



A Guide to HIV/AIDS in the Workplace

June 2005



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Simon, a 32-year old Accountant, is about to accept a partnership offer at a reputable firm of Auditors. Since completing his training 8 years ago he has worked conscientiously. In the past year he has generated more fees, on average, each month than the other Auditors at the firm. Simon's life and future appear promising. He is well off financially, is moving into a new apartment next week and has just become engaged to his girlfriend of three years. His firm is joining a new pension fund and Simon needs to undergo an HIV test. One week later, Simon's test results have come back. He is HIV positive! He is devastated and confused by the news. When and how did he become infected (he has been in a monogamous relationship for the past three years)? How long will he live and what quality of life will he have? What treatment is available and how much will it cost? Will he be able to work, and is the partnership offer still open to him? How will his colleagues, clients, family and friends react? How is he going to explain this to his fiancée?

1. Foreword

Fasset has identified HIV/AIDS education and training as a sector skills priority and is committed to ensuring that organisations paying Skills Development Levy to Fasset are encouraged to implement HIV/AIDS education and training in their workplaces.

Research shows that only a very small percentage of employers in the Fasset sector educate their staff around HIV/AIDS. This is due to a lack of knowledge and resources to source appropriate and effective HIV/AIDS training interventions, a general feeling in the sector that professional employees are not vulnerable to HIV/AIDS, and discomfort around offering such education and training in the workplace.

Fasset hopes to provide practical guidance to organisations in the sector surrounding implementation of HIV/AIDS education and training. By means of this publication, Fasset has undertaken to assist organisations with the provision of information around the delivery of HIV/AIDS education and training.



2. Glossary of Terms

English	Definition	Isizulu	Sesotho	Afrikaans
AIDS	Acquired Immune Deficiency Syndrome; the body loses its ability to fight infections; the immune system is weakened by the virus called HIV.	Ingculaza	AIDS	VIGS
Anal intercourse	Penetration of the anus of a man or a woman by a penis.	Ucansi olwenziwa ngokufaka embotsheni yangemuva		Anale omgang
Antibody	A specific protein made by a person's white blood cells to fight a disease; for example, antibodies are produced against the different kinds of colds, flu and HIV.	Amasotsha womzimba		Teen liddaam
Anus	Opening at back of body through which waste matter is excreted.	Imbobo yangemuva	Mohlamu	Anus
AZT	A drug that attacks the HIV/AIDS virus and slows down the disease.			
Blood transfusion	Receiving blood after a major accident or certain operations.	Ukufakelwa igazi emithanjeni	Ho kengoa madi	Bloeddoortapping
Carrier	Someone who is infected with HIV/AIDS.	Umuntu anegciwane iHIV		Draer
Condom	A contraceptive usually made of thin latex rubber and worn on an erect penis; condoms greatly reduce the chances of both males and females catching sexually transmitted infections, including HIV/AIDS.	Ijazi lomkhwenyana lokuya ocansini		Kondoom
Confidential	Information that must not be told to others.	Okuyimfihlo	Ke sephiri	Vertoulik
Counselling	Talking to someone about their concerns and helping them deal with their problems; pre-test counselling involves talking to someone and explaining the consequences if the result is positive.	Ukuxoxisana nocwepheshe ngezinkinga zakho		Berading



English	Definition	Isizulu	Sesotho	Afrikaans
Counsellor	Someone who listens to your problems and gives you advice.	Umeluleki wezempilo	Moeletsi	Raadgewer
Co-workers	Colleagues, people you work with.	Ozakwenu / abalingani emsebenzini	Bomphatho ba hoa	Kollegas
Diarrhoea	Upset (runny) stomach.	Uhudo	Letshollo	Diarree
Discharge	Pus or moisture that oozes from an infected area.	Ukuphuma uketshezi	Lero le ntshoang	Afskeiding
Discrimination	Treating someone differently from yourself based on prejudice.	Ubandlululo	Kgethollo	Diskrimansie
Donating blood	Giving blood to be used in medical emergencies.	Ukunikela ngegazi		Bloed donasie / Om bloed te doneer
Epidemic	A disease that spreads quickly from one person to another.	Isifo esithathelana ngokushesha		Epidemie
Expiry date	Date by when something must be used.	Ukuphelelwa yisikhathi	Letsatsi la ho felloa ke nako	Vervaldatum
False negative	A blood test for HIV that does not show the presence of HIV in a person with HIV; this may happen if the test is done before the person has developed antibodies that will show up in a test.	Imiphumela yohlolo engashayi khona; ethi akunjalo kodwa kube kunjalo		Valse negatief
False positive	A blood test for HIV that shows the presence of HIV in a person who does not have HIV; this happens when the test finds antibodies to another organism.	Imiphumela yohlolo engashayi khona; ethi kunjalo kodwa kube kungenjalo		Valse positief
Female condom - Femidom™	A contraceptive usually made of thin latex rubber and worn inside the vagina; to reduce the chances of both males and females catching sexually transmitted infections, including HIV/AIDS.			
Germ	Tiny, living things that may bring illness.	Igciwane	Kokanahloko	Kiem
Groin	Part of the body between the stomach and the thigh.	Imvilaphini	Tshoeleseng	Lies



English	Definition	Isizulu	Sesotho	Afrikaans
HIV	Human Immunodeficiency Virus.	Igciwane elandulela ingculazi		MIV: Menslikke Immun-gebrek Virus
HIV positive	A person whose tests have shown that s/he is infected with HIV.	Ukuba negiwane le-HIV	Ho ba le HIV	HIV-positief
HIV negative	HIV antibodies not detected in blood.	Ukungabinalo igciwane le-HIV	Ho se be le HIV	HIV-negatief
HIV test	A blood test, which detects antibodies to HIV. The test determines whether a person has HIV. Usually two tests need to be done to determine whether or not the person has the virus.	Ukuhlolisa igciwane iHIV		HIV toets
Homosexual	Someone attracted sexually to people of the same sex.	Incumbili noma isitabane		Homoseksueel
Immune deficiency	A condition where the body's defense system is weakened.	Amasotsha womzimba asebuthekathaka		Immun gebrek
Immune system	A system in the body which fights off infections and diseases; parts of the immune system include the skin, mucous membranes in the nose, glands, hairs and blood cells that produce antibodies.	Indlela amasotsha womzimba asebenzisana ngayo ngaphakathi		Immun stelsel
Infection	Illness.	Ukungenwa yigciwane	Tshoetso	Infeksie
Infertility	Inability to have children.	Ukungatholi abantwana	Ho hloka tsoala / ho hloka thari	Onvrugbaarheid
Intravenous	Into a vein - intravenous drug users inject drugs straight into their veins.	Ukujova phakathi kwemithambo		Intravenues
KAP study	Knowledge, Attitudes and Practices Study used to determine the HIV and STI risk of a company			
Masturbate	To sexually stimulate oneself by touching one's private parts.	Indlwabu	Ho ipholla dithong tsa botona kappa tsa bosadi ka morere wa ho ikgotsofatsa ka tsela ya thobalano	Masturbeer



English	Definition	Isizulu	Sesotho	Afrikaans
Penetration	When the penis enters the vagina or anus.	Ukungena	Ho Kenya setho sa botona ho sa bosadi	Penetrasie
Penis	Male reproductive organ.	Umphambili wesilisa	Setho sa botona	Penis
Prevent	Stop something from happening.	Ukuvikela	Ho thibela	Voorkom
PWA	Person (or people) with HIV/AIDS.	Umntu ophila negciwane		PMM (Persone met MIV)
Retrovir	The commercial name for AZT, a drug that slows down the HI virus.	Ikhami elenza iHIV ingandi ngokushesha		Retrovir
Safe sex	Ways of having sexual activity that reduce the chance of catching or transmitting sexually transmitted infections and HIV/AIDS.	Ucansi oluphephile		Veilige omgang
Semen	The fluid that spurts from the penis when a man ejaculates.	Isidoda	Lero la botona	Semen
Sexual climax	Orgasm.	Ukweneliseka ocansini	Tlhorong ya monyaka wa thobalano	Seksuele klimaks
Sperm	Reproductive fluid of males.	Imbewu yowesilisa	Peo ya bonna	Sperm
STI	Sexually transmitted infection; a disease or infection that is passed from one person to another during sexual intercourse; for example, gonorrhoea, syphilis and HIV.	Isifo socansi	Lefu le fetiswang ka thobalano	Seksueel oordraagbare siekte
Support group	Group of people who offer understanding and counselling for specific problems.	Iqembu lokwesekelana	Sehlopha sa tshehetso	Ondersteunings-groep
Traditional healers	People, without a formal medical qualification, who issue natural medicines.	Izinyanga nabathandazi	Dingaka tsa setso	Tradisionele dokters
TB	Tuberculosis – a disease that usually affects the lungs and is passed on by coughing.	Isifi sofuba	Lefuba	Tuberkulose



English	Definition	Isizulu	Sesotho	Afrikaans
Unprotected sex	Also called unsafe sex; sexual intercourse where an exchange of body fluids takes place with no barrier such as a condom; can transmit an STI including HIV/AIDS between partners.	Ukuya ocansini okungaphephile	Thobalano e sa bolokehang	Onveilige seks
Vagina	Female reproductive organ.	Isitho sowesifazane sangasese	Setho sa bosadi	Vagina
Vaginal lubrication	Fluid or moisture found in the vagina.	Uketshezi oluphuma kumuntu wesifazani	Mekedikedi ya setho sa bosadi	Vaginate afskeidings
VCT	Voluntary Counselling and Testing			
Virus	A tiny organism or germs that can cause disease in humans, such as measles, colds, flu, polio and chickenpox are caused by different kinds of viruses.	Igciwane	Vaerase	Virus
Window period	The time that passes between when a person is infected with the HI Virus, and when signs (antibodies) of the virus are found in his/her body; usually 3 to 12 weeks; the HIV antibody test may be negative although the person has HIV.	Isikhathi lapho ungeke wakwazi khona ukuhlola ubukhona begciwane		Venster periode



3. HIV/AIDS

Human Immunodeficiency Virus (HIV) is a virus that causes disease. The virus is passed from one person to another through blood, breast milk and/or vaginal fluids or semen. Once a person is infected with the virus, they are HIV positive. The HI Virus is miniscule, but its impact on the body is substantial. HIV attacks a particular set of cells in the human immune system known as CD4 cells. It attacks a person's immune system, making it less capable of fighting infection. As the immune system weakens, the infected person may experience flu-like symptoms such as a cough, diarrhoea and skin sores.

AIDS is an acronym for Acquired Immunodeficiency Syndrome. A person is regarded as having AIDS when his/her CD4 count falls below 200. At this stage, diseases such as TB, brain infections, skin diseases and pneumonia are common and often cause death. The average period from HIV infection to developing AIDS is, in the absence of treatment, approximately 8 to 10 years.

There is no cure for HIV or AIDS yet!

Many people believe that HIV/AIDS is not their problem and that it will not affect them. The reality is that the disease affects everyone. It does not discriminate on the basis of age, colour, gender or financial status.

South Africa has one of the worst HIV/AIDS problems in the world. Even though most people know about it, the disease is still spreading.

3.1 What is HIV/AIDS?

Human Immunodeficiency Virus (HIV) is the virus that leads to Acquired Immunodeficiency Syndrome (AIDS). People do not get AIDS as soon as they are infected with the HI Virus. HIV is not AIDS. The HI Virus causes AIDS.

HIV is a lentivirus (or slow virus), which means that there is a gap between the initial infection and the onset of symptoms.

Our immune system is very important because it protects our bodies by fighting off germs and infections. The virus kills or impairs cells of the immune system, and HIV progressively destroys the body's ability to fight infections and certain cancers.

When it enters the bloodstream, HIV begins to disable the body's immune system by using the body's aggressive immune responses to the virus to infect, replicate and kill immune system cells (CD4 cells). It invades the CD4 cells and incorporates itself into the genetic material of the cell. It then begins to replicate and produces millions of viruses. The CD4 cell ruptures and releases the HIV particles into the blood stream. This process is then repeated over and over again.

Part of the immune system's reaction to a virus is the production of antibodies in order to destroy the virus. When a person becomes infected with the HI virus, the body begins to create antibodies to fight the virus.

The gradual deterioration of the immune function is central to triggering the immuno-suppression that leads to AIDS. The body's immune system is no longer able to fight off any infections.

AIDS is the final stage of HIV infection. People diagnosed with AIDS are susceptible to life-threatening diseases called **opportunistic infections**, which are caused by microbes that usually do not cause illness in HIV negative people.



That is why people with AIDS cannot fight sicknesses such as diarrhoea, pneumonia and TB. When these illnesses attack their bodies they die.

The **A** stands for **Acquired**

In order to be infected, a person has to do something (or have something done to them), which exposes them to the virus.

The **I** and **D** stand for **Immunodeficiency**

As we have noted, the virus attacks a person's immune system and makes it less able to fight infections. The immune system becomes deficient / absent / lacking.

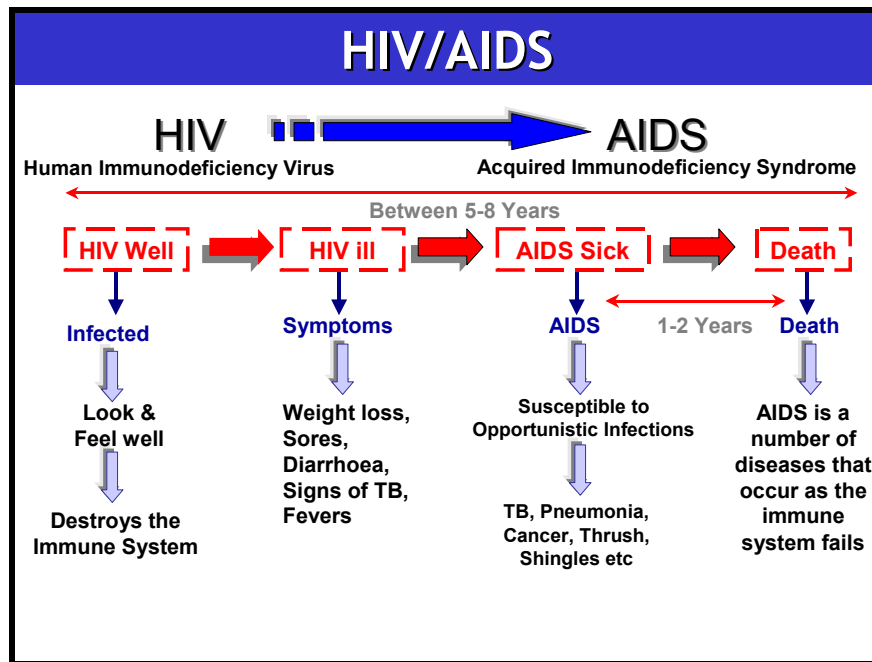
The **S** is for **Syndrome**

AIDS is not just one disease, but is seen as a number of diseases that occur as the immune system fails. This is why AIDS is often **not** written down as the cause of death on the death certificate of someone who is known to have been AIDS sick.

You cannot tell that people have HIV by looking at them. HIV positive people continue living and working as normal and can pass the virus on to other people without even realising that they have it.

3.2 The Four Stages of HIV/AIDS

Figure 1: The Four Stages of HIV/AIDS



Stage 1: Infected

The period following the initial HIV infection is called the **window period**. This is the period between infection with the virus and when HIV antibodies develop in the bloodstream. At this stage there is no way of detecting HIV infection in the body. **Seroconversion** refers to the period of time during which the body

is producing HIV antibodies, trying to protect itself against the virus. Many people experience flu-like symptoms and swollen lymph nodes – this is a highly infectious stage.

Stage 2: HIV Well

After sero-converting, many people usually experience a symptom-free period or **asymptomatic** period. For many years, people with HIV look and feel well. Although the person with HIV is experiencing no symptoms, the virus is still replicating inside the body and weakening the immune system. This stage can last anything from three to twelve years. The average time is six years. During this stage, infected people need counselling, support and a healthy lifestyle. This is the most dangerous stage because unless they have an HIV test, they will not know that they are infected. In this way they can spread the virus without knowing it.

Stage 3: HIV ill

HIV slowly weakens the immune system. Between five and eight years after infection, people start getting sick. They usually begin to lose weight and their bodies become weak.

The early signs of HIV related illnesses are:

- Weight loss
- Swelling in the neck, behind the ear, under the arm and in the groin
- Sores on the lips or genitals which do not heal
- A white rash inside the mouth or on the genitals
- Signs of TB – coughing, sweating and losing weight
- Painful sores or rashes
- Fevers and sweating at night
- Diarrhoea that does not stop

Stage 4: AIDS

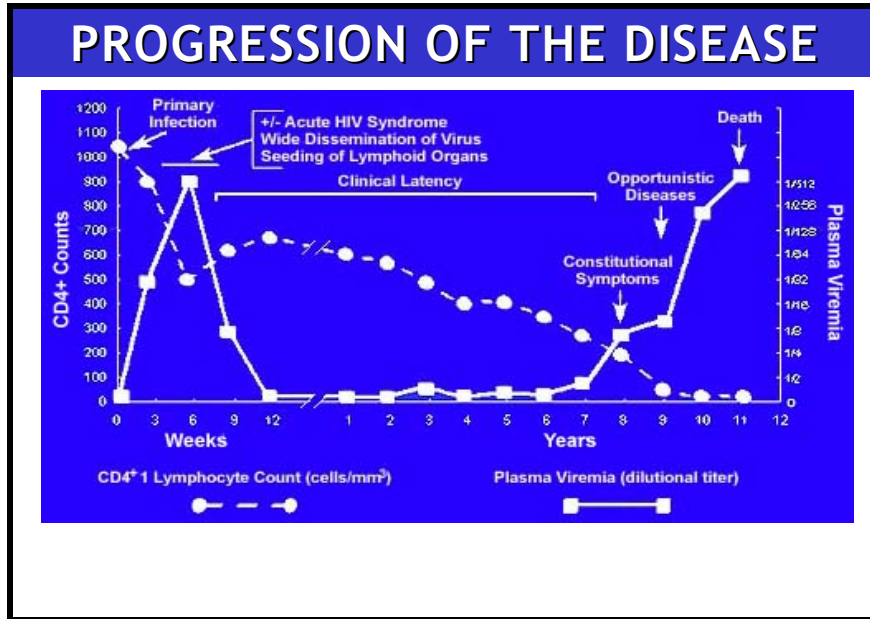
After this period, severe immune cell loss leads to the **symptomatic period**, in which the body experiences the symptoms associated with AIDS. This is the final stage and is referred to as **AIDS sickness**. On average it takes a person 18 months between getting very ill with AIDS and dying. People with AIDS need special care and medicine. There is often a need to go to the hospital. People with AIDS usually suffer from serious diseases like TB, pneumonia or certain types of cancer. They become very ill with these diseases and they eventually die. It usually takes about eight years between the time people are first infected with the HI Virus to when they die of AIDS (www.unaids.org).

Later signs of AIDS are:

- TB and pneumonia
- Thrush (a fungal infection of the mouth or vagina)
- Re-occurring shingles and skin rashes and lesions
- Various cancers
- Meningitis
- Weight loss of more than 10%

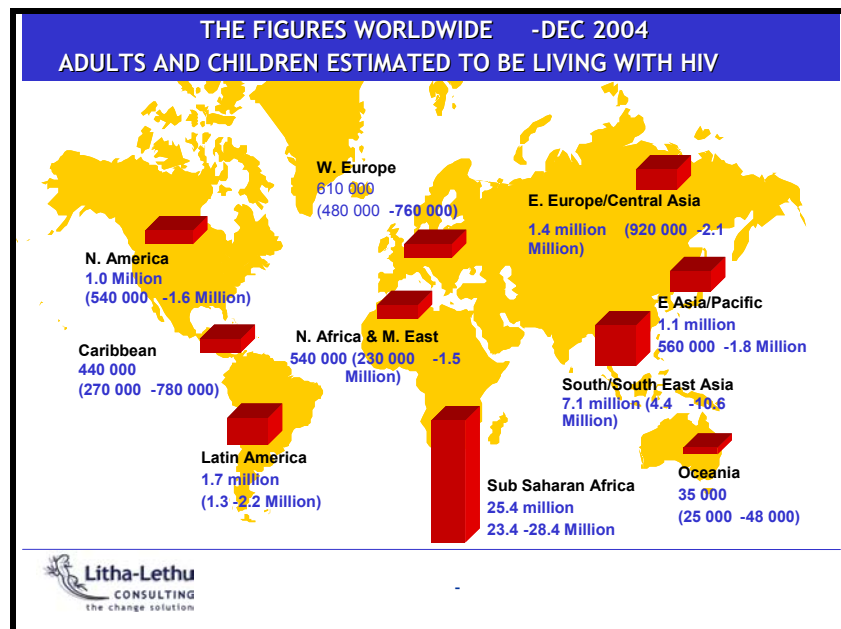


Figure 2: Progression of the Disease (www.cdc.gov)



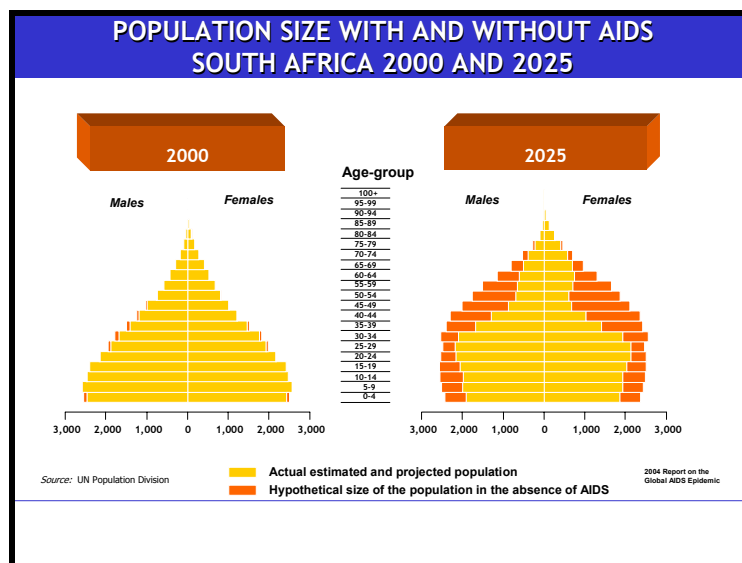
4. Statistics

Figure 3: Worldwide HIV Figures (www.unaids.org)



South Africa's MRC (Medical Research Council) 2001 report indicated that nearly 5 million people in South Africa are living with HIV/AIDS. Without effective intervention, the report estimates that by 2010, 66% of deaths in South Africa will be AIDS-related and that life expectancy will fall to 41 years.

Figure 4: The Effect of HIV/AIDS on the Population (www.unaids.org)



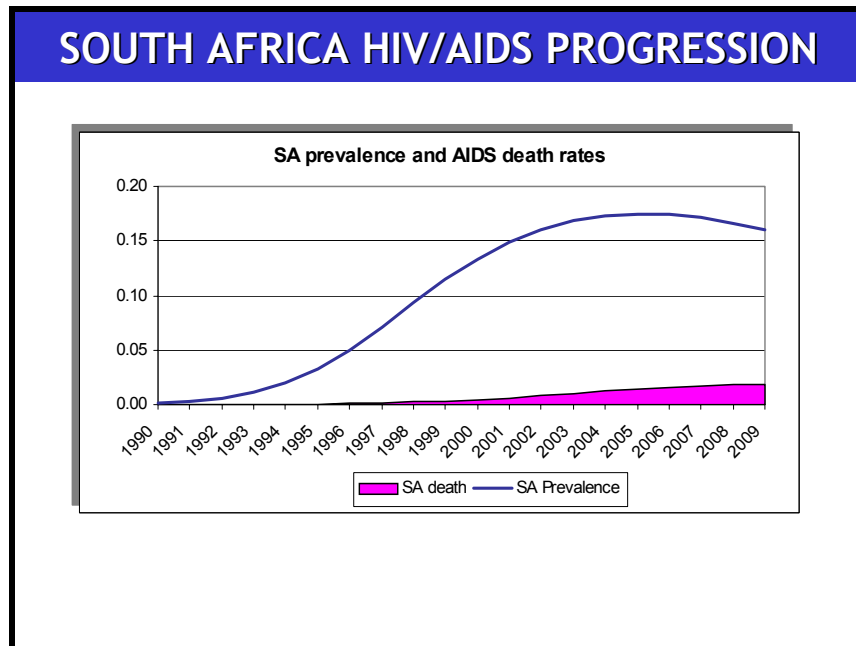
According to a survey undertaken at a large corporate head office in Gauteng, of a total of 3,4% employees who tested HIV positive, 7,0% were clerks and administrative workers, 1,2% were technicians and associated professionals and 0,9% were legislators.

Current estimates suggest that 95% of the HIV infections in Sub-Saharan Africa are attributable to unsafe sex. Safe sex involves abstinence from sexual intercourse, having sexual intercourse with only one uninfected and faithful partner, or, correctly and consistently using a condom during every act of intercourse. Many people infected with HIV are unaware that they are infected. This makes prevention and control of the disease more difficult.

The disease will affect a considerable percentage of the workforce, including decision-makers. The potential for economic growth is reduced potentially by up to 2% as the disease depletes the labour force, especially when the skilled labour force is affected. The BER (Bureau for Economic Research) indicates that GDP (Gross Domestic Product) may be 5,7% lower by 2015 as a result of AIDS.

According to population-based surveys in Sub-Saharan Africa, infection levels in women are higher than in men. Studies conducted in nine different African countries suggest that for every 10 African men infected, between 12 and 13 African women are infected.

Figure 5: SA Prevalence and AIDS Death Rates (www.unaids.org)



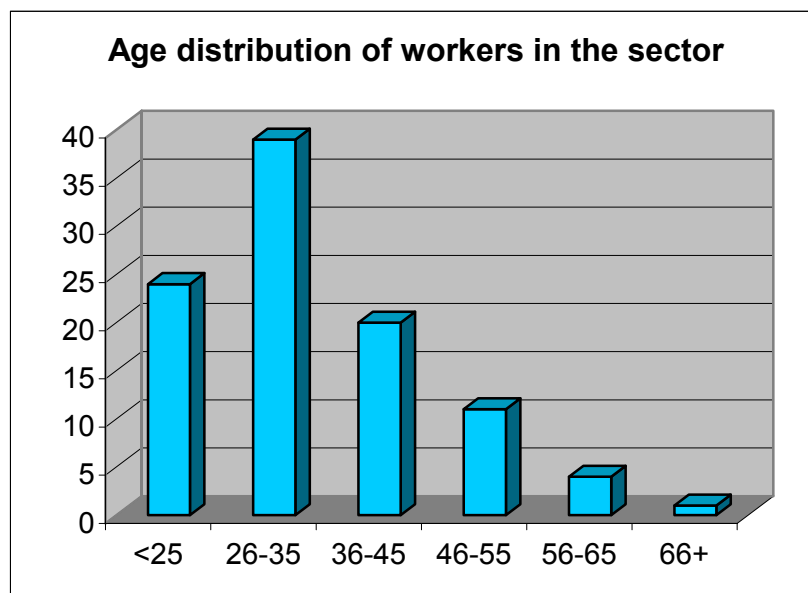
5. A Description of the Needs of Employers

HIV-related absenteeism, loss of productivity and the cost of replacing workers lost to AIDS threaten the survival of businesses and industrial sectors in the increasingly competitive global market. HIV/AIDS does not only affect workers. By claiming a large part of the urban population with disposable income and by impoverishing families and communities, it also affects the market base of African business.

According to Fasset statistics, workers within the Fasset sector are relatively young, with 63% of workers 35 years old or younger. Only 4% are in the age category 56-65. The average age varies for the different occupational groups. Average ages are as follows:

Managers	39
Professionals	31
Technicians and Associated Professionals	26
Clerical and Administrative Workers	34
Service and Sales Workers	31
Plant and Machine Operators	43
Labourers and Workers in Elementary Occupations	40

Figure 6: Age Distribution of Workers within the Fasset Sector (Compiled from Fasset statistics)



Statistics show that nationally in South Africa, the “high-risk” age groups are: 18-40 years of age for females, and 22-50 years of age for males. The majority of the Fasset workforce is between the ages of 20 and 55, and hence fall into the most vulnerable age group. Given the youth of the employees and the shortage of high-level specialist financial skills within the sector, the loss of intellectual capital from this sector could run into millions of Rands.

Figure 7: Occupational Distribution of Employees

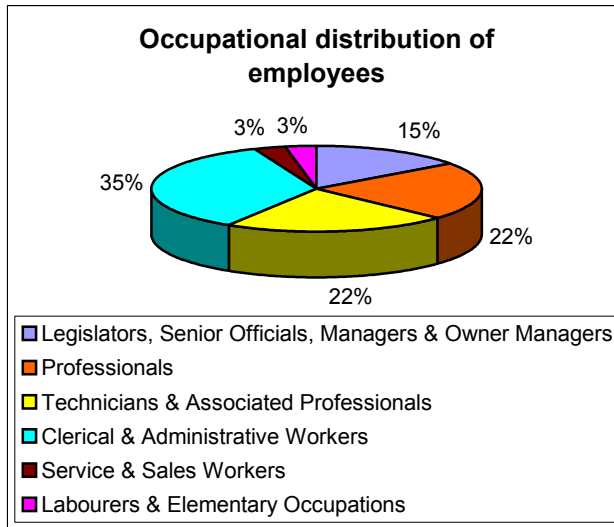
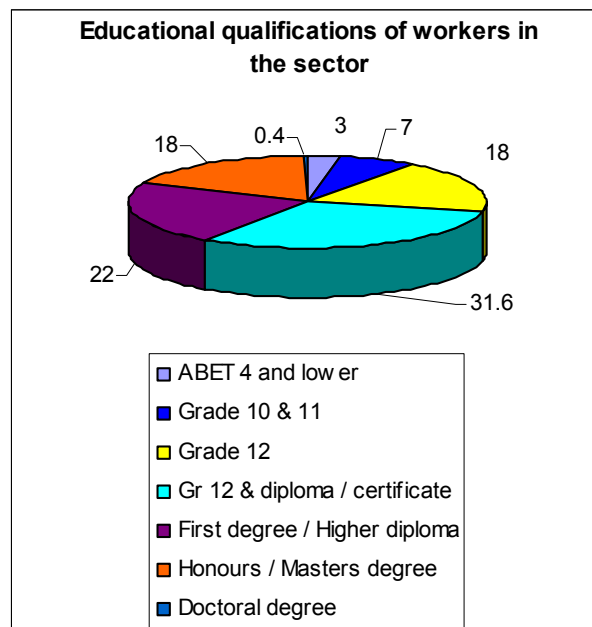


Figure 8: Educational Qualifications of Workers in the Sector



In August 2004, delegates who attended HIV/AIDS training funded by Fasset completed a questionnaire. A preliminary analysis of the questionnaire showed that the majority of delegates had not had any previous training on the subject.

Only 27% of the delegates had been on any kind of HIV/AIDS training before. A mere 43% of delegates had someone within their organisation that they could approach if they had any questions on HIV/AIDS

Given the responses that appear below, it would appear that most of the companies surveyed have not built strategies to manage the advent of HIV/AIDS in the workplace. This places both the organisation and



its employees at risk, particularly in terms of non-compliance with prevailing legislation and corporate governance. (See [Section 8.2](#) on Corporate Governance and HIV/AIDS)

- 30% of delegates felt that their organisation was involved in creating awareness around HIV/AIDS in the workplace
- A third of the organisations questioned had developed an HIV/AIDS policy

Under these circumstances it is not surprising that delegates cited the following as reasons for attending the workshop:

- Awareness around the disease
- It would be a benefit to the business
- Our company has been directly affected by HIV/AIDS
- Education, the impact on business, and advocacy
- In order to implement an HIV/AIDS programme at work
- To be able to manage HIV/AIDS in the workplace
- SDL requirement
- It is a 5 year priority

When asked what Fasset could do to assist employers in creating a more supportive and conscious environment around HIV/AIDS in the workplace, the following responses were given:

- By pressuring smaller companies CEOs to be more informed and represented
- The constant sharing of information and new legislation, and its effects on training and skills development
- Continue the training, publish statistics, and make it clear that HIV/AIDS is not limited to other sectors, it also affects Fasset
- Make a video of presentations and distribute this to employees who cannot make it to workshops / seminars
- Help with the design of a workplace strategy and HIV policy
- Provide funds for training and programmes



6. HIV/AIDS Education and Training Implementation in the Financial Industry

Below are case studies showing how HIV/AIDS programmes / interventions have been successfully implemented within the financial industry.

6.1 Company ABC

Overview

Company ABC is a small Auditing firm, which employs 14 people. The majority of the employees in the firm are young, career-driven people. 6 employees within the firm are over 50 years of age, and the remaining employees fall into the high risk 25-30 age group. 79% of employees have a post Matric qualification, whilst 14% have less than a Matric, and 7% have a Matric.

In 2004, Company ABC realised the seriousness of HIV/AIDS and the far-reaching implications it could have on the employees and the company as a whole. The Company had already lost one employee to AIDS. They made a decision to educate their workforce, and hence protect their intellectual capital.

Programme Description

Company ABC employed an external training provider to conduct an HIV/AIDS awareness course. The course was run over a full day, and covered aspects such as: What is HIV/AIDS? How is HIV transmitted? How does being infected and affected by HIV/AIDS make you feel? How does HIV/AIDS affect your life? Even though the training provider conducting the HIV/AIDS awareness programme did not provide literature, Company ABC arranged to receive literature and information from another service provider.

Programme Evaluation

Feedback received from the employers was that the training provided was invaluable and they were in the position to take the facts and statistics back to their partners, children, domestic workers and friends.

The training had given both employees and management a better understanding of the epidemic and the implications thereof. HIV/AIDS has been incorporated into their Employment Policy and is no longer seen as a shameful disease. The awareness training has promoted an open environment without forcing the issue.

Later this year, Company ABC plans to follow up the awareness training with a refresher course for both old and new employees, so that they can, amongst other things, keep up to date with current trends, statistics and relevant issues pertaining to HIV/AIDS.

6.2 Nedcor

Overview

Nedcor has operations throughout South Africa, and branches in London, Hong Kong, Singapore and the Isle of Man, as well as representative offices in Beijing and Taipei. Nedcor and its affiliates provide retail-banking services ranging from low-end retail banking to private banking services for high-net-worth individuals. Nedcor and its affiliates also provide investment-banking services for Southern Africa.



In 2001, Nedcor employed around 19 180 employees, including approximately 660 employees living outside of South Africa. At the time, Nedcor estimated that it also employed a further 1 320 workers through external contractors. In 2001, Nedcor's net income was US\$ 378 million.

In June 2002, Nedcor and BOE announced that they were merging, creating the largest financial institution in South Africa. The companies were in the process of integrating operations.

The Business Case for a Sustainable HIV/AIDS Workplace Programme

Nedcor recognised the seriousness of HIV/AIDS and its social and economic impact on the workplace and its employees and was determined to create a workplace environment free of life-threatening diseases, in particular HIV/AIDS

- The Knowledge, Attitude and Practices (KAP) survey and economic impact assessment conducted in 2001, demonstrated that the financial services industry in South Africa will be exposed to a much larger HIV/AIDS risk than executives previously believed possible. The survey also identified that without an intervention, employees with HIV would experience discrimination, and that managers did not possess the tools required to manage the impact of the epidemic
- Nedcor's 2002 HIV/AIDS workplace prevention budget was US\$ 100 000 which corresponds to US\$ 5 per employee per year

Programme Description

In response to this risk, Nedcor developed interventions, which initially focused on awareness and prevention activities which aimed to address high-risk behaviours, reduce discrimination, increase the company's ability to manage the disease, and increase the enrolment of HIV positive employees in the company's treatment programme.

- Management and labour approved Nedcor's HIV/AIDS policy in June 2002. This was done through a breakfast seminar where all the stakeholders could sign the Nedcor pledge, providing visible support for the initiative
- The organisation then proceeded to launch its HIV/AIDS prevention and awareness campaign, which focused on management workshops, peer educators, intervention manager / master trainers, and condom distribution
- Voluntary Counselling and Testing (VCT) was made available through external medical providers and is covered through the employee medical scheme. Aggregate VCT usage statistics are not currently tracked and the company is in the process of evaluating the applicability and demand for on-site VCT services
- HIV positive employees can access Nedcor's treatment programme, which includes access to Highly Active Anti-Retroviral Treatment (HAART)

Programme Evaluation

Regular monitoring and evaluation of the programme is critical to financial and legislative risk reduction and hence Nedcor is continuously developing its self-evaluation process. An evaluation plan and review committee have been instituted, and an un-linked sero-prevalence survey and updated KAP assessment are planned.

In the future, the programme hopes to develop a more robust VCT and wellness programme and extend its activities into the community.

For the full case study and relevant appendices, please visit www.weforum.org/globalhealth.



7. Fighting HIV/AIDS

HIV/AIDS can be fought through awareness, prevention and proper treatment of persons living with the disease.

Figure 9: How HIV is Spread

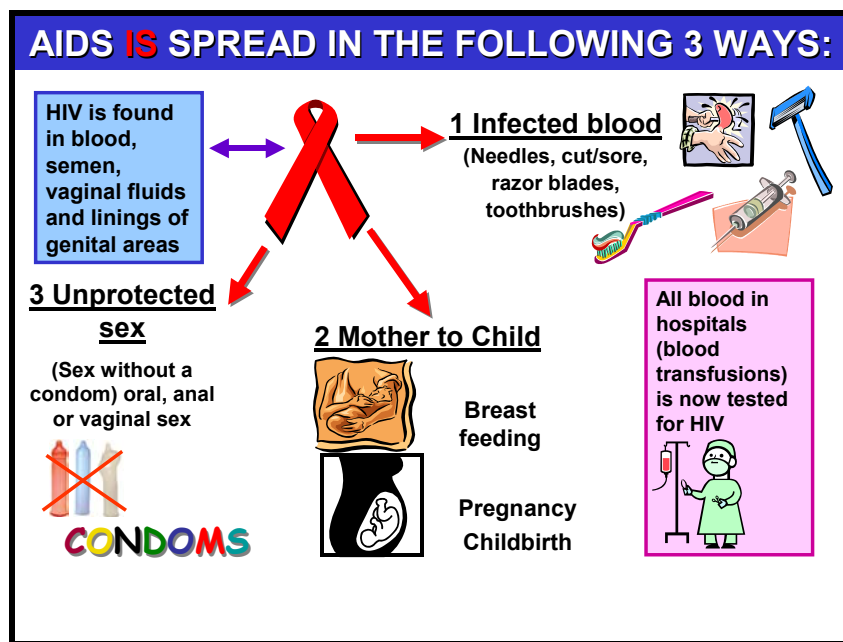
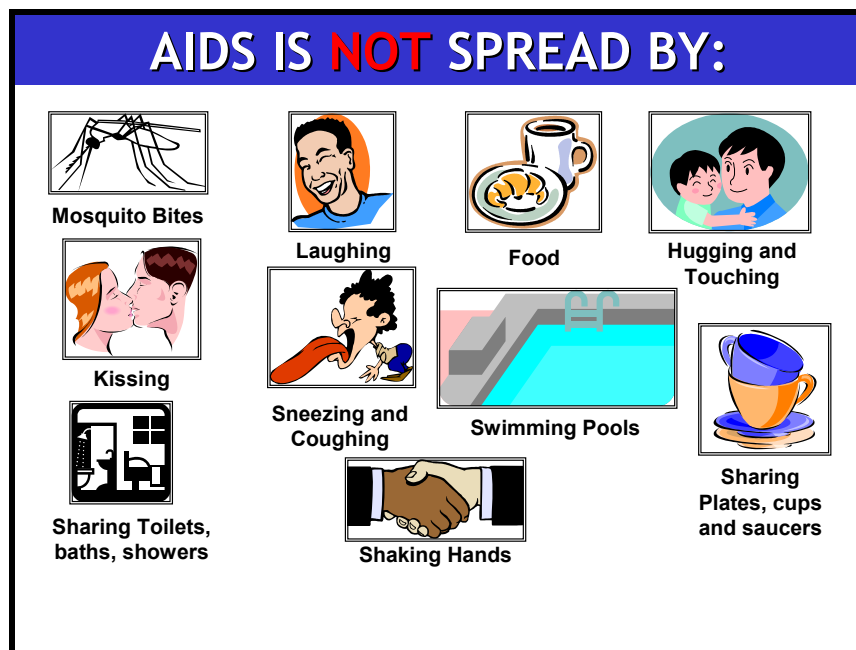


Figure 10: How HIV is Not Spread



Approximately 1 in 5 small businesses are losing employees to AIDS deaths. However, small (or large) business owner can do a great deal to combat the disease.

7.1 Awareness

Effort, time and, where necessary, money must be invested in HIV/AIDS education and training. Making people aware of the disease and its implications, including its devastating impact, how to prevent its transmission and how to tackle its stigma, is an important step in fighting the disease.

Get outside help by inviting local clinics, AIDS organisations and other educational groups to talk to your team about their personal lifestyle, preventing and dealing with HIV/AIDS.

7.2 Prevention

Effort must be made to prevent transmission of the virus from infected persons to others.

- HIV/AIDS education and training must deal with how the disease is spread and how to prevent transmission. (Types of and mechanisms of HIV/AIDS education and training are dealt with in detail below)
- Anti-retroviral drugs can be administered to pregnant or nursing mothers already infected with HIV/AIDS to reduce the risk of transmission of the virus to their babies. Anti-retroviral drugs control the levels of the HI Virus in the blood. Unfortunately, these drugs are still very expensive and unaffordable for most people who are HIV positive

Peer Education

Peer education is one of the best methods used to combat HIV/AIDS in the workplace. Peer education involves selecting appropriate company members and then training them in HIV/AIDS awareness and prevention. They, in turn, educate their fellow employees. It is advised that business owners should try and access an organisation that offers a programme for the peer educators to follow.

Open Communication

Awareness training and free condoms do not work on their own. Employers who believe that simple information sessions or putting up posters or giving out pamphlets and placing condoms in the bathrooms will change anything are unaware of all the research that has been done on behavioural change and how it takes place. Open discussions are the way forward.

7.3 Treatment

Treatment of people living with HIV/AIDS and tackling the stigma. Effort must be invested in helping people infected with HIV/AIDS to lead lives free from discrimination. There are many ways to assist people living with HIV/AIDS:

- Education and training can provide life skills and choices to those living with the virus and should help dispel negative attitudes, discrimination and the overwhelming stigma surrounding the disease
- HIV/AIDS medicines can be administered to treat AIDS-related diseases and to prolong and improve the life of a person infected with the virus. Medical aid schemes cover the costs of many medicines and some schemes even cover the costs of anti-retroviral medication
- People living with HIV/AIDS must be treated with care, kindness, respect and dignity
- A person living with the disease should be encouraged to talk about his/her feelings. Counselling may be sought in this regard



- There are also many support groups for people living with HIV/AIDS. The National Aids Helpline (0800 0123 22) can refer you to a support group in your province

Until employees with HIV become too sick to work, infected people are just as capable as any other employee, but face considerable family and personal challenges. Support from other employees will help to improve their productivity and morale. If an employer discovers that an employee has HIV/AIDS, it is recommended that they counsel the employee in the same way as they would if they knew an employee had cancer, TB or any other life-threatening or incurable disease. They should inform the employee of their rights and proceed to counsel him or her regarding the workplace policies on absenteeism, dismissal for incapacity, pensions, provident funds and death benefits.



8. What Role can Employers Play in the Fight Against HIV/AIDS?

Employers can be vital role-players in the fight against HIV/AIDS. There are many significant measures that employers can implement in the workplace, both to prevent the spread of the virus, and to assist people living with HIV/AIDS.

8.1 Management's Role in the Fight Against HIV/AIDS

In this context, Executive Management should provide a budget specifically for the HIV/AIDS and STI (Sexually Transmitted Infection) programme.

- Management should participate in the AIDS committee and in HIV/AIDS education and training programmes.
- HIV/AIDS and STI issues must be integrated into everyday activities of the organisation. Induction programmes for staff should include a module on HIV/AIDS and STIs to raise awareness. Social events (for example, open days) organised by the workplace could include an aspect of HIV/AIDS (for example, a stand that promotes the use of condoms).
- Thorough consultation of the whole organisation is necessary in developing a policy and implementing the programme.
- The management of the organisation should demonstrate a clear commitment to the HIV/AIDS and STI strategy. It is very important for workers to see this commitment in a concrete form through non-discrimination and support for people with HIV/AIDS and STIs (a policy in a managers drawer is not a concrete commitment). Clear unambiguous commitment will go far in developing mutual trust between employers and employees and facilitating an atmosphere where people are willing to undergo voluntary HIV testing and to possibly disclose their HIV status.
- Transparency is necessary. For example, policy documents should be available and the documents should be written in a way that is accessible to employees.
- Any component of the strategy must be thoroughly investigated and an implementation plan developed, on the basis of this investigation. Implementation plans should be accountable in their action, be fully costed and have clear responsibilities and time lines.
- In order to fully understand the impact of the HIV/AIDS epidemic on the workplace, a number of factors have to be taken into account. These include the HIV prevalence rate in South Africa as well as the effect of the epidemic on benefit schemes and health care.

The following table illustrates the most common concerns of employees and employers around HIV/AIDS, and the responsibilities of each group of stakeholders in minimising those concerns and managing the epidemic in the workplace.



Table 1: Concerns and Responsibilities of Employers and Employees

Stakeholders	Concerns	Responsibilities
Employees	<p>Avoiding infection with HIV</p> <p>Ensuring that the people living with HIV are treated fairly by all</p> <p>Ensuring that confidentiality is maintained</p> <p>Having a safe working environment</p> <p>Protection from discrimination</p> <p>Protection from being fired, retrenched, demoted, transferred, or refused a job simply because they are HIV positive</p> <p>Protection of employee benefits</p> <p>Protection of promotion and training opportunities</p>	<p>Taking responsibility for their own health</p> <p>Participation in the programme</p> <p>Owning the programme</p> <p>Respecting the privacy and confidentiality of those living with HIV</p> <p>Respecting the rights of those who are not HIV positive</p> <p>Taking the lessons that they learn at the workplace into the home and community</p> <p>Participation in collaborative partnerships</p>
Employers	<p>Recruitment of employees who are capable of performing the tasks they are required to perform</p> <p>Provision of equitable and sustainable employee benefits (including health care cover)</p> <p>Performance management in relation to, amongst others, productivity losses and absenteeism</p> <p>Retaining experienced and trained staff</p> <p>Fair and sustainable approach to training, promotion and benefits</p> <p>The risk of becoming HIV positive at work (mainly in health care facilities)</p> <p>The issue of employing people with HIV in high-risk or unhealthy environments</p>	<p>Ensure that the process of consultation takes place</p> <p>Help develop an HIV/AIDS and STI policy and programme</p> <p>Show commitment to the HIV/AIDS and STI programme</p> <p>Formalise the job description of anyone who is involved in implementing the programme to facilitate their work and increase their credibility</p> <p>Ensure that resources are made available to the programme</p> <p>Allow time for employees to take part in the HIV/AIDS and STI programme including STI clinics, other health services and education and awareness programmes</p> <p>Provide a link between management and the employees</p> <p>Participate in collaborative partnerships with community-based organisations</p> <p>Ensure the process of consultation throughout the workplace takes place</p> <p>Encourage employees to be involved in the programme</p>

8.2 Corporate Governance / Risk Management and HIV/AIDS

The content of this section has been developed from a paper entitled: “Corporate Governance and HIV/AIDS”, by E J Stipp, presented at the Convention of the Actuarial Society of South Africa, October 2002.

There is a general agreement in South Africa that there should be disclosure of the potential impact of HIV/AIDS.

The board of directors should therefore:

- Ensure that it understands the social and economic impact that HIV/AIDS will have on business activities
- Adopt an appropriate strategy, plan and policies to address and manage the potential impact of HIV/AIDS on business activities
- Regularly monitor and measure performance using established indicators
- Report on all of the above to stakeholders on a regular basis

Corporations are operating in a legal framework, which deals fairly extensively with HIV/AIDS. This raises matters of legal compliance (generally an imperative for good corporate governance) and legal risk.

There are four critical areas of good corporate governance in the context of HIV/AIDS:

1. Risk management (understanding, managing and monitoring)
2. Legal compliance (understanding, managing and monitoring)
3. Disclosure (reporting)
4. Social responsibility or sustainability

8.3 Risk Management

The King II Report puts risk management in the context of corporate governance: “Enterprise is the undertaking of risk for reward. A thorough understanding of the risks accepted by a company in the pursuance of its objectives, together with the strategies employed to mitigate those risks, is thus essential for a proper appreciation of the company’s affairs by the board and stakeholders”.

“Risk management can be defined as the identification and evaluation of actual and potential risk areas as they pertain to the company as a total entity followed by a process of either termination, transfer, acceptance (tolerance) or mitigation of each risk. Risk management is thus a process that utilises internal controls as one of the measures to mitigate the control risk. Risks such as political, technological and legislative, that cannot be managed through traditional internal control systems, should be addressed using flexibility, forward planning and similar mechanisms.”

In other words, after identifying risks, the impact of such risks are measured, and then, depending on management’s propensity for risk taking, a decision is made on whether to decline the risk (if this is possible), mitigate it (once again where possible), accept it without further actions (if it is unavoidable), or manage it actively.

A company with good risk management would be better placed to take risks. A company that takes risks is likely to earn better returns.

In the context of HIV/AIDS, it is clear that those companies who do not manage it well would be at a competitive disadvantage against those who have good HIV/AIDS management programmes in place.



However, HIV/AIDS management programmes must be planned carefully and evaluated continuously to ensure that the programme itself does not give rise to additional unforeseen risks.

The real question is whether a company has implemented an appropriate and effective HIV/AIDS programme given the risks that the company faces, rather than whether a company has implemented a specific programme or not.

Dimensions of Risk

- How long will the organisation be at risk (time)?
- How big is the risk likely to be (size of exposure)?
- What is the probability of occurrence (probability)?
- How close to the expected outcome is the risk event likely to be (volatility)?
- Is it a simple risk to understand (complexity)?
- How many types of risks are involved (inter-relationship / correlation)?
- Can the organisation manage this risk (influence)?
- What will it cost to address (cost effectiveness)?
- How will the risk change over time (life cycle)?

“Risk Types”

- Business risk: Risk of failure to achieve business targets
- Credit risk: Risk of failure of creditors
- Market / economic risk: Risk of loss due to changes in market prices, interest rates or exchange rates
- Liquidity risk
- Operational risk
- Accounting risk
- Political risk
- Industry risk
- Legal / regulatory risk
- Systemic risk
- Reputation risk

General Risk Management Process

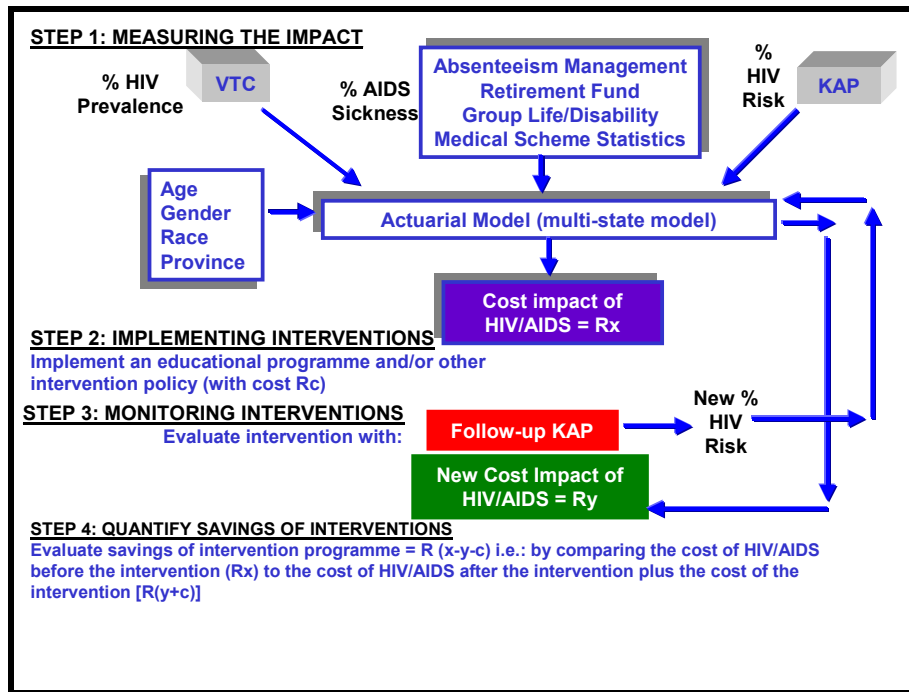
- Step 1: Identify risks
- Step 2: Measure risks
- Step 3: Decide on a risk management strategy
- Step 4: Monitor the effectiveness of the strategy
- Step 5: Start again at Step 1

Risks

- Direct
- Indirect
- External



Figure 11: Measuring the Impact of HIV/AIDS



There are three elements to risk management and HIV/AIDS in organisations:

1. Managing the risks already incurred with existing HIV positive and AIDS sick staff
2. Prevention of future HIV/AIDS risks arising through education and other efforts
3. Some organisations also have to manage the risk of infection in the workplace, eg medical practitioners and needle stick injuries

Legal compliance may lead to two separate risks:

1. The risk that the cost of legal compliance may in itself be high
2. The risk that there could be litigation resulting from non-compliance, as some employees may commence legal proceedings against corporations who do not comply with the law

8.4 Disclosure

In a sense, disclosure is one of the most important requirements of good corporate governance. The following paragraph from King II shows the relationship between risk management and adequate disclosure as part of good corporate governance: “The board must understand and fully appreciate the business risk issues and key performance indicators that could affect the ability of the company to achieve its purpose. Enhancing shareowner value in the long-term by competing effectively is the primary objective of a company and its board. Hence, business risk and key performance indicators should be benchmarked against industry norms and best practices so that the company’s performance can be evaluated and monitored by the board. Management, in turn, must ensure that it fully and accurately reports on these factors to the satisfaction of the board.” (Pp. 79-80, King II)

- Disclosure of the process followed in managing the risks of HIV/AIDS is important
- Disclosure of company efforts to prevent HIV infection should make up a large part of the assessment as to whether a company manages its HIV/AIDS risks well

- Companies should disclose whether a number of specific risk areas are risk areas to the company and the reason why it believes that risks in these areas may or may not be material. Furthermore, it is probably then worthwhile to explain the measures that have been put in place to manage the impact of HIV/AIDS in those risk areas. Whether or not this requirement would mean that companies have to disclose Rand amounts relating to risk evaluations would have to depend on the reliability of the evaluation and the likely impact of the risk

The impact of HIV/AIDS on staff is only one side of AIDS.

The following is an example of an approach that could be followed to achieve these dual aims:

- Grouping risks together in different generic categories, which are relevant to disclosure (it would, for instance, not make sense to disclose an accounting risk, unless it is the form of a qualifying statement in the accounts)
- Disclosing whether HIV/AIDS will have a material impact on an organisation in each of those categories
- Disclosing the strategy adopted to manage the impact where it is material

The following classification highlights the risks believed to be most important to stakeholders to understand:

- Operational risk
- Absenteeism risk
- Cost of employment risk
- Credit risk
- Target market risk

This approach would also be consistent with the following recommendations on general disclosure of risks, contained on pages 84 and 85 of King II:

“The Board is responsible for disclosure in relation to risk management and should, at a minimum, disclose:

- That it is accountable for the process of risk management and the system of internal control, which is regularly reviewed for effectiveness, and for establishing appropriate risk and control policies and communicating these throughout the company
- That there is an ongoing process for identifying, evaluating and managing the significant risks faced by the company, which has been in place for the year under review and up to the date of approval of the annual report and accounts
- That there is an adequate and effective system of internal control in place to mitigate the significant risks faced by the company to an acceptable level. Such a system is designed to manage, rather than eliminate, the risk of failure, or to maximise the opportunity to achieve business objectives. This can only provide reasonable, but not absolute, assurance
- That there is a documented and tested process in place that will allow the company to continue its critical business processes in the event of a disastrous incident impacting on its activities
- Where material joint ventures and associates have not been dealt with as part of the group for the purposes of applying these recommendations. Alternative sources of risk management and internal control assurance applied to these activities should be disclosed, where these exist
- Any additional information in the annual report to assist understanding of the company’s risk management processes and system of internal control, as appropriate, and
- Where the Board cannot make any of the disclosures set out above, it should state this fact and provide a suitable explanation.”



Good corporate governance cannot be divorced from a sensible approach to HIV/AIDS in an organisation. The epidemic will have far-reaching effects on business and society, and no responsible organisation can afford to ignore the risks posed by HIV/AIDS. This position is endorsed in King II.



9. HIV/AIDS Education and Training

The Skills Development Act of 1998 and the Skills Development Levies Act of 1999 have transformed the workplace into a place of active learning. Employers who plan and implement training for staff may recover a portion of their SDL.

HIV/AIDS education and training is an effective measure in the fight against the disease.

Employers should not allow a false sense of security to prevent HIV/AIDS education and training from taking place in the organisation. Businesses must realise that people are its greatest asset and that they need to be alive, healthy and remain productive.

Assumptions should not be made by employers that management is knowledgeable about the disease. Moreover, employers are mistaken in thinking that only their lower-level workers are at risk of HIV infection and offer training to these employees only. Not only would this send out the message that HIV/AIDS is their problem only, but it is also incorrect, considering that 15% of South Africa's skilled workforce is expected to be HIV positive by 2010. All of us are either infected or affected by HIV/AIDS.



10. We are all Living with HIV/AIDS

A successful HIV/AIDS education and training intervention will ensure that both employees and management are equipped with facts and skills to address the issues surrounding the virus. HIV/AIDS education and training is a complex process, involving far more than the mere teaching of facts. Education and training needs to break through fears and emotions of avoidance and denial.

- It should be straightforward, open and honest and must take into account the real fears of employees
- Effective HIV/AIDS education and training requires cultural sensitivity and must not ignore the negative attitudes that are prevalent in society
- It must also accommodate language differences and different levels of knowledge and education among employees. Not all employees may understand concepts such as immune system and AIDS-related syndromes/diseases. Where necessary, pictures, videos, change theatre and analogies should be used to convey relevant messages
- If one considers that HIV/AIDS disproportionately affects women in our society and that many more females than males are infected with the virus, issues of gender equality and awareness must also be incorporated into an HIV/AIDS education and training intervention
- Legal issues must also be covered in HIV/AIDS education and training. Employees should be made aware of their legal rights in the workplace concerning HIV/AIDS and employers need to gain a sound understanding of the laws regarding HIV/AIDS, including those laws protecting employees against unfair discrimination and unfair dismissal on the grounds of HIV/AIDS. Employers need to know the law in order to avoid litigation. Employers should be made aware, for example, that they may not ask an employee if s/he is HIV positive or unfairly discriminate against any employee for not reporting his/her HIV status or for refusing to have an HIV test. Where an employee discloses his or her HIV status to a manager, that manager may not tell anyone else without the employee's written consent. To do so could lead to the manager's dismissal. An employer may not unfairly discriminate against or dismiss an employee on the grounds of that employee's HIV status alone. A further duty rests on all employers to create a non-discriminatory work environment. A lack of knowledge about the law results in many smaller organisations making costly mistakes when managing employees around issues of HIV/AIDS
- HIV/AIDS education and training must be directed at facilitating positive lifestyle changes. It should encourage trainees to make appropriate choices and behavioural changes, where necessary. International research suggests that HIV/AIDS education and training should be based on 'behaviour change communication', which may best be achieved by using qualified trainers who understand the behavioural sciences. Education and training should be direct and ongoing, and should follow a multi-faceted approach to stand any chance of persuading trainees to change their behaviour. Simply handing out condoms, putting up posters and distributing leaflets may not, on their own, lead to any positive lifestyle changes

HIV/AIDS education and training must persuade the workforce to value basic human dignity and respect. It must encourage critical thinking and break down social taboos and misperceptions. Management and staff must be encouraged to view people living with HIV/AIDS in the same light as other people.

- HIV/AIDS trainers should not shy away from dealing with difficult issues and questions surrounding sex, culture, religion and politics
- HIV/AIDS education and training needs to be interactive and must involve a dialogue involving these difficult issues
- HIV/AIDS education and training is about disseminating information in such a way that it is appropriate to a specific person in his/her unique cultural, religious and social context. Information must be transferred in such a way as to motivate one to shift from passive inaction, which fosters the spread of the disease, towards a proactive response.



10.1 Mechanisms of Delivery of HIV/AIDS Education and Training

There are various ways in which management and employees may be educated regarding HIV/AIDS. The approach to HIV/AIDS within an organisation may differ depending on various factors. The size of the organisation, the cultural diversity, the level of education within the workforce, employees' age and language will all have an influence on the type of training and education needed. An employer may wish to run a pilot HIV/AIDS project to establish the exact needs of the organisation and then to choose an appropriate intervention. Businesses may consider the following possible types of interventions:

Seminars and Workshops (Training)

Face-to-face seminars and workshops are an effective mechanism for delivery of HIV/AIDS education and training. HIV/AIDS seminars and workshops may take different, but often inter-related, forms:

- Public seminars are held at a venue outside the workplace and delegates from different organisations may attend. This type of training creates awareness and aims to disseminate important information to organisations. This type of seminar may be appropriate for SMMEs who wish to join an already organised external training group
- In-house training sessions conducted by an external training provider: These sessions are usually conducted in the workplace and are considered optimal with groups not exceeding 20. Many organisations prefer to arrange for outside trainers to come to the work premises, as this may be less disruptive
- Interactive forums / facilitation workshops: This type of training may be linked to the other forms of training listed. The key feature of interactive forums / facilitation workshops is that, apart from being educative, they are also participative. The trainer and/or someone living with the disease initiates discussion around practical issues and personal experiences. Interactions should be undertaken with due regard to prevalent values, attitudes and belief systems. Interactive and facilitative forums / workshops are usually effective in that they cause the participants to engage the issues surrounding HIV/AIDS
- Train-the-trainer: In large organisations, 'train-the-trainer' education may be given to key individuals within the organisation who are trained to conduct in-house training sessions throughout the organisation
- Peer educator training: With this form of training, certain employees in the workplace are trained to respond to their peers' frequently asked questions regarding HIV/AIDS. The peer educator is a co-employee, trusted by his/her peers, and in whom employees confide on HIV/AIDS issues. The peer educator helps keep pertinent HIV/AIDS issues alive in the workplace. Ideally there should be 1 peer educator for not more than 20 employees
- Induction training for new employees: HIV/AIDS training may be included in the organisation's induction programme for new employees.

An organisation may decide to implement HIV/AIDS training at two separate levels in the workplace. A distinction should be drawn between management and employee training:

1. Management training is aimed at developing a consistent approach to the management of HIV/AIDS in the workplace. Management training will focus on strategic, risk management and performance management issues such as development and/or implementation of an HIV/AIDS policy; handling of the problem in the workplace, including loss of productivity, absenteeism, etc; and legal issues including recruitment, succession planning handling of HIV/AIDS cases, discrimination and dismissal
2. Employee training is aimed at creating general awareness and providing information around HIV/AIDS to employees. Training at this level will be aimed at preventing transmission of the virus by changing attitudes and beliefs that cause people to take risks, transferring life skills to



negotiate safe-sex and to deal with living with the disease and tackling social and legal issues, including discrimination in the workplace and the community

Literature

Brochures, pamphlets, books and posters may be used to introduce, supplement or enhance an HIV/AIDS training intervention. There are also workbooks available containing valuable information about HIV/AIDS and which encourage discussion.

Multimedia

Computers, including PowerPoint presentations, videos and television and/or radio programmes may also be effective aids when used to supplement or enhance an HIV/AIDS training programme.

Drama and Role-Play

Drama, including industrial theatre and situational theatre and role-play, using characters and scenarios depicting the workplace, may also be tools in communicating the message about HIV/AIDS. Drama allows ordinary people to see themselves in the role players and the scenario and can provide solutions to social issues, including those pertaining to stigma and discrimination. Drama provides experiential learning where the individual is challenged as to how s/he feels, what s/he learns and how s/he can apply the knowledge gained.

Music and Dance

Music and dance can provide a cultural context in which HIV/AIDS education and training can be better received. Music and dance may be an evocative medium, encouraging the recipients to open themselves to the training experience.

Personnel and/or External Consultants

Organisations may use their own dedicated personnel and/or external consultants to provide HIV/AIDS support. Support may include counselling, distribution of condoms, confidential and convenient voluntary HIV testing and pre- and/or post-HIV test counselling. An organisation may also offer employees access to an Employee Assistance Programme, whereby employees have 24-hour confidential telephonic access to a call centre staffed by outside experts who can assist with the full range of HIV/AIDS and health and wellness issues.

Diplomas and other Qualifications

Various universities, colleges and training providers offer HIV/AIDS related qualifications. Employers who are interested in these should contact universities and/or colleges / training providers in their area to make enquiries.



11. Sourcing an HIV/AIDS Education and Training Provider

There are numerous HIV/AIDS training providers. It is critical to find an HIV/AIDS training provider that can cater for the specific needs of your business. The following may be used as a guideline to finding a suitable HIV/AIDS training provider:

11.1 Sourcing a Provider

'Word of Mouth'

A good starting point for accessing training resources is to ask similar organisations in your area for 'word of mouth' recommendations on possible interventions, training providers and success stories.

The Services Seta

The Services Seta has a comprehensive list of accredited and competent HIV/AIDS training providers in South Africa. Contact details for the Services Seta are:

Phone: (011) 715 1800 (ask to speak to a Skills Advisor)

Fax: (011) 276 9684

Website: www.serviceseta.org.za

Health and Welfare Seta

The Health and Welfare Seta (HWSETA) has a comprehensive list of accredited and competent HIV/AIDS training providers in South Africa. Contact details for the HWSETA are:

Phone: (011) 607 6900 (ask to speak to a Skills Advisor)

Fax: (011) 616 8939

E-mail: hwseta@hwseta.org.za

Website: www.hwseta.org.za

National AIDS Helpline

This Helpline provides 24-hour, toll-free information, advice and counselling on issues regarding HIV/AIDS

Phone: 0800 0123 22

Internet

The internet has numerous links to private HIV/AIDS education and training providers and NGOs. You can use a search engine to establish these links

11.2 Selecting the Right Provider

It is important to ensure that the service provider you employ has the following attributes:

- Valid accreditation with the Services Seta / Health and Welfare Seta
- Provides training programmes that are aligned to appropriate unit standards
- The skills and experience to tailor and customise a programme to suit your organisation's specific needs



- The capacity to provide after training follow-up and debriefing support, particularly in respect of peer educator training
- Can assist you to monitor and evaluate the success of the training or awareness intervention
- Preferably a comprehensive background and experience in the subject including KAP Analyses, Actuarial Impact Analyses, designing organisation-specific HIV/AIDS Workplace Programmes and monitoring and evaluation systems etc, to allow you to develop an integrated systematic programme for your company
- Demonstrable expertise and experience in strategic planning
- Credible and recent reference sites in your sector or similar industries



Monitoring

Appropriate mechanisms need to be agreed early on to track the progress of the implementation of the initiative, and to allow the organisation to detect problems early enough to make any necessary adjustments or corrections.

Communication

Communication often emerges as the weakest link in implementing change initiatives. Communication strategies should identify varied stakeholders and their information needs to ensure that appropriate messages about the change are shared with people at all levels of the organisation. Employees who do not have relevant information about the change and what it means to their job or working environment, cannot be productive. Whenever possible, employees should receive these messages from their direct supervisor. In addition, the communication process must provide channels for feedback. Employees must have opportunities to confidently express their opinions, recommendations and concerns.

Resources

The implementation of a change initiative requires the allocation of sufficient financial and time resources. Budgets should provide for the tools needed by employees to facilitate the implementation of the change, such as training, information, support and resources.

Resistance

Resistance will be encountered when any type of change is implemented, regardless of whether the change is seen as positive or negative. Organisations need to encourage people to talk freely about their resistance to change, and deal with that resistance to change in an open and constructive manner.

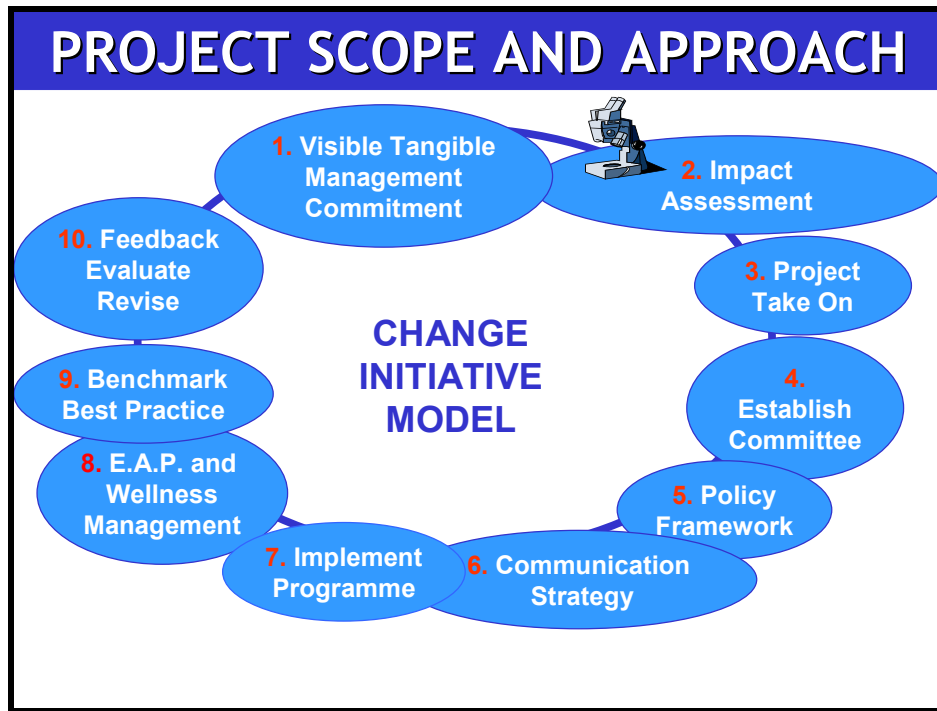
If resistance is not acknowledged, discussed and dealt with, it can undermine the change being implemented, sometimes to the point of sabotage.

Reinforcement

When an organisation implements a change initiative, there is an impact on individuals, and their job requirements. Performance Management and compensation systems need to be aligned to reward employees for the new behaviours and the skills that are required, both while implementing the change and afterwards, to ensure that the change is sustained, similarly, members of management accountable for the change initiative should be measured and rewarded / penalised accordingly. By modifying the performance management and compensation systems to support the change, the organisation is sending a clear signal to employees that it is committed to the initiative.



Figure 13: Building an HIV/AIDS Workplace Programme



12. Benefits of HIV/AIDS Education and Training

HIV/AIDS education and training may be viewed as an investment in the health and prosperity of both the business and its employees. The following are a few benefits of HIV/AIDS education and training for employees:

- HIV/AIDS education and training provides facts and dispels myths about the disease and helps workers make informed choices in terms of prevention of the virus
- HIV/AIDS education and training can give employees the know-how to take care of themselves, if infected, and promote both the quality and longevity of their lives
- Ongoing training and education is central to curbing the pandemic, fostering disease resistance and treatment compliance
- Education and training helps convey the message that the employer is concerned about the overall well being of its staff and provides 'peace of mind' to employees. (It is comforting to know that one's employer cares)
- Education and training can alter perceptions and prejudices around HIV/AIDS

The following are a few benefits of HIV/AIDS education and training for employers:

- HIV/AIDS education and training better equips an employer to make strategic decisions relating to formulation and implementation of management decisions and an HIV/AIDS policy
- HIV/AIDS education and training facilitates performance management of HIV/AIDS employees
- HIV/AIDS education and training equips an employer to deal with the consequences of HIV/AIDS, eg absenteeism, lower productivity, staff turnover, profit loss, etc
- Legal and labour law issues around HIV/AIDS are dealt with enabling employers to take precautions and to make decisions which will avoid litigation
- Employers may be taught to handle the social and emotional impact of HIV/AIDS and to avoid discrimination of HIV infected employees
- HIV/AIDS education and training should help prevent the spread of the virus and assist employees who are living with the disease. This should promote staff retention and reduce the cost of retraining replacement staff



13. The Cost Implications of HIV/AIDS Education and Training

13.1 Cost Associated with Not Training

Research has shown that HIV workplace programmes cost less than doing nothing. The costs of infected employees to the company include:

Direct Costs to the Business

- Loss of expertise resulting from death of members of the productive workforce
- An increased workforce size would be required to allow for deaths and absenteeism
- Training costs for replacements
- Sick workers are generally less productive
- Low morale of the workforce as the disease affects family, friends and colleagues
- Increased absenteeism associated with ill health
- Increased absenteeism associated with taking time off to take care of family and to attend funerals
- Increased work related accidents brought about by fatigue and illness
- Increased contributions by business to costs of health care, medical aid and hospitalisation

Indirect Costs to the Business

- Greater financial demands made on the healthy and employed
- The disease has economic impact such as increased bad debt caused by illness/death of debtors and a shrinking of the market size through death

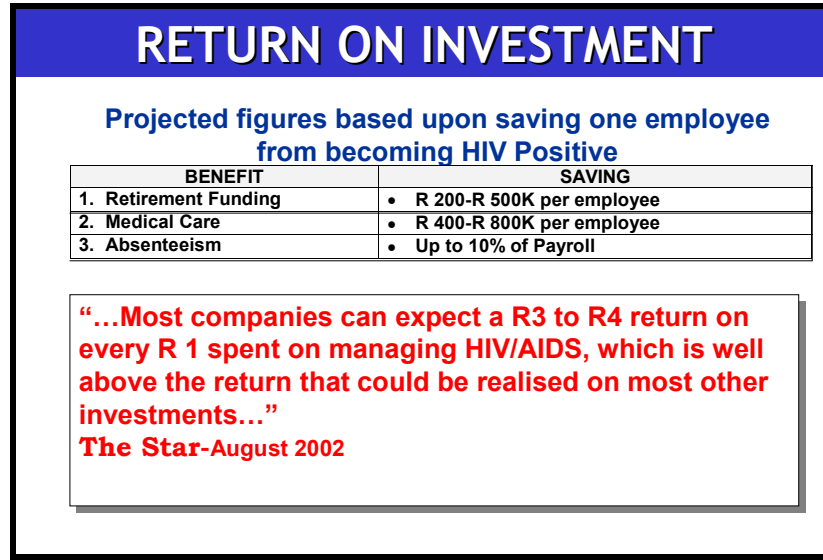
13.2 Cost of Training

The cost of HIV/AIDS education and training is dependent on the type and duration of the intervention. Based on the advice of trainers in the field of HIV/AIDS training and education it is recommended that an amount of between R300 to R400 per annum per employee should be conservatively budgeted to start addressing the issue.

The following diagram shows the return on investment over 15 years derived from saving just one person at a clerical / administrative level in the organisation.



Figure 14: Predicted Return on Investment – High Knowledge Employees



14. How Do I Start the Process of Implementing HIV/AIDS Education and Training in the Workplace?

If your organisation wishes to implement HIV/AIDS education and training but you feel uncertain of how to begin, feel deterred by the potential cost implications, or you are overwhelmed by the prospect of implementing and managing the process effectively, then consider the following useful guideline:

Step 1: Elect the HIV/AIDS and STI Committee

This should have representation from shop stewards, supervisors, management, the occupational health nurse (or other health workers if your organisation has any) and other interested / skilled individuals. It is especially important to have representation from top management on the committee. This gives the committee greater decision making powers and demonstrates that management is committed to the process.

Step 2: The HIV/AIDS and STI Committee Investigates the Needs of the Organisation in Relation to HIV/AIDS and STIs

This investigation will form part of a baseline study of the indicators for evaluating and monitoring.

Impact assessments can include risk profiles and assessment of the direct and indirect costs of HIV/AIDS. Direct costs include employee benefits, medical costs and increased costs related to staff turnover; while indirect costs include absenteeism, employee morbidity and loss of productivity.

The cost-effectiveness of HIV/AIDS interventions could also be measured as part of the impact assessment.

Important factors in determining the organisation's needs are:

- The number of employees
- The health, information and education facilities already available
- The extent to which these facilities are being used
- The attitudes of employers and employees to HIV/AIDS and STIs
- The extent to which management is willing to commit themselves to managing the impact of HIV/AIDS

This is usually done in the form of organisational and economic impact study (an actuarial assessment) where the following will be established:

- The degree of employee awareness and understanding of the epidemic, their attitudes and practices (KAP Study)
- The degree of HIV/AIDS risk within the company
- The possible extent of the epidemic within the company, including projections of the future demographic impact
- An actuarial evaluation of the degree of risk to the organisation in respect of direct and indirect costs
- The degree to which the workplace programme that follows will be supported by the organisation
- Recommendations for an implementation programme
- An analysis of the internal resources and capacity to implement the programme.



This analysis provides an integrated and solid basis for creating a comprehensive HIV/AIDS Workplace Policy and Programme, and a baseline against which the success of the intervention can be measured.

Step 3: The HIV/AIDS and STI Committee Meets to Discuss and Formulate a Draft Policy

Step 4: Circulate the Draft Policy for Discussion and Comment and then Revise

Ensure that:

- The policy has been explained to management, unions and employee organisations
- The policy has been discussed in the workplace
- The policy has been revised

Step 5: Adopt and Publicise the Policy

Step 6: The HIV/AIDS and STI Committee use the Policy to Develop the Implementation Phase of the Strategy

Ensure that:

- An implementation programme has been drafted
- The proposed programme has been discussed in the workplace
- The programme has the support and endorsement of all sectors
- The implementation of the programme has been agreed upon
- There is someone with ongoing responsibility for the programme
- There is a budget specifically for the programme
- If possible, the policy is integrated into existing policies on life threatening diseases
- The policy addresses employer concerns
- The policy addresses employee concerns
- The policy addresses prevention programmes
- The policy addresses confidentiality and disclosure
- The policy addresses employee benefits
- The policy addresses recruitment procedures
- The policy addresses performance management
- The programme addresses education and information needs
- Education is ongoing - informal discussion groups are part of the programme
- The programme makes use of peer educators
- If so, the peer educators are adequately trained and supported
- The programme informs employees about their rights in relation to HIV/AIDS and STIs
- The programme addresses education around safer sex
- The programme addresses infection control
- The programme addresses HIV testing
- Pre-test and post-test counselling is available
- Condoms are available and accessible to employees
- Educational materials are available and accessible to employees
- The programme refers employees for testing and counselling



Step 7: Communicate the Policy and Programme Implementation to Everyone in the Organisation

This could be done during the induction of new employees, during education and training sessions and by displaying the policy throughout the workplace.

Step 8: Monitor and Evaluate the Programme to Determine its Effectiveness

Ensure that:

- Monitoring and evaluation is built into the programme
- An evaluation has been planned
- The programme is reviewed in line with results of monitoring and evaluation
- Changes are made in accordance with results of monitoring and evaluation

Step 9: Review the Policy Regularly in Light of New Information about the Epidemic and Treatment for HIV and AIDS

Examples include:

- New labour and civil legislation
- New treatment regimes
- Review strategic plan annually in relation to success achieved against the plan



15. HIV/AIDS and the Law

15.1 Rights of Employees Living with AIDS

People with HIV/AIDS may not be discriminated against in the workplace. There are a number of laws and policies concerning people who have HIV/AIDS in the workplace, which should be read in conjunction with the Constitution of South Africa.

HIV positive employees have the same rights and duties as other employees. They should not be treated differently by employers or by co-workers.

The following is a list of the rights of employees living with HIV/AIDS:

- Right to fair labour practices (Constitution and Labour Relations Act)
- Right not to be dismissed due to HIV status (Labour Relations Act)
- Right not to be unfairly discriminated against on the basis of HIV status (Employment Equity Act)
- Right not to be employment-tested for HIV unless prescribed procedures have been followed, such as, authorization from the Labour Court (Employment Equity Act). Note that s7 (2) does allow HIV/AIDS testing for “the fair distribution of employee benefits”, subject to Labour Court Approval. We are not aware of a single instance in which an organisation applied for such approval
- Right to a safe working environment (Occupational Health and Safety Act, Mine Health and Safety Act) – there is also a common law duty on employers to ensure that employees work in a safe environment
- Right to compensation if infected with HIV at work (Compensation for Occupational Injuries and Diseases Act)
- Right to basic conditions of employment, including 6 weeks paid sick leave over a three-year period (Basic Conditions of Employment Act)
- Right to non-discrimination in medical schemes (Medical Schemes Act). Only in limited circumstances may a medical scheme impose conditions – specific waiting periods on new members, and provided HIV positive / AIDS-sick members are in a position to pay the contributions to the scheme, they may not be refused entry to the scheme, unless the scheme is a restricted membership scheme and the prospective member is not in the group for which the scheme was set up
- Right to privacy about HIV status (common law)
- Non-compliance creates the risk of possible litigation. However, once a business complies with the law on HIV/AIDS in the workplace, some other risks may arise.

The risks implied by each of the preceding rights (both in terms of compliance and non-compliance) can be summarised as follows:

- **Unfair Labour Practices**
Vicarious liability in actions launched by staff against managers and, for instance, trustees of retirement funds
- **Unfair Dismissal**
Risks of litigation by aggrieved employees. This also involves the risk of not being able to fill a position until legal proceedings are finalised and the consequent impact on productivity. In



addition, there could be a risk of low staff moral if an employer does not handle the situation sensitively

- **Unfair Discrimination**

Once again vicarious liabilities risk. Consider, for instance, s60 of the Employment Equity Act, which stipulates that employees could hold an employer liable for discrimination if the employer had been aware of the conduct and then “did nothing or did not do everything that could be expected of a reasonable employer” (Basson et al p. 277)

- **Testing Prohibition**

The risk of legal challenge against testing programmes or procedures. There is also a risk of misinterpretation of statistics arising from voluntary tests. Risks of rising death-in-service and disability costs in retirement funds due to reluctance to obtain Labour Court Approval for testing under s7 (2) of the Employment Equity Act

- **Safe Working Environment**

Risks of costs associated with creating a safe working environment and the costs of liabilities arising from failure to provide a safe working environment

- **Compensation for Occupational Injuries and Diseases Act (COIDA)**

Risk of increasing COIDA premiums due to adverse experience

- **Basic Conditions of Employment Act**

Increasing labour costs due to high incidence of sick leave, and reduction in productivity, as well as the increased cost of supervision

- **Medical Schemes Act**

Briefly, the strict underwriting prohibitions in the Act could conceivably lead to increasing premiums where the members of a scheme are in a position to anti-select against a scheme (by, for instance, upgrading to an option offering better HIV/AIDS or hospital cover once they enter the symptomatic stage of infection), which could be especially relevant in situations involving some restricted membership schemes

- **Right to Privacy about Status**

Vicarious liability for breach of confidentiality in the workplace

15.2 Summary of Relevant Labour Legislation

Constitution

The Constitution gives all employees the right to “fair labour practices”. Furthermore, the equality clause states that everyone is entitled to equality and freedom from unfair discrimination.

Labour Relations Act (LRA)

The LRA regulates the relationship between employers and employees. It prohibits unfair discrimination and protects employees against arbitrary dismissals. In outlawing discrimination the LRA states that it is unfair labour practice if an employer unfairly discriminates against an employee on a number of grounds if they act unfairly in promoting, demoting, providing training opportunities or supplying benefits to employees, if discipline is arbitrary or if they fail or refuse to reinstate or re-employ in terms of an agreement.



This Act therefore protects employees from being dismissed simply because they are HIV-positive, and from being discriminated against with regard to employee benefits, staff training and other work-related opportunities.

Basic Conditions of Employment Act

This Act sets out the minimum employment standards to which every employee is entitled. It therefore sets out amongst others, maximum working hours and the minimum number of days of sick leave every employee is entitled to.

Occupational Health and Safety Act

This Act requires employers, as far as it is reasonably practicable, to create a safe working environment. In an HIV/AIDS context, this can be interpreted to mean that employers must ensure that universal precautions are used when responding to an occupational accident. Furthermore, employers should ensure that the proper equipment needed to protect staff against possible infection and that appropriate training in the use of universal precautions is provided.

Compensation for Occupational Injuries and Diseases Act

This Act provides compensation for employees who are injured in the “course and scope” of their employment. Therefore, if there is a possibility that an employee has been exposed to HIV during an occupational accident then:

- An accident report should be completed and forwarded to the Workman’s Compensation Commissioner
- The employee should be tested for HIV to determine their baseline status only with their informed consent
- Any other person who has been involved in the accident should be tested with their informed consent
- The employee, if HIV negative at the time of the accident, should be retested at three months and six months after the accident
- If they sero-convert during this period, an application for compensation may be made

Code of Good Practice

Please see the HIV/AIDS Code of Good Practice on key aspects of HIV/AIDS and employment – www.labour.gov.za

15.3 Other Legal Issues

An Employee’s Right to Confidentiality

Every employee has a common law right to privacy. This means that an employee does not have a legal duty to inform their employer of their HIV status, nor may a healthcare worker reveal the HIV status of an employee to their employer without the consent of the employee.

Where an employee chooses to voluntarily disclose his/her status to the employer or to other employees, this information must not be disclosed to others without the employee’s written express consent. Where written consent is not possible, steps must be taken to confirm that the employee wishes to disclose his / her status.

Mechanisms should be created to encourage openness, acceptance and support for those employees and employers who voluntarily disclose their HIV status within the workplace. People openly living with



HIV or AIDS should be encouraged to conduct or participate in education, prevention and awareness programmes as well as the development of support groups for other employees living with HIV/AIDS.

It is absolutely vital that people who are open about their HIV/AIDS status are not unfairly discriminated against or stigmatised.

Protecting People with Disabilities

Our Constitution and the LRA protect people with disabilities from unfair discrimination. In several other countries, such as Australia, the USA and New Zealand, disability has been interpreted as including people with HIV or AIDS.

Although our courts have not yet had to decide whether HIV is a disability, many legal commentators have argued that they will probably follow these international precedents and declare HIV a disability in time to come. According to the Code of Good Practice: "...a disability is defined as an ongoing or recurring disability that leads to physical or mental impairment and substantially limits the individual." Therefore the individual could claim disability when their CD4 count drops to below 200 and they are clinically labeled as AIDS sick.

Refer to www.labour.gov.za for more information regarding the draft policy on disability.

15.4 Personnel Issues

Performance Management

Employees living with HIV will be productive for a longer period if they receive the medical, social and psychological support they need. An employee may not be dismissed simply because s/he is HIV-positive. Employees have the statutory rights specified in the Labour Relations Act No. 66 of 1995 (LRA) and other workplace legislation. Dismissing employees purely because they have HIV would, in most cases, expose employers to claims of unfair dismissal. An employee who develops AIDS should be treated in the same way as any other employee with a life threatening illness.

If procedures for assessing and managing the performance of employees do not already exist, these must be developed pro-actively and transparently so that, as the impact of AIDS becomes more apparent, employers are able to respond rationally.

It is advisable to develop procedures for performance assessment and management, so that all supervisors and managers are clear on the criteria for dealing with:

- Absenteeism
- Sick leave
- Ill-health
- Transfer to lighter duties
- Early retirement
- Employee counseling, etc

Employees with HIV may need support in the following areas:

- Facilitating the employee's access to health services outside the workplace if these are not available in the workplace
- Giving the employee time off to attend clinics or counselling
- Transferring the employee to lighter or less stressful duties, where it is both necessary and possible



- When employees are no longer able to work, they should be offered early retirement with the benefits normally due to those who retire due to ill health. Employees who retire due to ill health must be informed in advance of the benefits for which they may or may not be eligible (ie medical aid, life insurance, etc)

Employees who Refuse to Work with Colleagues with HIV

Employers should ensure that the rights of employees with regard to HIV/AIDS and the remedies available to them in the event of a breach of their rights become integrated into existing grievance and disciplinary procedures. Should there be any negative reactions from colleagues of infected staff, each situation should be assessed and dealt with appropriately as it arises.

Employees are more likely to avoid or refuse to work with a colleague with HIV when they have limited knowledge about the disease and are worried that they too will become infected. Fears can be dispelled and working environments normalised if information about how the virus is transmitted is provided. It is important that peer educators and members of the AIDS committee lead the way in demonstrating support for their colleagues living with HIV.

However, some employees may still refuse to work with an infected colleague. If that is the case, the employer should respond by trying to solve the problem through the normal negotiation channels. If there is no risk to other employees and they still refuse to work with the infected employee, after reassurances and with all appropriate safety and health precautions having been taken by the company, they need to be warned that their behaviour is unreasonable, scientifically unjustified and that if it continues, they may then be subjected to standard disciplinary proceedings.

If an employee is being victimised at work, making life intolerable or impossible, the company has a duty to support the employee in order that she/he may work without disruption of harassment from fellow workers.

15.5 HIV Testing in the Workplace

The pre-requisites for any HIV testing are:

- Informed consent of the person who is to be tested, ie informed consent is when a person voluntarily agrees to have an HIV test after s/he has been given pre-test counselling and offered post-test counselling
- Confidential treatment of results
- Pre-test and post-test counselling delivered by trained counselors, ie the counselling should include information on the nature of the test and discussion of the implications of a positive or negative result. The person's concerns arising from the test procedure and results should be addressed

No employer may request an employee, or applicant for employment, to undertake an HIV test, unless they have obtained permission from the Labour Court as provided for by the Employment Equity Act. This applies in the event of HIV testing in the following instances:

- During an application for employment
- As a condition of employment
- During procedures related to a termination of employment
- As an eligibility requirement for training or staff development programmes
- As an access requirement to obtain employee benefits

The Code of Good Practice indicates that it is permissible to conduct HIV testing as part of a health-care service in the event of an occupational accident carrying a risk of exposure to blood or other bodily fluids,



or for the purposes of applying for compensation following an occupational accident in which infection was a risk.

Any testing may only take place within a health-care worker and employee-patient relationship with the informed consent, and pre- and post-test counselling of the employee. Strict procedures must apply to ensure the confidentiality of the employee's HIV status.

Anonymous, unlinked surveillance or epidemiological HIV testing in the workplace may occur provided it is undertaken in accordance with ethical and legal principles regarding such research.

Voluntary HIV Testing

HIV testing is not necessary or possible in most workplaces, but it could play a role as part of a comprehensive HIV/AIDS and STI programme where employees are made aware of the potential benefits and disadvantages of knowing their HIV status. However, HIV testing on the site of the workplace is not encouraged unless it is part of comprehensive occupational health service, as confidentiality can easily be broken and the trust relationship between employees and management damaged.

Employees can be referred for testing and counselling outside the workplace if necessary. If HIV testing is offered in the workplace, health workers should be fully trained in testing and pre- and post-test counselling. Testing must be completely voluntary and the informed written consent of the employee must be obtained. Test results cannot be revealed to the employer without the employee's consent. Peer educators should play a role in the dissemination of information regarding testing and the support before and after testing has been done.

Surveillance Screening

Surveillance screening is HIV testing performed to find out how widespread HIV is in a given population (prevalence). Participating in surveillance screening programme involves having a blood or saliva / oral fluid test, which is anonymous (the person's name is not put on the blood / oral fluid sample) and unlinked (there is no way the sample can be traced back to a particular person through a number or identifying mark).

This means that surveillance screening gives information about the occurrence of HIV in the target population or workplace, not about the individuals who participated in the survey.

This information can be very useful in the public health sector and in workplaces that want to know what proportion of the employees are infected. It is also useful as a way of monitoring or evaluating an HIV/AIDS prevention programme. Obviously, surveillance screening could be performed in very large workplaces where facilities for confidential testing may exist. However, this would require a very high level of trust between employer and employee, which may not exist. It is more likely that employees could be encouraged to participate in a national surveillance-screening programme.

The information gathered by the public health services would then become available to the public. Workplaces may be able to access information for their local area and could use it to inform their prevention programmes.

Employee Benefits

The HIV/AIDS epidemic is having, and will continue to have, a significant impact on the South African working population. This, in turn, will affect the provision of employee benefits. HIV/AIDS has already affected benefit schemes in terms of the contributions required and benefits offered and will affect them even more in the future as the full impact of HIV/AIDS becomes apparent. Group Life and Disability premiums and Medical Aid contributions could increase by up to five times their present level.



According to the Code of Good Practice:

- HIV-positive employees may not be discriminated against in the allocation of employee benefits
- An employee who became ill with AIDS should be treated like any other employee with a comparable life threatening illness with regard to access to employee benefits
- Information from benefit schemes on the medical status of the employee should be confidential and should not be used to unfairly discriminate
- Where an employer offers a medical scheme as part of an employee's benefit package, it must ensure that the scheme does not unfairly discriminate directly or indirectly against any person on the basis of his/her HIV status

As far as possible, employee benefit schemes should be non-discriminatory and economically viable.

- Employees should be made aware of how much cover their benefit schemes offer for HIV/AIDS and STIs
- Any changes to benefit schemes should be made in consultation with employee organisations, workplace forums and bargaining councils before hand
- The costs of HIV/AIDS cover for employees should, in principle, be shared between employers and employees
- Benefit schemes, which cover employees with HIV/AIDS and STIs are preferable to those which do not, because they facilitate better health care management of people living with HIV/AIDS, and this benefits the workplace in the long run



16. Organisation HIV/AIDS Policy Development

16.1 The Critical Elements of an HIV/AIDS Workplace Policy and Programme

When creating a strategy and an action plan, long and short-term measures must be devised to deal with and reduce this impact in the form of an HIV/AIDS Policy and an HIV/AIDS Workplace Programme.

- Programmes must be aimed at ongoing sustained prevention of the spread of HIV amongst employees and their communities. Employees with HIV must be managed so that they are able to work productively for as long as possible
- A workplace policy on HIV/AIDS and STIs is central to developing and implementing an effective workplace programme. It provides the framework for action
- An HIV/AIDS policy defines the organisation's position and practices in relation to employees with HIV/AIDS and to preventing the spread of HIV
- The policy prepares the organisation for the time when it will face the presence of HIV infection and AIDS, if this has not happened already. The policy must be developed through consultation with all levels of workers
- An HIV/AIDS and STI policy also demonstrates the organisation's concern and commitment toward taking active steps to manage the HIV/AIDS epidemic. However, a commitment in the form of policy must be taken further, into concrete action in the form of an HIV/AIDS and STI programme

16.2 What Should the HIV/AIDS and STI Policy Cover?

The Policy is designed to ensure that all employees affected by HIV/AIDS are not unfairly discriminated against in employment policies and practices.

The organisation's policy must be comprehensive and must reflect the organisation's position on HIV/AIDS and STIs, an outline of the HIV/AIDS programme and details of assistance for employees affected by HIV/AIDS.

The policy must cover all employees, prospective employees and all workplace situations and contracts of employment, ie expected standards of behaviour and appropriate measures to deal with deviations from these standards.

- All recruitment procedures from the advertising and selection process to the actual appointment need to be carefully screened
- Remuneration packages, including employee benefits and terms and conditions of employment should be consistent amongst all employees
- Training and development programmes, performance evaluation systems and promotion, transfer and demotion, should be completely devoid of any differentiation between those who are either infected or affected by HIV/AIDS
- Positive measures that should be adopted to promote an equitable workplace, should include the prevention of stigmatisation of people living with HIV or AIDS through the development of HIV/AIDS policies and programmes
- Awareness, education and training of all persons with regards to HIV and AIDS are crucial
- Support should be provided for all employees who are either infected or affected by HIV/AIDS
- Grievance procedures and disciplinary measures must be set up to deal with related complaints in the workplace



In addition the policy should address the following issues:

Personnel Issues

- Job access for applicants with HIV
- Job security of employees with HIV
- A position on HIV testing of employees and applicants
- Confidentiality and disclosure
- Protection against discrimination
- Employee benefits
- Access to training, promotion and benefits
- Performance management
- Grievance procedure

Programme Issues

- Organisational risk reduction
- First aid/universal precautions
- Education and awareness programmes
- Other prevention programmes
- Wellness management

Monitoring and Evaluation

There should be regular evaluation, monitoring and review of the policy and programme.



17. Prevention Methods and Prevention of Occupational Injuries

17.1 Universal Precautions

There is always the possibility of accidental transmission of HIV/AIDS in the workplace. This may occur when either the victim of the accident or the person(s) who gives First Aid has HIV. Any accident or blood spillage should be considered a possible source of infection, since in the workplace, not every person's HIV/AIDS status is known.

It is very important to make sure that the necessary equipment and skills are available to protect all workers. These should be applied consistently with any accident and/or injury, no matter what the person's HIV status is.

Universal infection control procedures also control the spread of other dangerous infections such as hepatitis.

At the work environment, the rule is to treat all workers as HIV-positive in respect of blood spills. If the employee is exposed to a risk situation, he/she must report it immediately to his/her superior. The company should then send the employee (only with consent) for an HIV test. The employee does NOT have to reveal the result to the company.

If the result is positive straight away, then it is obvious that the employee did not contract HIV from the workplace (as mentioned before there is a window period). If HIV negative, then PEPs (Post Exposure Prophylaxis) are administered and re-tests are conducted every few weeks for 12 weeks. If it is proved that the employee contracted HIV from the workplace, the onus is on the employer to assist that employee in applying for compensation.

17.2 Basic Principles of Infection Control

Occupational Health and Safety

Universal precautions are an obvious issue to include in a workplace health and safety programme. Several employees in each section or 'floor' should be trained in First Aid and the safe handling of blood spills in an emergency.

- One First Aider should be appointed to 20 employees
- Those giving First Aid should assume that all patients have HIV and should avoid any contact with blood or other bodily fluids. This is done by covering any cuts or sores with waterproof plasters and wearing plastic or latex gloves. If blood does get onto the skin it must be washed off in hot soapy water as soon as possible. Drivers should have gloves in their cars in case of an accident. Blood spills on floors or other surfaces should be treated with a disinfectant (for example, bleach/Jik™) before being wiped up with absorbent paper
- Soiled clothing or fabrics should be boiled in water for 20 minutes, then placed in the sun to dry, and ironed
- All workplaces should include universal precautions in an induction course or manual given to new employees. If a First Aid or safety course already exists for workers, training in the use of universal precautions can easily be included



A first aid kit must be available and should contain the following:

- Plastic or latex gloves
- Waterproof plasters
- Cotton wool
- Bandages
- Antiseptic
- Jik™ or bleach in order to clean up blood
- Mouthpieces for mouth-to-mouth resuscitation
- PEPs (Post-exposure prophylaxis)



18. Conclusion

Media disinformation and/or public perception over the years may have led professionals to believe that the disease does not affect them. The disease has had profound and devastating social, political and economic impact, leaving no one unaffected. The silence and prejudice that surrounds HIV/AIDS must be addressed. Information and experiences must be shared and the workplace must be used as a forum for meaningful change.

HIV/AIDS education and training can change someone's life!

Employers must be warned that failure to join the war on HIV/AIDS, and/or ignoring the social and legal implications of the disease, may result in employers falling foul of the law and is likely to promote faster spread of the virus.



19. Resources and Educational Material

Where business owners and employees can find help:

- **AIDS Awareness Workshops and Information**
Sharon Ekambarum, AIDS Consortium, Tel: (011) 403 0265
- **AIDS Education Video and Drama Series**
Tilly's Tavern, Hannes Roets, Tel: (011) 476 7442
- **HIV/AIDS Impact Analyses/Risk Management and Workplace Strategy Programmes**
Litha-Lethu Consulting, Website: www.litha-lethu.com, E-mail: info@litha-lethu.com, Tel: (011) 447 4280 (Head Office) - services available nationwide
- **AIDS Toolkit for Small Businesses**
Tracey King, South African Business Coalition on HIV/AIDS (SABCOHA), Tel: (011) 880 4821
- **Business-specific HIV/AIDS Prevention plus Posters and Toolkits**
Health Economics and HIV/AIDS Research Division, University of Natal, Tel: (031) 260 2592 or www.heard.org.za
- **Handbook: I know! The way to live. A personal guide for moving from HIV/AIDS**
Available from Sharon White, AIDS Education and Training, Tel: (011) 726 1495
- **Handbook: Ten Practical Steps to Managing HIV/AIDS in the Workplace (R35)**
Available from Brad Mears, Durban Chamber of Commerce, Tel: (031) 335 1000
- **HIV/AIDS Peer Educator, Management Skills and Executive Management Skills Programmes**
Bronwyn Higgs, HIV/AIDS Consultant and Specialist for Litha-Lethu Consulting, Web: www.litha-lethu.com, E-mail: bhiggs@litha-lethu.com, Tel: (011) 447 4280
- **Legal Issues Regarding HIV/AIDS**
Mark Heywood, Project Head, AIDS Law Project, Tel: (011) 707 8600
- **Medical Cover for Treatment of HIV/AIDS**
Andre van Bassier, HIV/AIDS Head of Lifesense Disease Management, Tel: (011) 880 1884
- **Peer Educator Programme and Workshops**
Herma van der Watt, Manager of HIV/AIDS Workplace Programme, Tel: (021) 400 2630
- **Workshops and Guidance on Implementing HIV/AIDS Policies**
Carol O'Brien, Policy Executive for SA Chamber of Business, Tel: (011) 446 3800
- **Workplace Training Workshops**
Michael Krause, Inwent (German-government funded aid organisation), Tel: (012) 342 6115
- **Workplace Training Workshops**
Karen Michael, KM&A Consulting, Tel: (031) 207 6509
- **Workshops and HIV/AIDS in the Workplace Strategy**
Linzi Smith, HIV/AIDS Consultant and Managing Director of Education, Training and Counselling, Web: www.edutc.co.za, Tel: (031) 267 0244



- **Workshops and HIV/AIDS Workplace Strategy**
Sheena Cowley, Lifeline HIV/AIDS Consultant, Tel: (031) 303 1344
- **Useful Contacts under Section 20 of this document**



20. Useful Contacts

Gauteng

Organisation	Address	Telephone Number
AIDS Consortium	Auckland House 1815 Smit Street Braamfontein 2017 info@aidsconsortium.org.za www.aidsconsortium.org.za	(011) 403 0265
AIDS Law Project	kunene@law.wits.ac.za www.alp.org.za	(011) 717 8600
The Community AIDS Information and Support Centre	17 Esselen Street Cnr Esselen & King George St Hillbrow Johannesburg 2001	(011) 725 6711 / 6721 / 6712
East Rand AIDS Training, Information and Counselling Centre	Cnr Park & Kingsway Avenue Brakpan	(011) 741 2224 / 2225
Lifeline	Counselling	(011) 728 1347
Litha-Lethu Consulting – HIV/AIDS Specialists	PO Box 771 Parklands 2121 info@litha-lethu.com www.litha-lethu.com	(011) 447 4280
Lovelife	PO Box 45 Parklands 2121 talk@lovelife.org.za www.lovelife.org.za	0800 121 100
Mamelodi AIDS Training, Information and Counselling Centre	Old Administration Office Mamelodi	(011) 984 4422
Marie Stopes	Termination of Pregnancy	0800 117 785
National Association of People Living with HIV and AIDS	177 President Street 2 nd floor United Building Germiston 1400 n apnat@sn.apc.org www.napwa.org.za	(011) 872 0975
National AIDS Committee of South Africa (NACOSA)	Box 29356 Sunnyside 0132	(012) 324 1680



Organisation	Address	Telephone Number
National Institute of Virology	nivmail@niv.ac.za www.niv.ac.za	(011) 321 4200
National HIV/AIDS and STI Programme	Department of Health	0800 012 322 Toll Free
National Progressive Primary Health Care Network (NPPHCN)	Van der Stel Place Melle Street Braamfontein Box 32095 Braamfontein 2017	(011) 403 4647
Oasis of Life	71172 Senaba Street Daveyton 1520	(011) 426 1411
Planned Parenthood Association of South Africa (PPASA)	31 Plantation Road Auckland Park Johannesburg Box 1008 Melville 2109	(011) 880 1162 (011) 482 4601
Pretoria AIDS Training, Information and Counselling Centre	Cnr Vermeulen & Van der Walt Streets 1st Floor Room 1202 Pretoria 0002	(012) 313 7988 / 7850
Soul City	mailto:soulcity@soulcity.org.za www.soulcity.org.za	(011) 643 5852
Soweto AIDS Training, Information and Counselling Centre	City Health Department Soweto Council Box 38029 Booyens 2019	(011) 984-4422, 984-4014
Soweto Hospice	Mofolo Primary Health Clinic Off Roodepoort Road Soweto	(011) 982 5835
Sparrow Ministries	P O Box 91790 Auckland Park 2006	(011) 763 1466
Sungardens Hospice	P.O. Box 90554 Garsfontein Pretoria 0042	(012) 348 1934



Organisation	Address	Telephone Number
Vaal AIDS Training, Information and Counselling Centre	2nd Floor Leoni Building President Kruger Street Vanderbijlpark	(016) 33 3333 (Ext 2057)
Vanderbijlpark AIDS Training, Information and Counselling Centre	Stadsraad Box 3 Vanderbijlpark 1900	(016) 31 2820

Free State

Organisation	Address	Telephone Number
Bloemfontein AIDS Training, Information and Counselling Centre	Ground Floor Chris de Wet Building 83 Charles Street Bloemfontein 9301	(051) 405 8544
Bloemfontein Hospice	PO Box 28391 Bloemfontein 9130	(051) 447 7281

Mpumalanga

Organisation	Address	Telephone Number
Health Economics and AIDS Research Division (HEARD)	mailto:freeman@nu.ac.za www.und.ac.za/und/heard	(031) 260 2592
Nelspruit AIDS Training, Information and Counselling Centre	7 Bell Street Nelspruit 1200	(013) 759 2167
Witbank AIDS Training, Information and Counselling Centre	City Health Services Witbank City Council Cnr Swartbos & Louise Roads Witbank 1035	(0135) 90 6911 / 6204

Northern Province

Organisation	Address	Telephone Number
Pietersburg AIDS Training, Information and Counselling Centre	Cnr Potgieter and Diaz Street Polokwane 0699	(015) 290 2363



Western Cape

Organisation	Address	Telephone Number
FAMSA	Family and relationship counselling	(021) 461 7360 / 1
Joy for Life	P.O. Box 50965 The Waterfront 8002	(021) 423 7413
Medicines Sans Frontiers	msf@mwebco.za www.msf.org www.access-med.org	(021) 364 5490
SA HIV Vaccine Action Campaign	mariam.stuurman@mrc.ac.za www.sahealthinfo.org/hivaids/hivaids.htm	(021) 938 0846
Treatment Action Campaign	info@tac.org.za www.tac.org.za	(021) 788 3507
Western Province AIDS Training, Information and Counselling Centre	Lady Michaelis Day Hospital Centre Timour Hall Road Plumstead Cape Town 7800	(021) 797 3327
Wolanani (Embrace)	P.O. Box 16082 Vlyberg 8018	(021) 43 7385

KwaZulu-Natal

Organisation	Address	Telephone Number
Durban AIDS Training, Information and Counselling Centre	2nd Floor City Health Building 9 Old Fort Place Durban 4001	(031) 300 3104
Pietermaritzburg AIDS Training, Information and Counselling Centre	42 Havelock Road Pietermaritzburg 3201	(033) 395 1612 / 3
Philanjalo Care and Support	Private Bag X502 Tugela Ferry 3010	(033) 493 0004
South Coast Hospice	PO Box 504 Port Shepstone 4240	(039) 682 3031 / 93



Organisation	Address	Telephone Number
Zululand AIDS Training, Information and Counselling Centre	Civic Centre Building Box 115 Empangeni 3880	(0351) 21131 (Ext 273)

North West

Organisation	Address	Telephone Number
Lifeline	PO Box 1608 Klerksdorp 2570	(018) 462 7838

Eastern Cape

Organisation	Address	Telephone Number
East London AIDS Training, Information and Counselling Centre	City Health Dept 30 Beaconsfield Road East London 5201	(043) 705 2968
The House of Resurrection	PO Box 17143 Port Elizabeth 6058	(041) 481 1515 / 1589
Port Elizabeth AIDS Training, Information and Counselling Centre	Ground Floor Brister House Govan Mbeki Avenue Port Elizabeth 6001	(041) 506 1486 / 1415 / 1357 / 1599
Queenstown AIDS Training, Information and Counselling Centre	Garden Clinic Shepstone Street Queenstown 5320	(0458) 38 2233 (Ext 2282)

Northern Cape

Organisation	Address	Telephone Number
Kimberley AIDS Training, Information and Counselling Centre	5 Louise Rame Building Stockdale Road Kimberley 8300	(051) 405-8544 / 8528



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