

The ability of a company to facilitate access to HIV/AIDS services for its employees also is influenced by an enabling national policy environment that includes political commitment, support systems, policies, and the resources to influence the impact of HIV/AIDS interventions. Such legislation can come in varying degrees, from nonexistent to stringent regulations about how companies can offer HIV/AIDS services. For example, the lack of government support in Lesotho, Namibia, and Zambia, with ambivalent policies and limited access to low-cost medications, restricts the expansion of HIV services

by companies (Feeley et al. 2005). In response to the lack of support or a national HIV policy, companies may carve their own niche to provide services for employees. In South Africa, where the government questioned the origin of AIDS and failed to provide ART through public clinics until 2004, some large, multinational companies were the trendsetters in establishing programs to provide ART to their employees and dependents (UNAIDS 2005).

Governments must find a balance between too little and too much legislation concerning companies' provision of HIV/AIDS services. Evidence suggests that offering free access to ART in the public sector may carry the risk of disincentives for the workplace to provide ART for its workers (Feeley et al. 2005). If governments demand too much of the workplace, however, companies could go bankrupt or relocate to countries with more company-friendly HIV/AIDS regulations (Simon et al. 2000). Additionally, weak initial public provision of HIV/AIDS services, like in South Africa pre-2004, poses challenges for the private sector as it determines appropriate treatment plans. Parastatals, dependent on government resources for continued operations, may not want to be seen as challenging government policy by offering extensive HIV/AIDS services to employees when the public sector does not offer the same level of services to other citizens.

## **CORPORATE SOCIAL RESPONSIBILITY**

Research has found that multinational companies, which typically have more financial resources and more social pressure to undertake corporate social responsibility, often establish workplace HIV/AIDS policies, and affiliates commonly follow the lead of their head offices (Rosen et al. 2006b). Company HIV/AIDS policies, however, may address several different topics related to HIV/AIDS—including prevention initiatives and stigma, discrimination, or confidentiality issues—and may not include details about a company's commitment to improve access to HIV/AIDS services for employees and their families. For example, of the 38 percent of 1,653 firms in sub-Saharan Africa that responded to a survey by the World Economic Forum (Bloom et al. 2006) and had HIV/AIDS policies, just 26 percent included antiretroviral (ARV) drug provision. For many companies, corporate social responsibility programs emerge as a result of both internal motivators and external pressures. Internal motivators include corporate values, reputation and image, business strategy, and employee recruitment. External pressures include customers and consumers, community expectations, and the regulatory environment (Mirvis and Googins 2006).

## **MORAL IMPERATIVE**

Companies also may feel morally obligated, whether through internal or external influences, to respond to HIV/AIDS. When a workplace HIV/AIDS policy is not enough to establish access to HIV/AIDS services for workers, the role of individual leadership within a company may be vital. Individuals who are moved to offer HIV/AIDS services to employees and willing to organize these services may sway companies that are reluctant to provide HIV/AIDS services or that may not have considered doing so. Even in companies that have HIV/AIDS policies, individual champions can foster greater interest in HIV/AIDS services for employees (Rosen et al. 2006b).

## **FORMAL TOOLS TO CONDUCT COMPANY HIV/AIDS ASSESSMENTS**

To determine the impact of HIV/AIDS on its business, a company can use tools to assess the costs and benefits of establishing HIV/AIDS services as well as to determine employee attitudes on HIV/AIDS. Results from such studies can quantify the need for HIV/AIDS services among employees, the costs that might be incurred or the funds saved, and whether employees would utilize these services. Bloom et al. (2006), however, state that only 15 percent of their 1,653 African-company respondents had conducted a quantitative assessment of HIV/AIDS. Problems that may limit a company's ability to use assessment tools are lack of knowledge about these tools or the complexity of the assessment, which may warrant hiring outside technical assistance that companies may be reluctant to finance. Without conducting such assessments, companies may find it more difficult to evaluate the costs and benefits of facilitating access to HIV/AIDS services for their employees.

The impact of HIV/AIDS can be difficult to determine or recognize since social and economic divisions within a company may weaken the visibility of the disease (Dickinson and Stevens, 2005). Long-term cost benefit analyses can be methodologically difficult to conduct and some researchers advocate using an institutional audit approach over a traditional cost-benefit analysis (Barnett and Whiteside 2006). Institutional audits evaluate organizational vulnerability to HIV/AIDS and aim to raise the visibility of the disease within the organization.

## **FACILITATING ACCESS TO HIV/AIDS SERVICES FOR EMPLOYEES**

Once a company has decided to enable access to HIV/AIDS services, the next step is to consider which services to offer, the mechanisms to provide employees access to services, and the means of service delivery. The following section outlines those principal mechanisms, which include health insurance, contracting out HIV/AIDS services, reimbursing private costs of HIV/AIDS services, and establishing and implementing employee-based solidarity funds. To deliver HIV/AIDS services, companies may have the option of offering them through onsite service delivery, using their own health staff, or contracting out to vendors with mobile clinics or who work at the company's onsite clinic. Otherwise, companies may send employees to offsite health facilities. Finally, although not a financing mechanism, referrals of employees to offsite health facilities by companies also are covered in this review.

## **FINANCING MECHANISMS**

### **HEALTH INSURANCE**

Companies can finance HIV/AIDS services through a variety of methods. One of them is by providing health insurance coverage for HIV-related services, defined as a mechanism that pools funds from a group of individuals or families, and companies pay for all or part of their health services according to a specified benefits package (Boulenger et al. 2006). Insurance also can dictate where services can be accessed, thereby decreasing employee flexibility in their choice of providers.

While frequently utilized in the developed world, health insurance to cover HIV/AIDS services is much less common in sub-Saharan Africa, and is more prevalent in some countries than others. In general, few insurance providers in Africa offer coverage for HIV/AIDS services. One country that does have a well-established private health insurance industry is South Africa where insurance typically covers HIV/AIDS

services, including ART. However, the majority of South Africans, including those most at risk for HIV infection, are unable to afford private insurance tariffs. Neighboring Namibia's health insurance is also influenced by South Africa from where much of the expertise and capital for these efforts come (Feeley et al. 2005).

## **CONTRACTING OUT**

When companies do not offer HIV/AIDS services onsite, another option is to contract the services to outside organizations or health providers. Contracting out is an arrangement by which the purchaser (companies) compensates a contractor (private providers, NGOs, or other entities) to deliver a set of health services to a target population (Liu 2006).

## **REIMBURSEMENT**

Reimbursements are another financing option open to companies for HIV/AIDS services. Employees pay the costs of their services out-of-pocket and are then paid back (in full or in part) for the amount the company spends on services, unlike health insurance or contracting out where employees pay little to none of their HIV/AIDS service costs. In this way, employees may not be restricted to visit specific health providers, which may be the case in mechanisms like health insurance or contracting out.

## **SOLIDARITY FUNDS**

Solidarity funds, or employee distribution funds, are an innovative option for alternative financing mechanisms within the workplace. These funds are supported by a small monthly contribution per worker and, in some cases, by a matching amount from the company or labor union. Collected funds then are distributed to HIV-positive employees to help finance the costs of their services. Solidarity funds have been developed at a number of workplaces in Ethiopia and are being used to pay the user fee for employees receiving ART at government facilities (Abt Associates Inc. 2005). However, solidarity funds are not always established through a systematic analysis of the revenue needed to cover the potential liabilities. In some cases, solidarity funds can be rapidly depleted and have insufficient resources to pay out benefits.

## **SERVICE DELIVERY MECHANISMS**

### **ONSITE SERVICE DELIVERY**

The most direct way for a company to offer HIV/AIDS services to its employees is through onsite health-service delivery. Establishing an onsite clinic with HIV/AIDS services requires a special set of staff and medical inputs beyond a basic clinic that offers primary health care services. Facilities need to be large enough to support the medical equipment associated with HIV/AIDS services and to provide employees with privacy and confidentiality. In addition, the clinic must be stocked with the medical equipment, supplies, and drugs to treat employees. Delivering HIV/AIDS services onsite typically entails substantial financing on the part of the company. Consequently, onsite facilities are more commonly located at large or multinational companies than at SMEs.

Once a company has established an onsite health clinic conducive to offering HIV/AIDS services, it can offer those services through its own medical staff (who must be trained to do so) or by contracting

out these services to vendors who offer services through the company's onsite facilities. Alternatively, external health vendors may have mobile health clinics that they drive to a company's premises on a scheduled basis. Research shows that there are advantages to being an employee of a company with an onsite health facility. In a study of companies in Lesotho, Namibia, and Zambia, the 15 companies that offered HIV/AIDS services onsite made ART available to all employees. Conversely, just over one-fourth of the 37 companies that did not have onsite HIV/AIDS-service delivery but offered support through financing mechanisms, offered ART to all employees (Feeley et al. 2005).

## **OFFSITE SERVICE DELIVERY**

When onsite service delivery is not feasible or desired, the alternative for a company is sending its employees to offsite health facilities for HIV/AIDS services. These facilities may include public sector venues; for-profit, private health facilities; or NGO health programs. The type of offsite facility at which employees seek care may depend on the financing mechanism they have as well as the type of HIV/AIDS service they desire. For example, with financing mechanisms like health insurance or contracting out, employees may be required to visit health facilities designated by their health plan. HIV/AIDS services not provided through those financing mechanisms may be paid for by companies through other means, or they may be referred.

## **REFERRALS**

Referrals enable a company to inform and direct its employees to where HIV/AIDS services can be obtained when it does not finance these services. A referral is "the act of [a medical or paramedical professional] sending a patient to another doctor or therapist" (Webster's New World Medical Dictionary 2007). With referrals, companies do not pay for employees' health care costs, so employees must pay out-of-pocket for any HIV/AIDS services they receive unless the public sector provides these services free of charge. Like offsite service delivery, referrals can be made to a variety of health facilities, including public sector venues; for-profit, private health facilities; or NGO health programs. Referrals also may be used in combination with other health care mechanisms for different types of HIV/AIDS services to better meet employees' needs. Given the importance of early treatment and compliance, an effective referral system should include follow-up with the patient in the facility where care is being received.

## **CHALLENGES OF HIV/AIDS SERVICE DELIVERY**

Many companies may find that it is easier to add HIV/AIDS services when other types of general employee benefits already are established. Past research has found that companies were more likely to provide HIV/AIDS services if they already were investing in other employee benefits, particularly health care (Connelly and Rosen 2005). Beyond simply making services available onsite or through financing mechanisms, however, companies need to inform their employees that HIV/AIDS services are included in their benefits. In one survey of 46 companies in South Africa that provided medical services through onsite service delivery or financing mechanisms, respondents<sup>6</sup> at only 11 of the companies knew if ART was included in their benefits (Connelly and Rosen 2005). Educating employees about the HIV/AIDS services and benefits available is instrumental in creating uptake of these services.

If companies wish to offer HIV/AIDS services, the mechanisms and service delivery options available can limit them. Some countries do not have established health insurance programs that cover HIV/AIDS

services, so such a financing choice is not feasible. In other countries, such as Ethiopia, private providers may not have access to the free ARV drugs made available to the government, which then might reduce incentives for companies to contract out HIV/AIDS services to private providers (Abt Associates Inc. 2005). Furthermore, private providers may not be located in remote regions where some companies reside, creating geographic restrictions for employees to access HIV/AIDS services. If financing mechanisms or the ability to self-finance HIV/AIDS services are not viable options, companies may rely on referrals to inform their employees of places to seek HIV/AIDS services. Or, they may not offer any alternatives at all.

## **THE FUTURE OF COMPANY-INITIATED HIV/AIDS SERVICE DELIVERY**

The decision to offer HIV/AIDS services weighs a multitude of variables including cost implications, employee well-being, and overall benefits to the company. Once a company is willing to address HIV/AIDS services for their employees, concerns about costs, low employee demand, restrictive national policies, or the lack of financing mechanisms may prohibit the offering of such services. Moreover, there is no one-size-fits-all method for a company to determine whether or not to offer HIV/AIDS services; each one must evaluate its situation based on its size, capital, industry, location, and other factors.

It is important for governments, NGOs, donors, and advocates to recognize the multifaceted issues companies face when offering HIV/AIDS services in order to form effective partnerships. Although companies make the majority of service provision and employee benefits' decisions internally, partnerships with organizations that understand the corporate environment can be useful. Specific areas where partnerships can assist include helping companies to determine the feasibility of offering HIV/AIDS services to their employees, working with other intermediaries (such as insurance providers), and establishing a policy environment that supports and encourages company participation in the fight against HIV/AIDS. Companies must weigh demands from a whole host of stakeholders including employees, shareholders, consumers, and government. By viewing situations from companies' perspectives, governments and the broader HIV/AIDS community can work with them to offer better access to HIV/AIDS services in sub-Saharan Africa and elsewhere.

Looking ahead, there is still much to be explored about how companies facilitate access to HIV/AIDS services for their employees. While this literature review provides a useful overview of the motivations for private sector service initiatives and the range of services provided, less is known about the corporate or national variables leading to disparities in the treatment options offered to employees. Company characteristics like size, industry, or workforce composition are supplemented by corporate and national variables like shareholder expectations, national HIV/AIDS policies and regulations, and corporate social responsibility guidelines. Understanding the full range of variables that companies experience can help the private sector, governments, international organizations, and other entities involved in fighting the pandemic make better-informed decisions about facilitating access to HIV/AIDS services for employees and communities. The findings from the Private Sector Partnerships-One (PSP-One) project's survey of companies providing HIV/AIDS services in Ethiopia, Kenya, Namibia, and Zambia contributes to a better understanding of service provision options and mechanisms for effective workplace treatment.



# 3. A WORKPLACE SURVEY OF HIV/AIDS SERVICE PROVISION IN FOUR SUB-SAHARAN AFRICAN COUNTRIES

## BACKGROUND

Although a number of companies in sub-Saharan Africa are reporting offering HIV/AIDS services through various mechanisms (such as onsite service delivery, financing, and referrals) in their workplace programs, there is little uniform synthesis of the extent and types of service provision occurring. Thus far, there is only limited evidence of the impact of workplace companies' initiatives in HIV/AIDS services from international organizations (for example, Bloom et al. 2006; GBC 2006), in-house corporate studies, and limited academic research.

To examine companies' contributions to the expansion of HIV/AIDS services, PSP-One gathered and analyzed information from companies that have established HIV/AIDS workplace programs.<sup>7</sup> This study expands upon Rosen et al.'s work (2006) by exploring in greater detail how companies offer HIV/AIDS services to their employees, not only onsite service delivery and financing mechanisms, but also the use of referrals to outside health facilities when companies do not pay for HIV/AIDS-related services for employees. In addition, this study advances current literature by exploring these mechanisms for six different HIV/AIDS services. Furthermore, the information gathered in this study can help governments, donors, and workplace organizations and managers identify issues, areas of concern, directions for improvement, and support for HIV/AIDS workplace services activities.

## STUDY METHODOLOGY

PSP-One conducted the survey from May to June 2006, targeting human resources personnel and health care providers from companies in four countries—Ethiopia, Kenya, Namibia, and Zambia. To obtain the sampling frame, agencies receiving donor support to help companies implement HIV/AIDS workplace programs<sup>8</sup> in each country compiled lists of the companies with which they had worked on an HIV/AIDS project. Thus, the sample was a convenience sample and consequently will not be representative of all companies in the four survey countries.

The survey instrument included roughly 60 close-ended questions on HIV/AIDS and reproductive health onsite service delivery; financing; referrals; geographic access; HIV/AIDS policies; and company demographics. Questions then were converted to an online format using the online survey software, Survey Monkey, and pretested in May 2006. After receiving feedback from the pretest, the online survey was revised and then implemented in the field. The Annex includes a list of definitions for terms that were used in the survey.

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<sup>7</sup>The survey also collected information pertaining to family planning, reproductive health, and child health services. This paper, however, focuses solely on HIV/AIDS services.

<sup>8</sup>The agencies included Abt Associates Inc., Family Health International, and John Snow, Inc. The companies with which these agencies worked did not receive any direct financing for their programs from donors.

To conduct the survey, researchers sent introductory letters with the link to the online survey via e-mail or fax to companies included in the sample.<sup>9</sup> A few days later, the researchers followed up with a phone call to all company respondents to encourage their response and answer any questions. A week after the introductory letter was sent, interviewers phoned recipients who had not responded to the online survey and asked them to complete the interview over the phone. Paper questionnaires were used during the phone interviews. The online data collection and phone interviews took approximately three weeks. Data entered via the web-based survey went directly into the online database. If surveys were completed using paper copies, the paper copies were mailed to the home office, where data entry was performed. Of the original 193 companies that were solicited, 121 responded, giving the survey a response rate of 63 percent.<sup>10</sup> Data analysis consisted of univariate and bivariate analyses. Table 1 provides a detailed country breakdown for all respondents.

**TABLE 1: COUNTRY BREAKDOWN OF SURVEYED COMPANIES (N=121)**

Country	Number of Companies
Ethiopia	42
Kenya	24
Namibia	23
Zambia	32

After the initial survey analysis was complete, several in-depth interviews were conducted. This interview process allowed key company representatives to explore themes in their own words and expand on issues raised in the survey questions. Interviews were conducted with one key informant per company. In each of the countries where the study took place, interviews were conducted at four companies (16 interviews in total). These companies included large and small national companies, as well as large multinational corporations from a number of industries, such as agriculture and mining.

Two definitions are important to the interpretation of the results. First, “HIV/AIDS services” include any of the six following services: VCT, ART, home-based care (HBC), prevention of mother-to-child transmission (PMTCT), opportunistic infection (OI) services, and treatment for TB. The second important definition is that of “access” to HIV/AIDS services. For the purposes of this study, “access” is defined as the degree to which companies facilitate opportunities to obtain HIV/AIDS services. In this study, “access” does not apply to the individual uptake of services.

## CHARACTERISTICS OF THE SURVEY SAMPLE<sup>11</sup>

Of the 121 companies interviewed, 89 percent are in urban areas (n=117). This high rate of urban respondents indicates strong urban centers for industrial production in the countries surveyed. Tables 2a, 2b, and 2c provide a detailed breakdown of the characteristics of the survey sample in terms of industry, multinational affiliation, and size as measured by number of employees.

<sup>9</sup>Ethiopian respondents were interviewed by phone or completed a self-administered survey because of low rates of Internet access among company personnel. Consequently biases may exist in this data because of respondents’ access to definitions of terms used in the study.

<sup>10</sup>Non-response was due to respondents’ unavailability, desire not to participate, or unrecorded factors.

<sup>11</sup>Results of company characteristics are based on the total number of companies that responded to each question and exclude missing and “don’t know” responses.

**TABLE 2A : CHARACTERISTICS OF THE SURVEY SAMPLE BY INDUSTRY TYPE (N=117)**

<b>Industry Type</b>	<b>Number of Companies</b>
Service-oriented	51
Manufacturing	36
Agriculture	19
Mining/Extractive	11

**TABLE 2B : CHARACTERISTICS OF THE SURVEY SAMPLE BY MULTINATIONAL AFFILIATION (N=121)**

<b>Multinational Affiliation</b>	<b>Number of Companies</b>
Affiliated with a multinational	54
Not affiliated with a multinational	67

**TABLE 2C : CHARACTERISTICS OF THE SURVEY SAMPLE BY COMPANY SIZE (N=91)**

<b>Size by Number of Employees</b>	<b>Number of Companies</b>
500 employees or more	36
Fewer than 500 employees	55

## **PRESENTATION OF RESULTS**

The results section first provides an overview of the mechanisms used to facilitate access to HIV/AIDS services. Differences in these mechanisms, disaggregated by company size and multinational affiliation, are discussed. The paper then details the mechanisms used to facilitate access to HIV/AIDS services, covering onsite service delivery, financing, and referrals. Finally, it touches upon other means of facilitating access to HIV/AIDS services, including geographic access to ART services, company HIV policies and programs, and reasons for not offering HIV/AIDS services to employees.

Figures 2, 3a, 3b, 4a, and 4b (see “Results,” on next page) display breakdowns of how surveyed companies facilitate employees’ access to HIV/AIDS services. These figures help the reader distinguish between the degrees of service provision that a company can offer its employees. All types of service provision, including referrals, constitute methods by which companies facilitate access to HIV/AIDS services. The highest level of service provision that a company can offer is through both the provision of onsite service delivery and offsite financing. This level is presented at the bottom of each column in the figures. The levels of provision then decrease as the reader moves up the column, from companies offering onsite service delivery only to those offering no HIV/AIDS services at all.

## RESULTS

### OVERVIEW

Figure 1 shows an overview of the percentage of companies that are facilitating access to services (through onsite clinics, offsite financing, or both) for each of the six HIV/AIDS services examined. Cumulatively, 69 percent of companies offer VCT services onsite, finance them, or use both mechanisms. OI and TB services follow closely, at 68 and 60 percent respectively. PMTCT and HBC are not as commonly delivered onsite or financed for employees. The percentage of companies offering ART, 42 percent, is noteworthy given the barriers to entry, cost, and technical requirements involved in offering this treatment.

**FIGURE 1: PERCENTAGE OF COMPANIES OFFERING HIV/AIDS SERVICES THROUGH ONSITE SERVICE DELIVERY, FINANCING, OR BOTH, BY HIV/AIDS SERVICE (N=121)**

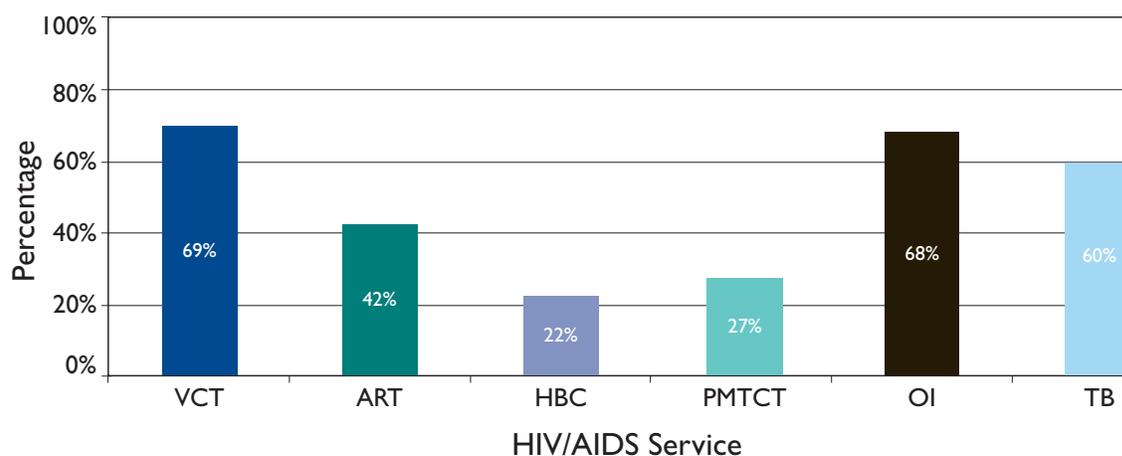


Figure 2 displays a more detailed breakdown of how companies offer HIV/AIDS services to their employees. Whether or not HIV/AIDS services are provided and the means by which they are supplied vary from service to service. VCT is the most commonly financed HIV/AIDS service, with 52 percent of companies using this mechanism either alone or in combination with onsite service delivery (i.e., the sum of financing alone and both financing and onsite service delivery). In regard to onsite service delivery, 40 percent of companies deliver OI services, 29 percent offer TB services, and 28 percent offer VCT, demonstrating some companies' willingness and ability to help their employees address HIV/AIDS.

Among other HIV/AIDS services, referrals are most common for PMTCT, with 41 percent of companies using this mechanism.<sup>12</sup> PMTCT commonly involves counseling and testing for pregnant women using ARV prophylaxis to prevent mother-to-child transmission, counseling and support for safe infant-feeding practices, and family planning counseling or referral (PEPFAR 2007). When PMTCT data are disaggregated based on the percentage of female employees of reproductive age (FERA),<sup>13</sup> however, results show that 42 percent of companies whose workforce is more than 50 percent FERA

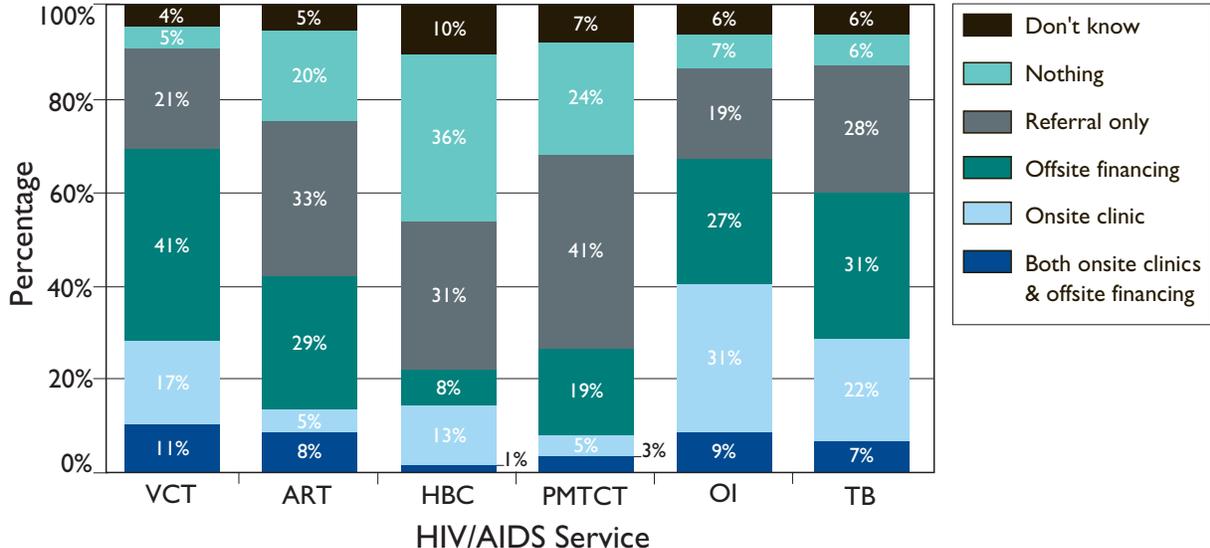
<sup>12</sup> This referral percentage and other percentages for "referrals only" should be considered conservative estimates because the survey question about referrals was supposed to be administered only to companies that did not finance or provide the service on site. Some companies that financed or delivered a service on site may have additionally referred employees for this service, although the survey instrument did not make that distinction.

<sup>13</sup> The variable used in the analysis represents FERA which includes all women employees age 15 to 45.

facilitate access to PMTCT through onsite clinics or financing, compared with 19 percent of companies whose workforce is less than 50 percent FERA (data not shown). Thus, companies with a majority of employees who are FERA appear to be more likely to facilitate access to PMTCT through onsite service provision rather than through referrals.

Finally, HBC is the HIV/AIDS service least cited; 36 percent of companies do not offer this service to their employees or provide referrals for it. This finding may be due to low demand among employees for this service, given that it is specifically used by people living with HIV/AIDS who may not be able to continue in the active workforce. There may be employees who choose to access HBC through other community-based or faith-based organizations near to their homes.

**FIGURE 2 : PERCENTAGE DISTRIBUTION OF ACCESS MECHANISMS FOR EACH HIV/AIDS SERVICE (N=121)**



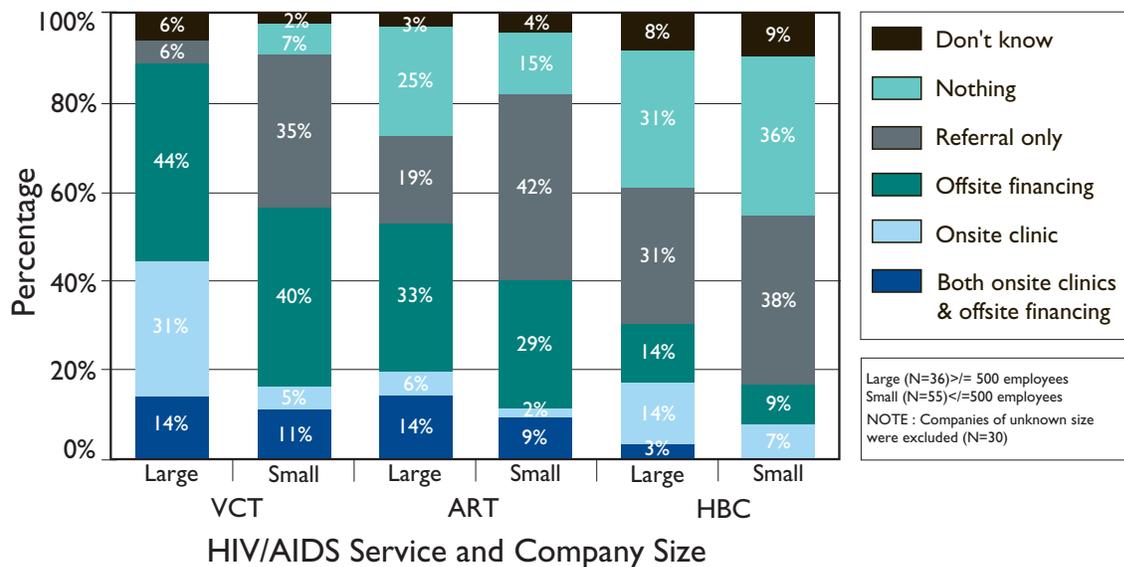
**DIFFERENCES IN MECHANISMS USED TO FACILITATE ACCESS TO HIV/AIDS SERVICES**

**COMPANY SIZE**

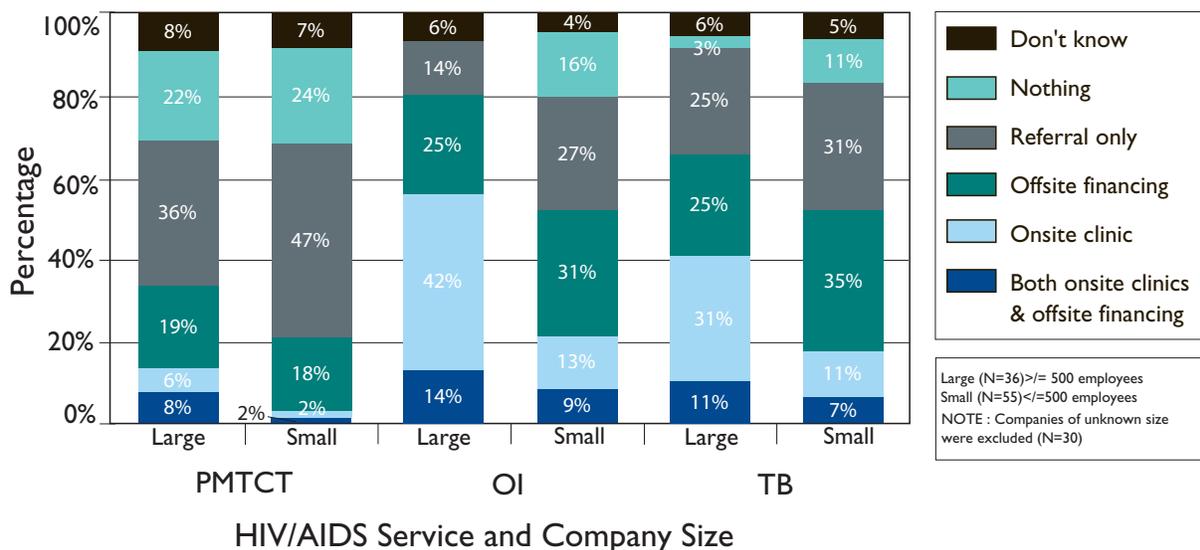
Figures 3a and 3b present a more detailed picture of the mechanisms used to facilitate access to HIV/AIDS services by examining variations in access based on company size. When broken down by the types of mechanisms to facilitate access, there are distinct variations between how large companies (500 or more employees) and small or medium ones (fewer than 500 employees) offer HIV/AIDS services. Results show that large companies facilitate employees’ access to HIV/AIDS services through financing or through both onsite service delivery and financing to a greater extent than smaller companies. This differentiation is most pronounced with VCT, where 89 percent of large companies offer this service through onsite service delivery, financing, or both, whereas only 56 percent of small companies use these mechanisms to facilitate access to VCT. In addition, a greater percentage of large companies offer OI and TB services through onsite service delivery or financing than smaller companies, though 53 percent of small companies provide these services to employees.

Smaller companies are still able to help their employees access health care by referring them for HIV/AIDS services. Again looking at VCT, 35 percent of small companies refer employees to locations to obtain this service whereas only 6 percent of large companies use referrals. ART (42 percent), HBC (38 percent), and PMTCT (47 percent) are other HIV/AIDS services for which small companies often refer their employees.

**FIGURE 3A : PERCENTAGE DISTRIBUTION OF ACCESS MECHANISMS STRATIFIED BY COMPANY SIZE FOR EACH HIV/AIDS SERVICE (VCT, ART, AND HBC) (N=91)**



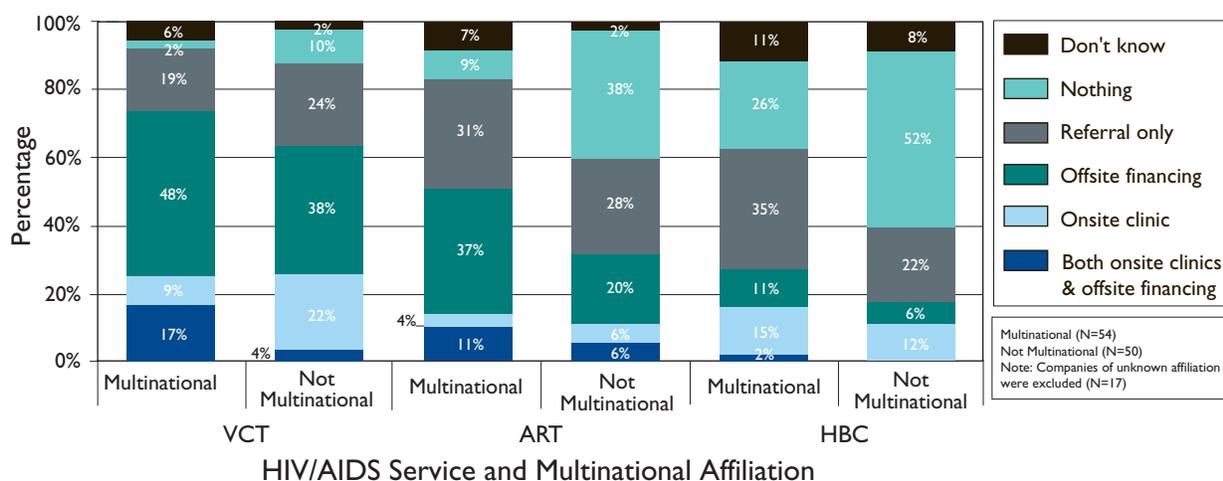
**FIGURE 3B : PERCENTAGE DISTRIBUTION OF ACCESS MECHANISMS STRATIFIED BY COMPANY SIZE FOR EACH HIV/AIDS SERVICE (PMTCT, OI, AND TB) (N=91)**



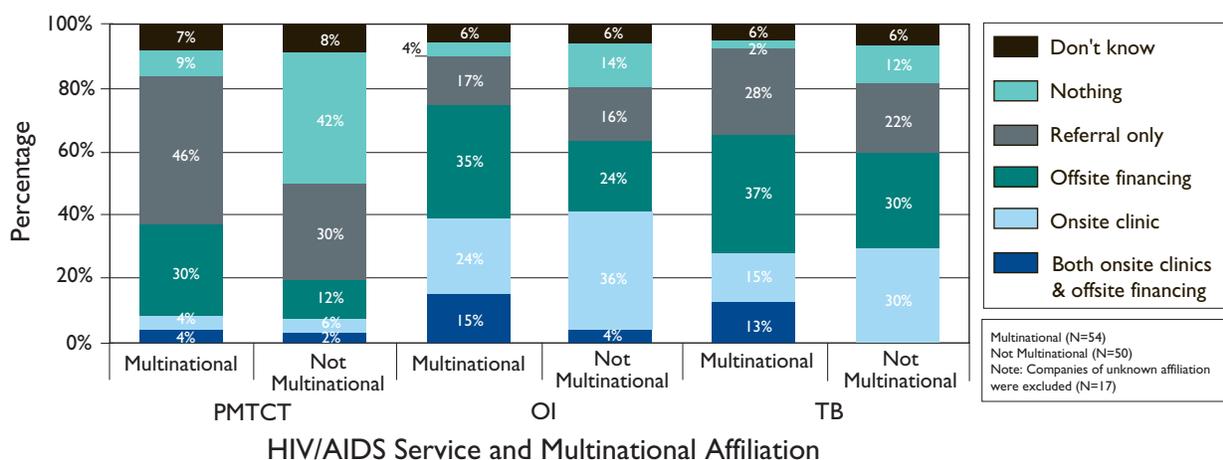
## MULTINATIONAL AFFILIATION

In Figures 4a and 4b, companies are disaggregated by whether they are part of a multinational corporation. Findings show that those companies affiliated with a multinational corporation are more likely to offer HIV/AIDS services through both onsite clinics and offsite financing. Unlike small companies, though, the greatest distinction for non-multinational companies is the high percentage of them that do not offer any type of provision or referral in comparison to multinational companies, particularly for ART, HBC, and PMTCT. Thus, affiliation with a multinational company may be a stronger indicator for the type of provision or referral offered than is size of a company.

**FIGURE 4A : PERCENTAGE DISTRIBUTION OF ACCESS MECHANISMS STRATIFIED BY MULTINATIONAL AFFILIATION FOR EACH HIV/AIDS SERVICE (VCT, ART, AND HBC) (N=104)**



**FIGURE 4B : PERCENTAGE DISTRIBUTION OF ACCESS MECHANISMS STRATIFIED BY MULTINATIONAL AFFILIATION FOR EACH HIV/AIDS SERVICE (PMTCT, OI, AND TB) (N=104)**

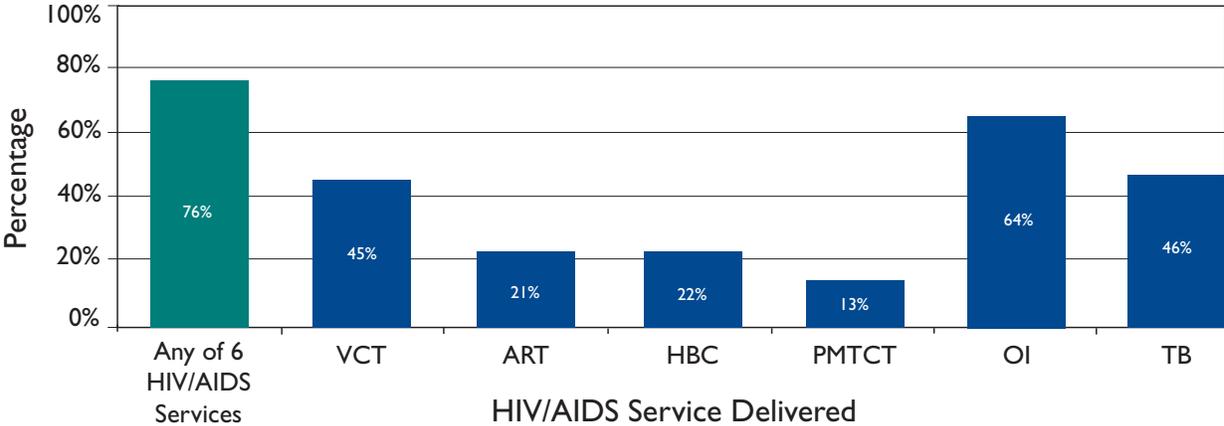


# DETAILS OF MECHANISMS USED TO FACILITATE ACCESS TO HIV/AIDS SERVICES

## ONSITE SERVICES

Onsite clinics are a focal point of delivery because they offer employees immediate and convenient access to HIV/AIDS services. Onsite clinics can offer companies a mechanism to track prevalence data within the company. Figure 5, representing the 75 companies in the sample that have onsite health clinics, shows that onsite service delivery is most common for OI management (64 percent), TB services (46 percent), and VCT (45 percent). It is least common for PMTCT (13 percent).

**FIGURE 5 : PERCENTAGE OF COMPANIES WITH ONSITE CLINICSTHAT DELIVER EACH HIV/AIDS SERVICE ONSITE (N=75)**



## ONSITE PROVISION OF ART IN ZAMBIA

*Zam-Agrico*,\* a small multinational company in Zambia, conducted an anonymous survey of employees about HIV/AIDS. Results from the survey showed that the HIV prevalence rate among employees was similar to the country's overall high prevalence rate of 17 percent. After data from *Zam-Agrico*'s onsite clinic demonstrated that a disproportionate number of employees in one department were consistently ill, the company also conducted a cost-benefit analysis. The analysis revealed that the department employed a large number of temporary workers to fill in for permanent employees on sick leave. The use of temporary workers resulted in high expenditures on wages and salaries because the company often had to pay two people to carry out one job. *Zam-Agrico* determined that it would be cheaper and more efficient to provide ART to keep their trained employees on the job rather than to hire temporary replacement workers.

*Zam-Agrico* now provides ART to employees through an onsite clinic, although referrals are made to major government hospitals for CD4 counts since the onsite clinic lacks the expensive equipment for CD4 testing. *Zam-Agrico* offers its clinical staff refresher courses to keep up to date with HIV-related issues and AIDS management, and also contracts with an outside doctor to come twice a week to help the clinic manage its HIV/AIDS program. In order to successfully deliver ART, *Zam-Agrico* upgraded its clinic facilities by adding a separate room for counseling and testing; allocating space for a laboratory; and investing in air conditioners and refrigerators to preserve the quality of the drugs in the clinic.

Monitoring of ART can be challenging for companies. *Zam-Agrico* sees cases where employees opted for traditional medicine and stopped taking conventional ART. *Zam-Agrico* is working to minimize such cases, and feels that consistent ART monitoring helps to reduce mortality among employees and ensures that they stay healthy.

Initially, some *Zam-Agrico* employees were reluctant to access ART services onsite. Some feared stigmatization by their colleagues or public knowledge of their HIV-positive status. In response, *Zam-Agrico* clinical officers explained to employees the company's strict confidentiality policy and the chairman of the workplace committee publicly disclosed his HIV-positive status and promoted testing for employees. *Zam-Agrico*'s supportive management and investment in adequate facilities with ample HIV/AIDS training opportunities for clinic staff helped to ensure the success of onsite ART provision.

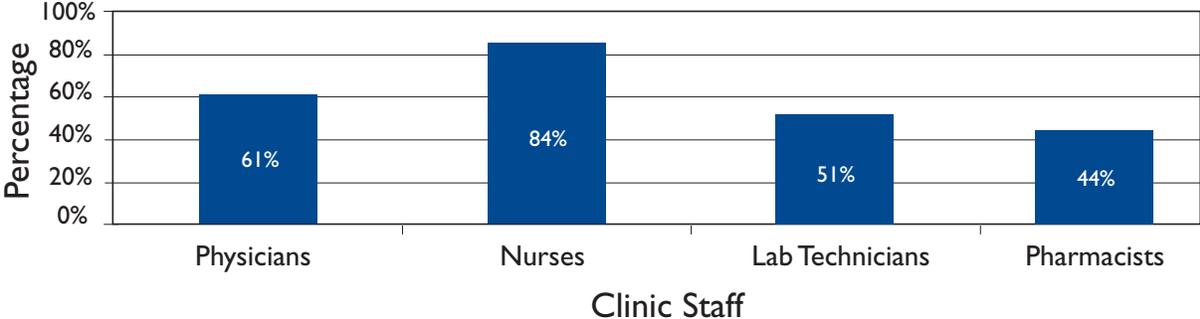
\* All company names throughout this paper have been changed to protect the confidentiality of respondents and companies.

To more closely explore the characteristics of onsite clinics that offer HIV/AIDS services, Figures 6 and 7 examine clinic staff<sup>14</sup> and laboratory tests among companies with onsite clinics that offer at least one of the six HIV/AIDS services. Of the 57 companies that deliver HIV/AIDS services onsite, 61 percent of them have a physician and 84 percent have a nurse in a full-time, permanent position on staff. These findings demonstrate that there are staff onsite who are available to administer HIV/AIDS services, subject to training and experience managing HIV clinical care (Figure 6). Full-time, permanent laboratory

<sup>14</sup>The survey did not inquire about the training or experience of onsite clinic staff concerning HIV/AIDS services.

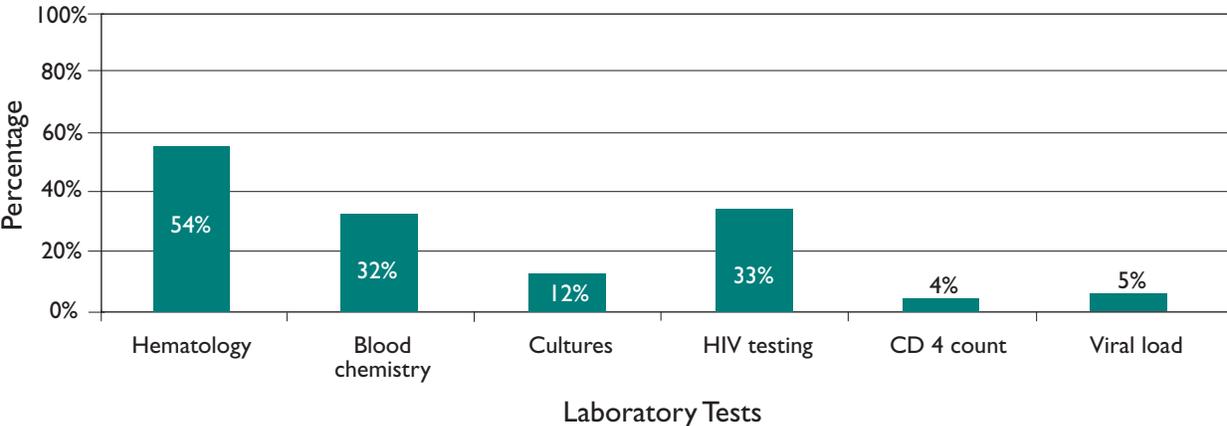
technicians and pharmacists are less common than nurses and physicians at these onsite clinics. A more detailed examination of staff at the 16 onsite clinics that offer ART (data not displayed) reveal that eight of the company clinics that offer ART have at least one of each type of clinic staff (laboratory technician, pharmacist, nurse or physician) onsite, two company clinics have only a physician(s) and nurse(s), and two company clinics are staffed with only a physician.

**FIGURE 6: PERCENTAGE OF EACH TYPE OF STAFF ACROSS COMPANIES WITH ONSITE CLINICS OFFERING AT LEAST ONE HIV/AIDS SERVICE (N=57)**



Laboratory testing capabilities are also a sign of an onsite clinic’s ability to offer adequate access to HIV/AIDS services for its employees. As seen in Figure 7, 54 percent of onsite clinics that deliver at least one HIV/AIDS service have laboratory testing for hematology and 33 percent of the clinics also perform HIV testing onsite. Tests specific to monitoring HIV/AIDS, such as CD4 and viral load, are performed by less than 5 percent of company onsite clinics that deliver at least one HIV/AIDS service.<sup>15</sup> Other data (not displayed) show that the most commonly cited way of monitoring employee progress on ART<sup>16</sup> for the 16 companies that deliver ARVs is at the company’s onsite clinic (nine companies) versus referring to public health facilities, private clinics, or NGOs.

**FIGURE 7: PERCENTAGE OF COMPANIES OFFERING AT LEAST ONE HIV/AIDS SERVICE THAT PERFORM EACH LABORATORY TEST ONSITE (N=57)**

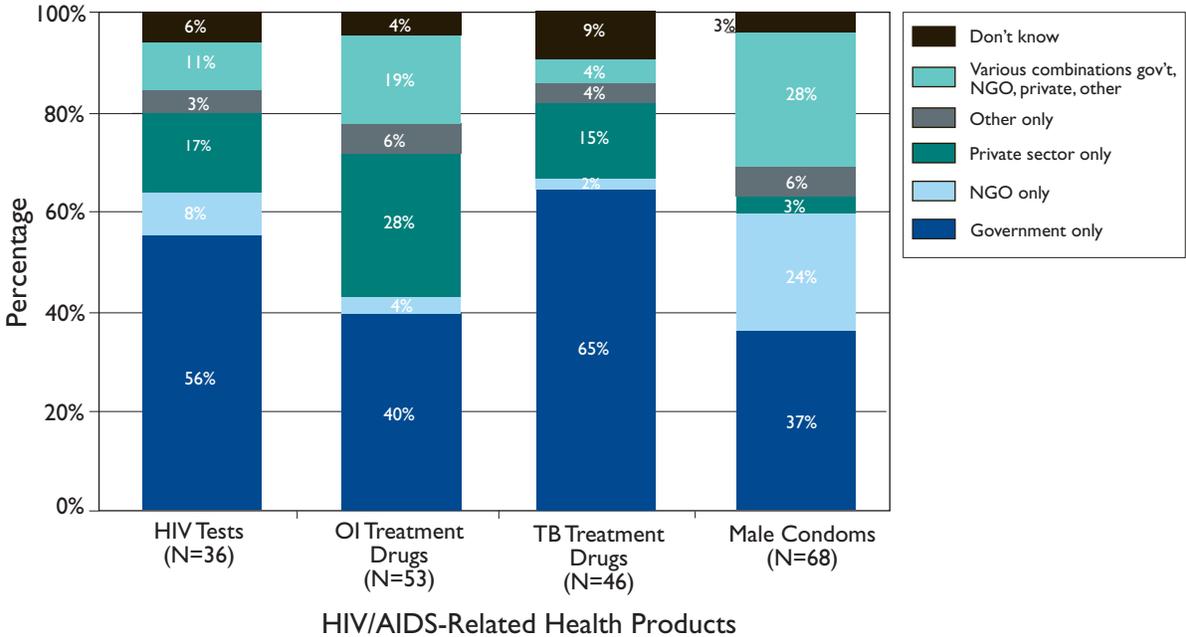


<sup>15</sup>Two of the 16 companies that offer ART services onsite perform both CD4 and viral load tests and are thus included in this percentage.

<sup>16</sup>The question on monitoring employee progress on ART does not differentiate between clinical, immunological, or virological monitoring.

Companies use a variety of sources to obtain supplies to provide HIV/AIDS-related services to their employees. To explore this issue, the procurement sources for four HIV/AIDS-related products are examined: HIV tests, OI drugs, TB drugs, and male condoms (Figure 8). For all four products, 50 percent or more of companies obtaining them receive them from the government and sometimes another health entity.<sup>17</sup> In addition, 56 percent of HIV tests and 65 percent of TB drugs are procured only from the government. For OI services, private sector distributors play a more significant role: 28 percent of OI-related drugs are obtained only from the private sector<sup>18</sup> and NGOs are a significant provider of male condoms. 24 percent of companies with onsite clinics only obtain male condoms from NGOs and 21 percent of them procure condoms from either NGOs or the government.<sup>19</sup>

**FIGURE 8: PERCENTAGE DISTRIBUTION OF THE SOURCES USED TO OBTAIN VARIOUS HIV/AIDS - RELATED HEALTH PRODUCTS AMONG COMPANIES WITH ONSITE CLINICS\***

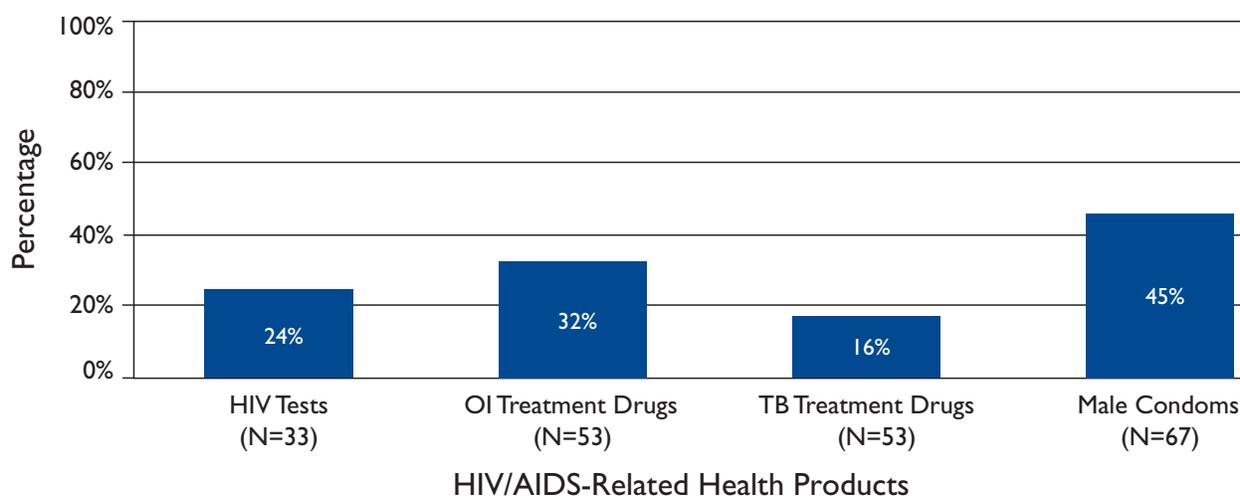


\*The n-denominator value for each category represents the number of companies that are supplied with each type of health service item. For example, of the 75 companies with onsite clinics, 36 are supplied with HIV tests.

<sup>17</sup>This percentage is the sum of government-only procurements plus a combination of procurement entities.  
<sup>18</sup>The combined category also makes up a significant percentage of sourcing for OI treatment drugs, which can be reduced into the subcategories of private and other (2 percent), government and other (2 percent), government, and private (13 percent), and government and NGO (2 percent).  
<sup>19</sup>The sourcing for male condoms comes first from governments, followed by NGOs and then the combined category (any combination of government, NGO, private, or other). This combined category can be reduced to subcategories of NGO and other (1 percent); government and private (3 percent); government and NGO (21 percent); and government, private, and NGO (3 percent). Thus, the government and NGOs are the predominant sources for male condoms at onsite clinics.

Figure 9 examines stockouts among companies with onsite clinics that obtain HIV tests, OI drugs, TB drugs, or male condoms. Findings show that the lowest percentages of stockouts occur among companies procuring HIV tests and TB treatment drugs (24 percent and 16 percent respectively). For OI treatment drugs, 32 percent of companies procuring them report stockouts. With male condoms, stockouts are reported by 45 percent of companies that obtained them. The percentages of companies reporting stockouts are higher among products where the private sector and NGOs have a greater role in their distribution (such as OI treatment drugs and male condoms, see Figure 8). While the exact role that the government, NGOs, and the private sector play in stockouts cannot be determined (companies did not report which procurement entity was the source of its supplies) nor can it be determined why these stockouts occur, the findings are intriguing and warrant further exploration.

**FIGURE 9: PERCENTAGE OF COMPANIES THAT EXPERIENCED STOCKOUTS OF HIV/AIDS - RELATED PRODUCTS AMONG COMPANIES WITH ONSITE CLINICS\***



\*The n-denominator value for each category represents the number of companies that are supplied regularly with each type of health-service item. For example, of the 75 companies with onsite clinics, 33 responded that they are supplied with HIV tests, and 24 percent experienced a stockout of these drugs. Differences in sample sizes between Figures 8 and 9 are due to fewer responses to the stockout question for Figure 9.

## FINANCING OF HIV/AIDS SERVICES

Many of the companies that do not have onsite clinics finance HIV/AIDS services through other means. The financing mechanisms considered in the survey include private insurance, reimbursements from employers, contracting out to NGOs or private providers, and employee contribution funds. As Figure 2 shows, financing of VCT services is the most common way companies facilitate access to this service (52 percent—the sum of financing alone and both financing and onsite service delivery), while over a third of companies also finance ART, OI services, and TB services. Conversely, less than one-fourth of companies finance PMTCT and HBC.

Table 3 provides a more detailed breakdown of how companies finance each type of HIV/AIDS service. The most common method of financing all HIV/AIDS services, with the exception of HBC, is through contracting out to private health facilities. For example, 35 percent of companies finance VCT and 38 percent finance ART through contracting out to private health facilities. One reason that contracting out

to private health facilities may be a more popular method of financing is that it may cost less than private insurance or reimbursements. There also may be few private insurers of HIV/AIDS services, particularly in Ethiopia, Kenya, and Zambia. Moreover, in comparison with contracting to NGOs, there may be more private providers, giving employees greater access to services and making companies more prone to contract with them.

**TABLE 3: NUMBER OF COMPANIES THAT REPORT USING VARIOUS SOURCES OF FINANCING FOR EACH HIV/AIDS SERVICE\***

Source of financing	VCT	ART	HBC	PMTCT	OI	TB
	n=63	n=45	n=11	n=27	n=44	n=46
Private insurance	14	11	5	6	10	10
Reimbursements	21	10	4	5	12	12
Contract with NGO health facility	14	10	2	6	7	6
Contract with private health facility	22	17	2	14	16	16
Employee contribution funds	5	2	1	1	3	3

\* Total n values include companies that provide offsite financing. As companies could report that they used more than one financing source for a given service, the column totals (for each service) may be greater than the total number of companies that provide financing for that service.

## CONTRACTING OUT SERVICES IN KENYA

Many companies in Kenya are facilitating access to HIV/AIDS services for their employees. There is great variety for service provision mechanisms among Kenyan companies. For instance, *Ken-Manuco*,\* a large, multinational in the manufacturing sector, offers all HIV/AIDS services through a for-profit, external health provider. These HIV/AIDS services (including VCT, ART, PMTCT, and the treatment of OI and TB) are provided exclusively from the health provider at the company's onsite clinic. Another Kenyan company, *Ken-Servico*, a large goods/services company, contracts out most of its HIV/AIDS services with the exception of second-line\*\* ART. An onsite clinic with a staff of one nurse dispenses second-line ARV drugs, under prescription from a consulting physician who periodically visits the clinic.

In addition, *Ken-Servico* reimburses employees who choose to access a different provider for VCT. Another company, *Ken-Agrico*, a small agricultural multinational, provides most HIV/AIDS services, including PMTCT, VCT, and OI and TB treatment, at its two onsite clinics. *Ken-Agrico* pays transportation costs for its employees to access free government-provided ART. VCT is provided at the onsite clinics although *Ken-Agrico* also contracts out additional VCT services to a local NGO. *Ken-Agrico* decided to contract out its VCT services after noticing poor utilization of its onsite VCT center. The option of an offsite VCT site reduces potential stigma for workers who fear being recognized or associated with HIV at *Ken-Agrico*'s onsite clinic.

Contracting out HIV/AIDS services can present several crucial challenges for Kenyan companies. Contracting out services can be expensive, even when treatment is heavily subsidized. Overall, however, the Kenyan companies found contracting out services to be a cost-effective option for providing HIV/AIDS services to employees. Companies may find that they lose a certain amount of control over service provision and quality of care when contracting with a private provider. Companies also may feel limited by the amount of information they are given by the contractors. *Ken-Agrico*, for example, has an arrangement with its NGO contractor through which it is able to obtain partial information on VCT uptake. *Ken-Agrico* learns the number of clients who receive VCT, disaggregated by sex, but is not privy to the age or HIV status of those VCT clients. Incomplete surveillance information can make monitoring the prevalence and nature of HIV within the company difficult.

Still, contracting out HIV/AIDS services can be efficient because companies can concentrate on managing their core business and not spend time or resources on administering, staffing, and supplying a clinic. The use of one service provider to provide all HIV/AIDS services further increases operational efficiencies and allows for the emergence of economies of scale. Additionally, contracting out services can be cost-effective even though companies may have large initial outlays of resources. Often private providers, particularly through NGOs, offer services, drugs, and supplies, including VCT kits and ARVs, at a subsidized cost. The use of one service provider, as opposed to an array of different vendors, can be particularly cost-effective. Finally, contracting out services reduces stigma and issues of confidentiality since staff may feel more comfortable accessing HIV/AIDS services from a provider not affiliated with their employer.

\* All company names throughout this paper have been changed to protect the confidentiality of respondents and companies.

\*\* A course of drugs used if first-line antiretroviral drugs fail.

## REFERRALS<sup>20</sup>

Another option available to companies is to refer their employees to health facilities offsite for HIV/AIDS services. Such referrals can come from human resources personnel, clinical staff, or designated company employees who inform other workers about where to seek HIV/AIDS services. As Figure 2 shows, the highest percentage of referrals is for PMTCT (41 percent), ART (33 percent), and HBC (31 percent). Table 4 presents a detailed look at which agencies companies are referring their employees to for HIV/AIDS services. Companies most often refer patients to government facilities. The potential financial burden for employees may explain the low percentages of referrals to private, for-profit health facilities for each HIV/AIDS service.

**TABLE 4: NUMBER OF COMPANIES THAT REPORT USING REFERRAL SOURCES FOR EACH HIV/AIDS SERVICE\***

Agency type	VCT	ART	HBC	PMTCT	OI	TB
	n=26	n=40	n=38	n=50	n=23	n=34
Government	22	33	34	42	20	27
NGO	6	12	12	18	7	10
Private	4	10	9	9	2	6

\* Only companies that provide referrals were included. Also, the number of companies may exceed the total value for each HIV/AIDS service as companies could report that they used more than one source for referring for a given service.

## OTHER MEANS OF FACILITATING ACCESS TO HIV/AIDS SERVICES

### GEOGRAPHIC ACCESS TO ART SERVICES

Beyond financing and referring, companies also can provide access to ART services for their employees where none exists in the surrounding community. Seventy-one percent of the surveyed companies report that there are public or private health facilities offering ART within 5 kilometers of the company. A small portion of companies (12 percent) report no health facilities within 5 kilometers of their location that provide ART services, which signifies that their employees do not have access to ART in their community.

Because of the lack of access to ART in their communities, some companies facilitate access to this treatment for their employees through onsite service delivery. Of the 16 companies offering onsite ART, three of them report that there are no health facilities within 5 kilometers of their location. Two of these three companies also state that they established an onsite clinic because of the lack of health facilities in the community, indicating that these companies may provide ART access for their employees, and potentially others (e.g., family members of employees), when it is otherwise limited.

<sup>20</sup> Data presented are only among companies that did not have onsite clinics or did not pay for these services. It is unclear whether trained, informed staff are making the referrals and what actions employers perform during the referral process.

## USING REFERRALS TO FACILITATE ACCESS IN NAMIBIA

In some cases, companies may need to rely on HIV/AIDS service provision mechanisms that require no financial contribution. *Nam-Servico*,\* a large company in Namibia, pays 50 percent of the cost of an employee's health care costs at private health facilities and the employee pays the other half. *Nam-Servico* does not have an onsite clinic but 70 percent of its employees cannot afford to pay half of the total costs for HIV/AIDS services at private health facilities. Thus, *Nam-Servico* usually refers employees to government hospitals and clinics. Government clinics in Namibia provide ART free of charge and the fees for other services are minimal. In certain instances, as in the case of OI treatment, employees prefer private providers. *Nam-Servico's* employees found the care for OIs insufficient in the government clinics. Additionally, *Nam-Servico* makes referrals for HIV/AIDS prevention and care services to local NGOs for free services including VCT, HBC, and distribution of condoms.

*Nam-Servico* did not undertake a cost-benefit analysis of providing HIV/AIDS services to its employees and had limited information to determine whether it could finance some or all of the HIV/AIDS services. In cases where it is possible, a cost-benefit analysis helps the process of establishing the most efficient mechanisms for linking employees with adequate treatment.

Referrals, however, are a key mechanism for companies with limited resources. Referrals to the public sector or NGOs for certain HIV/AIDS services can help companies provide a broader range of services to employees and their families than they could on their own. Referral systems broaden the number of services to which employees have access and broaden services to a greater number of individuals beyond company employees.

Companies that are using referrals should consider low-cost mechanisms to help employees effectively use referred services. These mechanisms include reminders for appointments in referred facilities, transportation to referral facilities, and following up with employees to ensure that they obtained adequate HIV/AIDS services. Employee feedback and experience should help to determine which facilities are referred by companies.

\* All company names throughout this paper have been changed to protect the confidentiality of respondents and companies.

## HIV/AIDS PROGRAMS AND POLICIES

Another way of showing interest in HIV/AIDS services for employees is through a company's commitment to HIV/AIDS policies and programs. When asked if they have a written statement or policy that addresses issues on HIV/AIDS, 61 percent of the 121 companies surveyed report they do. Of these 74 companies with HIV/AIDS policies, 97 percent have onsite service delivery, financing, or referral of HIV/AIDS services. Of the 47 companies that report they do not have a written policy addressing HIV/AIDS, however, 95 percent still have onsite service delivery, financing, or referrals. These results signify that written company HIV/AIDS policies are not a requirement to facilitate access to HIV/AIDS services for their employees. Finally, 83 percent of companies say they have HIV/AIDS education or awareness programs.

## REASONS FOR NOT OFFERING HIV/AIDS SERVICES TO EMPLOYEES

For those companies that do not finance or provide HIV/AIDS services, their two most common reasons cited are that services are available for free through the government (42 percent) and that HIV services are too expensive (12 percent) for the company to assume the costs.

### INDIVIDUAL ADVOCATES CAN INITIATE SERVICE PROVISION

What motivates companies to provide HIV/AIDS treatment and services for their employees? In the case of four state-owned companies in Ethiopia, individual advocates within the company helped to promote more extensive HIV/AIDS services for employees. A nurse at *Eth-Servico's*\* onsite clinic witnessed seven employees die in one year at the small company. Determined to reverse this trend, she confronted management, explaining the seriousness of HIV/AIDS to the company, and urged them to start providing HIV/AIDS services. Though the company was willing to provide the services, it was lacking in resources to fund service provision. Still, with the encouragement of management, the nurse then contacted NGOs until information, education, and communication (IEC) materials were donated for teaching company staff about how to prevent HIV/AIDS. With further effort, she contacted several more NGOs and obtained training about the disease for peer educators and clinic staff, as well as free VCT services for company employees.

Thus, individuals can make a difference and can play a leading role in starting or even running HIV/AIDS services at companies. Individual motivation, advocacy efforts, and compassion for victims of HIV/AIDS can offer new perspective and momentum in initiating and implementing valuable services.

Individual advocates for HIV/AIDS services are more likely to emerge in corporate environments that encourage frank discussion about pressing issues and have approachable management in place. *Eth-Servico's* management was receptive to the nurse's ideas and energy, and encouraged her to find alternative financing mechanisms since company resources were insufficient for adequate HIV/AIDS services.

Management buy-in is essential when individual advocates emerge and management may be especially swayed by cost-related arguments showing the impact of HIV/AIDS on profitability, absenteeism, and institutional memory. Individual advocates can gather feedback from company employees about their desires and needs concerning HIV/AIDS services to help management make sound choices about which services to offer to employees. This effort to engage employee views on HIV/AIDS can also improve employee-management relations in general and foster an environment of increased employee morale and retention.

\* All company names throughout this paper have been changed to protect the confidentiality of respondents and companies.

## DISCUSSION

Both size and multinational affiliation are likely to affect the types of HIV/AIDS services and financing mechanisms offered by companies. In terms of onsite service-delivery access, almost 50 percent of companies deliver at least one HIV/AIDS service onsite. Few onsite clinics, however, deliver the basic essential services, which include ART; HBC; and PMTCT. This finding may be due to low demand for these services among employees, governmental or NGO provision of the services in the community, or the high costs to the company of delivering these services onsite. Similarly, few companies with onsite clinics provide ART, or monitor CD4 counts and viral load.

Financing, as a method of facilitating access, is well utilized by companies to provide their employees with access to HIV services, particularly for VCT, ART, OI services, and TB. Contracting with private providers, the most common method of financing, may promote a country's development of the private, for-profit sector while supplying companies' employees with necessary HIV/AIDS services.

Referrals to health facilities are commonly made to facilitate access to HIV/AIDS services, particularly among companies with fewer than 500 employees. Regardless of company size, HBC and PMTCT are two HIV/AIDS services that are most commonly accessed through referrals.

Some companies appear to do very little to facilitate access to HIV/AIDS services. Results show that non-multinational companies are less likely to facilitate access to any HIV/AIDS services for their employees, particularly if those services are HBC and PMTCT. Again, the lack of collateral to finance these services or not having the health staff to refer employees elsewhere may prohibit non-multinational companies from facilitating access to HIV/AIDS services. Non-multinational companies also may have a limited awareness of HIV/AIDS services or how to offer them to employees. The corporate environment in multinational companies—including stakeholder expectations—may drive the provision of extensive HIV/AIDS services to employees. Multinational companies are also more likely to engage in extensive institutional audits of HIV/AIDS prevalence within the company and its expected impact (Barnett and Whiteside 2006). The results of these institutional audits may encourage the provision of key HIV/AIDS services.

The results show that companies commonly refer their employees to government facilities, which may lessen the cost of services for employees and companies. Conversely, governments' free supplies also may lessen companies' desire to provide HIV/AIDS services at their own cost. If companies provide these services, they may be closer geographically for employees, which could benefit the companies by reducing employee absenteeism for offsite appointments.

HIV/AIDS policies and programs are present in most cases where companies are offering HIV/AIDS services. This study, however, does not examine whether the HIV/AIDS policy or HIV/AIDS services were established first. That information would help to determine if companies more often develop policies and then establish HIV/AIDS services or whether the inverse is more common. Moreover, the lack of a written policy does not prevent most workplaces in this study from facilitating access to HIV/AIDS services for their employees. This finding highlights the need to recognize that HIV/AIDS services are sometimes established without HIV/AIDS workplace policies, despite the fact that such policies are necessary vehicles for establishing sound guidelines for employers and employees on facilitating access to HIV/AIDS services.

There are limitations to the analyses this study presents. Because respondents could be human resources personnel or health care providers, there may be underreporting on questions that would have been more appropriate for the other type of respondent. For example, human resources personnel may have overlooked some clinical questions when health care providers in the company could have answered them. In addition, the focus of the study is companies' perspectives of their HIV/AIDS services. The study does not capture data from these companies' employees, so its data cannot be matched and compared for accuracy; nor do the data collected provide insight into the quality of HIV/AIDS services provided, which could be garnered by interviews with employees. Finally, because this research is generated from a convenience sample, results may not be representative and are not generalizable to the broader population of companies in the survey countries.



## 4. POLICY AND RESEARCH IMPLICATIONS

Referrals often are used as a mechanism for facilitating access to services, especially among small companies and non-multinational ones. When companies cannot offer HIV/AIDS services, they should encourage human resources or clinical staff to be knowledgeable about services in the area that employees may access. Future research also should identify why referrals are made to certain entities over others, how these referral entities work with companies to better meet the HIV/AIDS needs of employees, and what actions employees take when they receive a company referral for each type of HIV/AIDS service.

Most mechanisms that facilitate HIV/AIDS access are chosen either because of employee demand or in light of available company resources and need for cost-savings. Though this survey does find that companies commonly cite services being available for free from the government as a primary reason for not offering HIV/AIDS services in general, the survey does not probe that motivation for each individual service. Future studies should look to determine the basis for companies' decisions to offer particular HIV/AIDS services. Such rigorous exploration of motivations can help companies and governments to coordinate the types of services offered at each entity to better meet the HIV/AIDS needs of employees and the general population.

As stated in this paper's definition of "access," this research does not consider uptake of services, so questions remain about employees' behavior related to HIV/AIDS services. Future research might identify if patients utilize the services to which they have been referred. Nor does this research cover private practitioners' role in workplace HIV/AIDS services and whether they have proper training to deliver services, consistent supply chain access, and patient reporting requirements like the public sector. Other related issues for future research not studied here include HIV/AIDS-service satisfaction and quality, which could influence where employees seek HIV/AIDS services, and the extension of services to dependents and the community.

This study offers several useful contributions to better understanding the role of sub-Saharan African companies in providing HIV/AIDS services. Because the majority of the literature about workplace HIV/AIDS services examines companies in Southern Africa, particularly South Africa, this study deliberately focused on other African countries. The challenges to service provision identified by the surveyed companies in Ethiopia, Kenya, Namibia, and Zambia are relevant to companies in countries without a strong private insurance system and without the presence of multinational companies with strong corporate social responsibility policies on HIV/AIDS service provision and the active involvement of shareholders on the issue.

This study cuts across countries and quantifies the range of service provision types and mechanisms used by companies in sub-Saharan Africa that are diverse—in terms of size, industry, and national origin. Much of the existing literature explores motivations for why companies offer HIV/AIDS services but there has been little attempt to systematically quantify which services are actually being offered, and how companies actually finance those services. The study also explores some motivators for offering

workplace services and assesses why certain services and financing mechanisms are used predominantly by large companies. Thus, these findings can help missions and organizations looking to collaborate with or provide relevant technical assistance to small or large companies wishing to expand their HIV/AIDS service provision.

Looking ahead, further research can specifically examine the challenges for HIV/AIDS service provision in smaller companies in low-income countries. Increased donor funding and resource flows for HIV/AIDS services in high-prevalence countries may affect the provision of workplace services, and should be investigated. This research supports the ability of all companies, both large and small and with or without ample resources, to effectively provide workplace HIV/AIDS services for the benefit of both the company and its employees.

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# ANNEX: STUDY DEFINITIONS

The following definitions are for commonly used terms in the survey.

**Access**—for the purposes of this study, it is the degree to which companies facilitate the opportunity to obtain HIV/AIDS services (in this study, access does not apply to the individual uptake of services)

**Antiretroviral treatment (ART)**—drugs that kill or suppress a retrovirus, such as HIV (all of the anti-HIV drugs are antiretroviral drugs)

**Contract with nongovernmental organizations or private, for-profit health facilities**—a company pays a nongovernmental organization or private health facility to provide health care for its employees

**Employee contribution fund (such as a solidarity fund)**—a money account to which employees contribute funds that other employees can use for a specific health purpose (for example, people living with HIV/AIDS can use funds to help reduce the cost of their health care)

**Geographic access**—the degree to which companies facilitate the opportunity to obtain HIV/AIDS services within a physical proximity that is easy for employees to reach

**HIV/AIDS financing**—any or all of the following financing means: private insurance, reimbursements to employees, contracting with nongovernmental organizations or for-profit health facilities, and employee contribution fund

**HIV/AIDS services**—any or all of the six following services: voluntary counseling and testing, antiretroviral treatment, home-based care for HIV-positive employees, prevention of mother-to-child transmission, treatment of opportunistic infections, and treatment for tuberculosis

**Home-based care (HBC)**—the provision of services for HIV-positive people in their homes

**Mother-to-child transmission (PMTCT)**—when an HIV-positive woman passes the virus to her child during pregnancy, delivery, or breast-feeding (without any treatment about 30 percent of children born to HIV-positive mothers will be infected with the virus)

**Nongovernmental organizations (NGO)**—the not-for-profit subset of the workplace

**Onsite clinic**—a health facility that a company has established for its employees that is located on the grounds where they work

**Opportunistic infections (OI)**—illnesses that afflict people with weak immune systems as occurs with HIV (common opportunistic infections in people with HIV/AIDS include tuberculosis, certain kinds of pneumonia, fungal infections, viral infections and lymphoma)

**Private insurance**—a company pays an insurance enterprise to provide the company’s employees with health insurance policies and to help fund the overall costs of employees’ health care; in turn, employees typically pay a portion of their salary to the insurance company to also fund the health insurance policy

**Private sector**—the part of a nation’s economy that the government does not control; it includes for-profit and not-for-profit organizations

**Referral**—when a company gives free advice to its employees about where to access health services in the community and the company does not pay for the health services through private insurance, contracting out, or any other type of financing mechanism (typically, the referral includes provision of a written form to the employee with information specifying the organization or services to which he or she is being referred and the purpose for the referral)

**Reimburse expenses to employees**—the company pays back its employees for money they spend on health services

**Tuberculosis (TB)**—includes the diagnosis and treatment of the disease

**Workplace**—any location where people are employed



