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Environment and Social Development Department



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# Good Practice Note HIV/AIDS in the Workplace

According to the United Nations, the past two decades have seen 60 million people infected by HIV/AIDS and 20 million deaths. Ninety-five percent of the infected population currently live in developing countries.

While Africa continues to be the region most severely impacted by the pandemic, infection rates in other regions (notably Eastern and Central Europe and Asia) are climbing rapidly. The UN predicts 68 million more deaths over the next twenty years unless efforts at prevention and treatment are increased (*"Report on the Global HIV/AIDS Epidemic"*, July 2002, UNAIDS).

The social and economic impact of the disease is intensified by the fact that AIDS kills primarily young and middle-aged adults during their peak productive and reproductive years. At the macro level, an effect of this nature on the workforce can impact the economies of entire countries. By reducing the labor supply and disposable incomes, AIDS impacts markets, savings rates, investment and consumer spending. While assessing the economic impact of AIDS is very difficult, studies suggest that some of the hardest-hit countries may forfeit 2% or more of GDP growth per year as a result of the epidemic.

At the micro level, businesses will feel the impact of HIV/AIDS most clearly through their workforce, with direct consequences for a company's bottom line. These include increased expenditures on

medical and health insurance costs, funeral costs and death benefits, as well as recruitment and training needs due to lost personnel. In addition, firms experience decreased revenues as a result of higher absenteeism and staff turnover, reduced

*"It is inevitable that a firm doing business in the developing world will pay for AIDS. It is just a question of when and how much."*

— Lee Smith, Former President, Levi Strauss International

productivity, declining morale and a shrinking consumer base. While a company's revenues decrease, its costs of doing business increase because its suppliers, distributors and the public sector are also affected, leading to similar disruptions in the supply chain.

This Good Practice Note is an introduction to the issue of HIV/AIDS in the workplace and is targeted at the private sector in

developing countries. As part of IFC's ongoing commitment to sustainable development, the Note seeks to provide companies with practical guidance and a range of options, based on corporate experiences, for designing and implementing prevention and care programs in support of employees and the communities in which they work and live.

This is a learning process for many companies which means that good practice approaches are continually evolving. The examples in this Note come from publicly available sources such as agency publications and company websites. IFC has not verified the accuracy of such information nor the companies' practices, and in certain cases it is simply too soon to judge the success of various programs and initiatives.

# HIV/AIDS

*The social and economic impact of the disease is intensified by the fact that AIDS kills primarily young and middle-aged adults during their most productive years.*

## Costs and Benefits

It is difficult to generalize about the costs and benefits to companies of implementing workplace programs to address HIV/AIDS because there are so many variables to consider. For example, a business operating in an existing high prevalence region or locality where the epidemic is well-advanced may have a very different cost-benefit scenario than a business located in an area where HIV incidence is relatively low but increasing. The former may see care and treatment programs for its workforce as a priority whereas, for the latter, an education and prevention campaign would bring cost-effective benefits. Other variables affecting cost may include: size of company, setting, industry sector, cost margin, ratio of skilled to unskilled workers, risk factors, HIV prevalence in the workforce, availability of government or NGO supported programs and facilities, etc.

Companies themselves are at varying stages with respect to engagement on workplace HIV/AIDS issues. Some know they have a problem and are taking action on multiple fronts to address it, others suspect they may have a problem but don't know how or where to start, and still other companies are unaware that a problem exists even when it may already be having a negative impact on their bottom line. In order to accurately weigh the costs and benefits of taking action, it is critical for a company to understand the extent of the threat HIV/AIDS poses in its area of operation and the full range of direct and indirect costs associated with the impacts of the disease on its workforce (see box p. 3 on "Progression of HIV/AIDS Impacts on the Workforce and Associated Costs"). For example, businesses may not make the connection between such things as decreased productivity, increased absenteeism, staff turnover, higher

recruitment and training costs on the one hand, and increasing incidence of HIV on the other. In such cases, taking no action may prove the bigger risk. UNAIDS estimates that the annual cost to a company of prevention per employee is \$5, whereas the costs of AIDS can be far higher.

The key is to find the most affordable solution to fit a company's particular needs. With this in mind, studies have been undertaken to explore the costs and benefits associated with business action on HIV/AIDS. Researchers from the Center for International Health at Boston University have developed a costing model that estimates the present value of new HIV infections in the formal business sector in southern Africa. The study found that new infections can cost between 3.4 percent and 10.7 percent of annual salaries depending on skill level, associated benefits, and prevalence in the area. While treatment costs will vary considerably among companies depending on what segment of the workforce is targeted and the type of care offered, the researchers concluded that even for low-cost companies, the benefits associated with interventions appeared to outweigh the costs. (For more details go to: [www.international-health.org/AIDS\\_Economics](http://www.international-health.org/AIDS_Economics)).

Similarly, a University of California-San Francisco study used an economic model to compare HIV-related business costs for large Ugandan companies (500+ employees) with the cost of providing prevention, care and treatment to employees. The study concluded that even programs offering the most expensive treatment — anti-retroviral care — can be cost-effective especially in light of 85% price reductions offered by drug manufacturers for sub-Saharan Africa (UCSF electronic newsletter Daybreak, 7/14/2000, <http://www.ucsf.edu/daybreak>).



### Progression of HIV/AIDS Impacts on the Workforce and Associated Costs

Progression of HIV/AIDS in the Workforce	Economic Impact of Individual Case	Economic Impact of All Cases
Employee becomes infected with HIV virus	No costs to company at this stage	No costs to company at this stage
HIV/AIDS-related morbidity begins	<ul style="list-style-type: none"> <li>• Sick leave and other absenteeism increase</li> <li>• Work performance declines due to employee illness</li> <li>• Overtime and contractors' wages increase to compensate for absenteeism</li> <li>• Use of company's on-site health clinics increases</li> <li>• Payouts from medical aid schemes increase</li> <li>• Employee requires attention of human resource and employee assistance personnel</li> </ul>	<ul style="list-style-type: none"> <li>• Overall productivity of workforce declines</li> <li>• Overall labor costs increase</li> <li>• Additional use of medical aid benefits causes premiums to increase</li> <li>• Additional medical staff must be hired at the company health clinics</li> <li>• Managers begin to spend time and resources on HIV-related issues</li> <li>• HIV/AIDS interventions are designed and implemented</li> </ul>
Employee leaves workforce due to death, medical boarding, or voluntary resignation	<ul style="list-style-type: none"> <li>• Payout from death benefit or life insurance scheme is claimed</li> <li>• Pension benefits are claimed by employee or dependents</li> <li>• Other employees are absent to attend funeral</li> <li>• Funeral expenses are incurred</li> <li>• Company loans to employee are not repaid</li> <li>• Co-workers are demoralized by loss of colleague</li> </ul>	<ul style="list-style-type: none"> <li>• Payouts from pension fund cause employer and/or employee contributions to increase</li> <li>• Returns to training investments are reduced</li> <li>• Morale, discipline, and concentration of other employees are disrupted by frequent deaths of colleagues</li> </ul>
Company recruits a replacement employee	<ul style="list-style-type: none"> <li>• Company incurs costs of recruitment</li> <li>• Position is vacant until new employee is hired</li> <li>• Cost of overtime wages increases to compensate for vacant positions</li> </ul>	<ul style="list-style-type: none"> <li>• Additional recruiting staff and resources must be brought on</li> <li>• Wages for skilled (and possibly unskilled) employees increase as labor markets respond to the loss of workers</li> </ul>
Company trains the new employee	<ul style="list-style-type: none"> <li>• Company incurs costs of pre-employment training (tuition, etc.)</li> <li>• Company incurs costs of in-service training to bring new employee up to level of old one</li> <li>• Salary is paid to employee during training</li> </ul>	<ul style="list-style-type: none"> <li>• Additional training staff and resources must be brought on</li> </ul>
New employee joins the workforce	<ul style="list-style-type: none"> <li>• Performance is low while new employee comes up to speed</li> <li>• Other employees spend time providing on-the-job training</li> </ul>	<ul style="list-style-type: none"> <li>• There is an overall reduction in the experience, skill, institutional memory, and performance of the workforce</li> <li>• Work unit productivity is disrupted as turnover rates increase</li> </ul>

*Businesses will feel the impact of HIV/AIDS most clearly through their workforce, with direct consequences for a company's bottom line.*

Source: HIV/AIDS in the Commonwealth 2000/01, London: Kensington Publications, 2000. The Response of African Businesses to HIV/AIDS, Jonathan Simon, Sydney Rosen, Alan Whiteside, Jeffrey R. Vincent and Donald M. Thea, Final, 2000, p. 4.

# HIV/AIDS

*The rate of infection for the workforce can be assumed to be similar to the rate for the local population.*

While these results are illustrative, businesses will need to make an evaluation based on their particular circumstances, areas of operation, level of risk and available resources and partners. It is also important to note that beyond the motivations of financial incentive and risk management, an increasing number of companies are motivated by a sense of corporate social responsibility to sponsor programs and interventions that benefit the wider community, target particularly vulnerable segments of society, and help safeguard the health of future generations.

## Getting Started

Before embarking on any program, there are three initial steps a company should take: (i) define the nature of the problem and the company's level of risk with respect to HIV/AIDS; (ii) identify ongoing initiatives, resources and stakeholders in the wider area of operations; and (iii) adopt a collaborative approach to devising an HIV/AIDS strategy based on the building of partnerships and the integration of key action areas and stakeholder groups.

### **1** Define the Problem

In reality, many companies cannot gauge the magnitude of the threat posed by HIV/AIDS to their business and whether it poses a serious enough risk to their workforce to warrant action. Since level of risk often drives company action, it is important to define the extent of the problem up front. This of course will vary considerably depending on the type of business, the region of operation, and the specific characteristics of one's surroundings.

#### **Determining the Rate of Infection**

A first step in assessing the extent of the problem might be to determine the approximate rate of

infection of the workforce which, in most cases, can be assumed to be similar to the rate for the local population. Collecting this baseline information is not only important in focusing company efforts, but it also enables monitoring and measurement, and helps in engaging other actors in the fight against AIDS.

Data on rate of infection can be gathered through various means — a good starting point is usually the national Ministry of Health or specialist AIDS-control agency. A review of recent mortality data among the general population may also provide insights into the situation.

From the company's side, a review of general personnel data such as absenteeism, staff turnover, and insurance claims, combined with health statistics from the company clinic (such as STD rates among employees which indicate high risk behavior), should provide a useful baseline. This information may be complemented by a more qualitative assessment such as a survey of managers, foremen, and employees to determine general attitudes and perceptions about the impact of the disease on operations and whether people feel they are at risk.

#### **Identifying Risk Factors**

In defining the extent of the problem, a company needs to look at its operations in light of the risks to which its workforce is exposed. There are a number of risk factors to be considered regarding HIV transmission. Some sectors may be more risky than others because their operations rely on a workforce separated from their families for long periods of time. Such conditions have systematically contributed to a growing sex industry and high risk behavior as is often the case in such sectors as mining, infrastructure construction, long-distance transportation and trucking, and agribusiness. Other factors such as a mobile population, employees



whose salaries are significantly higher than the general population and can support a sex industry, as well as rural settings which — unlike more urbanized areas — often lack government health, education and prevention programs, can increase the level of risk.

## 2 Adopt a Collaborative Approach

Once a company has determined that the existing or potential risks of HIV/AIDS to its workforce are sufficient to warrant action, it should not assume that it must tackle the problem on its own. Although a company can take precautions to ensure the disease is not transmitted in the workplace, it cannot isolate itself from the reality that a large part of the problem — as well as the solution — lies outside the walls of a company's operations and medical facilities. The vast majority of employees contract the disease outside of the work environment, therefore efforts to control the spread of HIV/AIDS must involve a wider partnership with stakeholders in the area. Identifying what resources exist in the wider community, and who is doing what, can save companies both time and money and avoid a

duplication of efforts. In addition, since AIDS programs are not the core business of the private sector, companies need not feel they have to undertake all the work in-house. Businesses may choose to contract these services out. Small businesses, in particular, may want to join together and pool their resources in hiring an external party to assist in program design and implementation.

### Integrating Four Spheres of Action

Through various experiences with its clients, IFC has found it effective to encourage companies to view the issue and consider potential interventions in four key areas: Operational, Medical, Managerial, and Community. One of the reasons this approach has been successful is that these four spheres bring together stakeholders from the private and public sectors as well as civil society in order to establish a coordinated action plan and clarify roles and responsibilities.

The four areas of responsibility might then be formalized within “Four Spheres of Action.” Members of the committees formed in each of the four spheres will identify their needs, key issues,

*Certain types of jobs will tend to put employees at higher risk for HIV/AIDS infection.*



© UNMADS Co. Pierzi

### What is HIV/AIDS?

HIV stands for **Human Immuno Deficiency Virus** (HIV), the virus which causes the **Acquired Immuno Deficiency Syndrome** (AIDS). HIV attacks and slowly destroys the immune system by entering and destroying the cells that control and support the immune response and system. After a long period of infection, usually 3-7 years, enough of the immune system cells have been destroyed to lead to **immune deficiency**. The virus can therefore be present in the body for several years before symptoms appear. When a person is immuno-deficient the body has difficulty defending itself against many infections and certain cancers, known as “opportunistic infections”. It is possible to monitor the development and degree of immuno-deficiency, and while the impacts of the disease can be mitigated with proper treatment, there is **no cure for AIDS** once a person is infected with HIV.

There are three main ways in which HIV is transmitted among people: (i) by sexual contact; (ii) when infected blood is passed into the body (e.g., through blood transfusion or use of unsterilized material); and (iii) from an infected mother to her child during pregnancy, childbirth or breastfeeding.

# HIV/AIDS

## AIDS is Everybody's Business

### Maximizing the Chances of Success through Action in Four Spheres

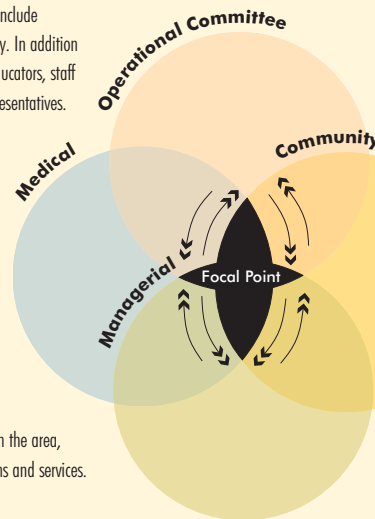
Due to the complexity of the problem and the pervasive nature of the disease, a company acting alone may be unsuccessful in controlling the impact of AIDS on its workforce as a result of external factors. IFC's experience in working with companies through its "IFC Against AIDS Program" shows that the most successful interventions often involve coordinated action among four separate but interrelated spheres: Operational, Medical, Managerial, and Community. Within each of these spheres lie particular skills and resources which need to be identified and leveraged if the fight against HIV/AIDS is to be won in the company's area of operations.

*There are often other resources in the wider community from which companies can benefit.*

**Operational:** Representatives from this sphere include individuals from the operational level of a company. In addition to company employees it may also include peer educators, staff from human resources, contractors, and union representatives.

The Operational Committee can identify: (i) risks that they see at the working level; (ii) opportunities that exist for promoting on-the-job education and prevention; and (iii) specific needs of employees in terms of health programs and services.

**Medical:** The medical sphere comprises clinical staff from the company as well as from public hospitals, NGOs or local health offices. The Committee can identify the general health trends in the area, prioritize concerns and coordinate medical programs and services.



**Managerial:** Committed leadership is essential for companies to address HIV/AIDS effectively. The Managerial Committee may include senior management representatives and Board members, whose responsibilities include championing the program, allocating budgetary and staff resources, and undertaking a periodic review of the various activities.

**Community:** Representatives drawn from the local community may include prominent citizens such as village chiefs, religious leaders, or school representatives, as well as community organizations, women's groups and NGOs.

Members from this committee can serve as a liaison between the company and community, strengthening communication and cooperation on efforts to combat HIV/AIDS.

capabilities, etc. and progressively develop the details of an HIV/AIDS Action Plan. Neither all committee members nor all actions need to be decided at once: both represent a work in progress and members are likely to be added over time as review of progress and valuable actions or individuals are identified. The objectives of this structure are to: foster a sense of ownership over diverse projects/sites; define roles in the company (senior management, human resources, operational management, clinical services), and extend the program to the community.

For example, the Operational Committee may identify opportunities that exist at the level of company operations for HIV/AIDS education and prevention. In mining operations, Occupational

Health and Safety briefings are performed on a regular basis and could be extended to include AIDS education and prevention. Similarly, the Medical Committee's responsibilities will be targeted at the health problems they confront and solutions that they propose for their area. For example, if TB has had a dramatic resurgence, one of the activities that the committee would undertake is more systematic TB prevention. Such a move would lead to cooperation with the Managerial Committee on budget allocation for TB prophylaxis, the Operational Committee for flexible working schedules to accommodate treatment regimens, and the Community Committee for grassroots mobilization and awareness.



Smaller companies with limited capacity may find it more practical to partner with other local businesses or participate through industry associations or local Chambers of Commerce.

### **Forging Partnerships**

Most of the time, companies who want to address the issue of HIV/AIDS in their workplace need not start from scratch. There are often other resources in the wider community from which companies can benefit including NGO activities, public programs undertaken by Ministries of Health or National AIDS Committees, and initiatives launched by other businesses, employer associations or medical organizations. Partnerships can help private sector firms analyze their risk factors; design and implement focused programs; leverage their resources; learn from the experience of others; and ensure independence and confidentiality of employees' condition and care.

### **Plantation Workers Benefit from NGO Partnership with Unilever in Ghana**

Fearing the devastating effects HIV/AIDS may have on workers on its oil palm plantations, Unilever partnered with the Ghana Social Marketing Foundation (GSMF) to improve the company's existing workplace program. The partnership was brokered by Commercial Market Strategies, a USAID-funded project designed to increase private sector participation in reproductive health issues globally.

The program will reach almost two thousand oil palm plantation employees, their families, and the two communities surrounding the plantations (estimated at 100,000 people). Unilever provides staff hours, facilities, and transportation while GSMF: (i) trains peer educators; (ii) educates and informs the community about HIV/AIDS;

(iii) develops educational materials for Unilever staff; (iv) promotes and distributes condoms; and (v) advocates for increased attention to HIV/AIDS issues (Unilever).

## Taking Action

Once the scope of the problem has been defined and key stakeholder groups and partners identified, companies can then begin to focus internally. This involves establishing company-specific goals and objectives, creating an internal focal point to coordinate program development, implementation and monitoring, and developing a company policy on HIV/AIDS to guide company action.

### **1 Be Clear about Goals and Objectives**

Typically, companies have two objectives in undertaking a workplace HIV/AIDS program: (i) to limit the incidence of new infections among staff and the surrounding community and (ii) to manage the impact of existing infections on the company, staff and community. In order to achieve these objectives a company's program might set goals in two areas: (i) changing behavior and increasing the use of preventative measures and (ii) improving medical care and support to persons affected by HIV/AIDS and other infectious diseases. In some cases, a company's goal may be to raise its corporate citizenship profile in the area of HIV/AIDS. They may choose to take a leadership role in mobilizing the business community, get involved in advocacy at a regional or national level, or support social programs such as mother-to-child prevention programs or assistance to orphans. Whatever a company's goals, it is important to define them up front.

*Employees need to be aware that there is no personal risk to any employee working with a colleague living with HIV or AIDS.*

# HIV/AIDS

*There is now a large body of work including voluntary codes and guiding principles to assist businesses in developing workplace policies on HIV/AIDS.*

© Photo by Peter Mwatabwile/World Vision



## ILO Code of Practice on HIV/AIDS Key Principles

The following principles are part of the International Labor Organization's Code of Practice on HIV/AIDS and the World of Work. The code is voluntary and meant for use by the private sector in the development of workplace policies and guidelines.

### **Recognition of HIV/AIDS as a workplace issue**

HIV/AIDS is a workplace issue, not only because it affects the workforce, but also because the workplace can play a vital role in limiting the spread and effects of the epidemic.

### **Non-discrimination**

There should be no discrimination or stigmatization against workers on the basis of real or perceived HIV status.

### **Gender equality**

More equal gender relations and the empowerment of women are vital to preventing the spread of HIV infection and enabling women to cope with HIV/AIDS.

### **Healthy work environment**

The work environment should be healthy and safe, and adapted to the state of health and capabilities of workers.

### **Social dialogue**

A successful HIV/AIDS policy and program requires cooperation, trust and dialogue between employers, workers, and governments.

### **Screening for purposes of employment**

HIV/AIDS screening should not be required of job applicants or persons in employment, and testing for HIV should not be carried out at the workplace except as specified in this code.

### **Confidentiality**

Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with existing ILO codes of practice.

### **Continuing the employment relationship**

HIV infection is not a cause for termination of employment. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.

### **Prevention**

The social partners are in a unique position to promote prevention efforts through information and education; and support changes in attitudes and behavior.

### **Care and Support**

Solidarity, care and support should guide the response to AIDS in the workplace. All workers are entitled to affordable health services and to benefits from statutory and occupational schemes.

Source: [www.ilo.org](http://www.ilo.org)

## 2 Create an Internal Focal Point

Appointing a staff person or committee to serve as focal point for handling all company HIV/AIDS related activities brings accountability and focus to the process. The person(s) may be chosen from existing staff or be recruited from the outside, but it is important that they be vested with authority over activities and given a direct line of communication with senior management. In some cases, the formation of a committee may contribute to enhanced coordination and ownership of the issue. This person or persons can play an important role in representing the company in multi-stakeholder forums and coordinating company representation among the four spheres (see box p. 6).

## 3 Develop an HIV/AIDS Policy

Due to the sensitive nature of the subject, it is important that both staff and management have a clear understanding of how the company intends to deal with employees who either are, or become, infected with HIV/AIDS. An official company policy serves to inform employees of their rights and responsibilities, articulate the commitment of management, clarify expectations on both sides, and in certain cases protect a company from liabilities. In addition to being readily accessible and visible in many locations, the company HIV/AIDS policy should be communicated to employees in a manner that explains the significance of the policy's terms. Staff should feel confident that the company is dedicated to maintaining employee privacy and to taking reasonable strides to safeguard the health of the workforce.

There is now a large body of work including voluntary codes and guiding principles to assist businesses in developing workplace policies on





HIV/AIDS. Key elements of such a policy generally include a statement endorsing the company's commitment to addressing HIV/AIDS, a respect for the confidentiality of HIV status, and the establishment of non-discriminatory practices in relation to People Living with HIV/AIDS (PLWA). (For further guidance on workplace policies, please see boxes on p. 8 and p. 21.)

## Education and Prevention Programs

### **1** Raise Awareness

Awareness programs include information, education and communication activities that address the facts and fiction of HIV transmission and promote preventive measures, while at the same time seek to de-stigmatize the disease. Employees need to be aware that there is no personal risk from casual contact with colleagues living with HIV or AIDS. Awareness activities should inform employees about the risks and educate them about ways to minimize their exposure. It is also important for people to understand the multiple impacts of the HIV infection on relatives, friends, casual encounters, and the overall community. Messages could emphasize the costs that an HIV/AIDS infection can have for individuals and their families including the reduction of income as a result of poor health and consequences for children who lose their parents.

#### **Getting the Message Out**

To be most effective, information should be communicated in local languages, and in areas where literacy rates are low, special consideration might be given to non-written forms of communication. There are many simple, effective

and low-cost ways to raise awareness of HIV/AIDS among employees, including:

- ▶ Posters, billboards and condoms in high-traffic areas throughout company facilities;
- ▶ Messages included with condoms in paycheck packages;
- ▶ Posting the Company HIV/AIDS policy in public places in the local languages;
- ▶ Placing a 'Health Questions Box' in the canteen or other convenient locations so that employees can anonymously submit questions on health and HIV/AIDS;
- ▶ Public posting of Q&A by the nursing staff via bulletin boards or flyers;
- ▶ Taking advantage of local resources by bringing in trained counselors from local hospitals and participating in government and NGO initiatives, including World AIDS Day on December 1st.

#### **Training**

The workplace is an ideal location for raising awareness because professional training of various sorts exists in one way or another in the operations of most companies. Safety or technical briefings and new employee induction programs present a good opportunity to provide AIDS education for staff. To be more effective, training materials could be adapted to their audience in terms of format, culture, gender and language. Separating male and female employees — at least at the beginning of the training — can often result in more open and productive discussions.

#### **Going Beyond the Workforce**

Since activities undertaken outside company walls often account for a significant percentage of employee infections, many businesses find it useful and necessary to extend their education and awareness efforts beyond the workplace. This

*To control the spread of the disease, efforts must be designed to reach well beyond a company's four walls.*

# HIV/AIDS

Peer education is one of the most widely used strategies for raising awareness on HIV/AIDS.

includes working with their suppliers and contractors as well as the local communities in their area of operations. Particularly vulnerable groups such as women and youth can be targeted through local schools, employees' wives, and local women's organizations whereas high risk groups such as temporary construction workers, migrant laborers, truck drivers, or sex workers may require specifically adapted awareness messages.

## **De-stigmatizing the Disease**

Discrimination in the workplace reinforces stigmatization of people living with AIDS. At the same time, the workplace offers a unique opportunity to confront societal discrimination and stigma by dispelling myths and communicating that there is no need to fear people living with HIV. These messages can be further reinforced by workplace-based, anti-discrimination policies and programs which demonstrate that people can live and work with HIV, often for many years. Encouraging an HIV/AIDS support group for employees, or involving people living with HIV/AIDS (PLWA) in company awareness activities, can also be a powerful means of breaking down misconceptions and fostering understanding and acceptance.

## **Peer Education**

Peer education is one of the most widely-used strategies for raising awareness on HIV/AIDS. Peer education typically involves training and supporting members of a given group to affect change among their peers. A project coordinated by UNAIDS and several other partners in Jamaica identified principles and components that affect HIV/AIDS peer education program quality and effectiveness. These include: (i) providing training for peer educators; (ii) compensating them in some way; (iii) involving them in the design of training

curriculum and materials; and (iv) linking the education program to other services such as access to condoms, medical care and voluntary HIV counseling and testing (*Best Practices Collection*, [www.unaids.org](http://www.unaids.org)). Similarly, formation of HIV/AIDS committees with a budget for activities has also proven effective in some companies.

## **Promote Prevention**

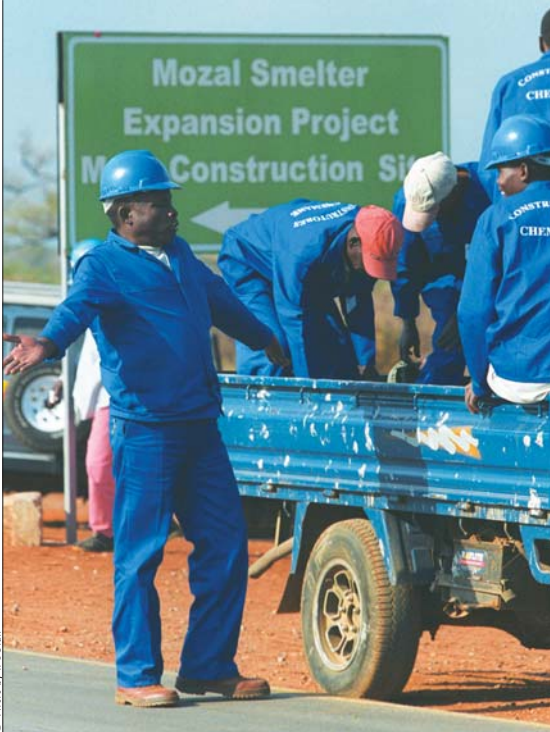
Awareness and education programs go hand in hand with prevention efforts. There are a number of cost-effective prevention measures a company may consider to support behavior change among its employees and reduce the risk of transmission.

## **Review Occupational Health and Safety Procedures**

While there is no risk of HIV being transmitted in the workplace through casual contact between coworkers, workplace accidents or injuries that cause bleeding can be a concern. At the most basic level, companies should review their existing occupational health and safety procedures and associated supplies and make changes or improvements where necessary to address the concern of blood borne infectious diseases. Some simple guidelines (see box p. 12 for a checklist) can be posted in company clinics or at emergency First Aid Stations on shop floors to help reduce the risk of HIV infection in the event of a workplace accident.

## **Condom Distribution**

An important element of any HIV/AIDS prevention program is a reliable supply of free or affordable, high-quality condoms. Ensuring condoms are available in the workplace addresses a primary limiting factor of their use — the stigma associated with purchasing them. Condoms can be made



## IFC Against AIDS

IFC is seeking to leverage its exposure and reputation in the developing world to focus the business community's attention on the issue of HIV/AIDS. Our efforts are encompassed within a corporate program: "IFC Against AIDS", through which IFC has sought to raise awareness and to provide its clients with the tools necessary to begin controlling the spread and effects of the disease. Through the program, we encourage our client companies to consider HIV/AIDS programs from a risk management and investment perspective.

The "IFC Against AIDS" program assists IFC clients in the following areas:

- ▶ **Awareness:** We help client companies to understand the impacts of HIV/AIDS on their business and assess their risks. This can be done as part of appraisal missions for new investments or during supervision of existing projects.
- ▶ **Guidance on developing HIV/AIDS action plans:** IFC can provide advisory services based on the circumstances, needs and resources of individual companies that draw upon lessons from an international range of corporate experiences and good practices.
- ▶ **Networking:** When the time comes to start implementing a program, many companies can benefit from the technical capacity of local organizations and programs. IFC can provide a valuable service by introducing clients to existing NGO, public and private programs based on the needs of a particular company.

**Contact us at: [ifcagainstaids@ifc.org](mailto:ifcagainstaids@ifc.org)**

### The Case of Odebrecht in Angola

In 2001, IFC extended a \$280 million corporate loan to Odebrecht, the Brazilian construction and engineering group. \$1 million was earmarked to support efforts related to the fight against HIV/AIDS in Angola, a country where Odebrecht is already present and HIV incidence is on the rise.

In light of the increasing HIV/AIDS risks to the workforce and related construction and mining operations, Odebrecht and IFC decided to launch a joint program addressing HIV/AIDS in Odebrecht's areas of operations while also contributing to the fight against HIV/AIDS at the broader country level. The program consists of education, prevention and care components targeted at Odebrecht operations and surrounding communities at five sites in Angola, reaching about 30,000 people. The program also contributes to the overall AIDS strategy of Angola by: (i) placing a large emphasis on women's health and prevention of HIV transmission from mother to infant, and (ii) assessing the provision of anti-retroviral therapy in one of the company's sites.

As a result of the cooperation, Odebrecht has adopted an HIV/AIDS policy for all of its operations worldwide. The Angola program will serve as a pilot, potentially setting the stage for a corporate-wide roll-out of HIV/AIDS education, prevention and care programs.

### Supporting HIV/AIDS Awareness: Mozal in Mozambique

In 2000, IFC collaborated with Mozambique's Mozal Aluminum for a second time, financing the expansion of a project critical to the country's economy while also supporting Mozal's efforts on HIV/AIDS. An agreement was made between the Mozal Community Development Trust (MCDT) and IFC to support years 2 and 3 of an HIV/AIDS awareness program already in place. The NGO supported by MCDT known as ADPP is Mozambican and a member of a network of NGOs affiliated with the organization Humana People to People. The program that

ADPP has begun to implement in the Mozal area is modeled on a "Total Control of the Epidemic" (TCE) program, which consists of intensive, repetitive, face-to-face encounters between trained field workers and community members.

### Corporate Citizenship Facility (CCF)

In keeping with IFC's commitment to sustainable development, IFC has established the Corporate Citizenship Facility (CCF) which provides support and assistance to IFC projects that demonstrate the benefits of a progressive approach to environmental and social responsibility in business activities. CCF provides technical assistance and other forms of support in areas such as community development, HIV/AIDS, labor practices and environmental stewardship. Sponsors are expected to work proactively with CCF in the process and to cover part of the program costs. For more information, please visit our website at <http://www.ifc.org/enviro/EnvironmentFacilities>.

# HIV/AIDS

*An alarmingly high percentage of those infected in the developing world are unaware of their HIV status.*

readily available at a company's clinic or through self-service dispensers in bathrooms and clinic waiting rooms. It's advisable to provide condoms free of charge at the beginning of any program, and later, to maintain one location for free condoms even if they are available through vending machines at other locations. If a company uses peer education as part of its awareness program, the peer educators can be given condoms for distribution to their co-workers.

The female condom has also proven effective in certain situations because the woman is in control of its use. However, because the female condom tends to be significantly more expensive than male condoms, its costs may need to be subsidized.

## **Voluntary HIV Counseling and Testing (VCT)**

An alarmingly high percentage of those infected in the developing world are unaware of their HIV

status. For instance, a USAID report estimates that 1.8 million Zimbabweans are infected but that 90% of them are unaware of this fact ([www.usaid.gov/regions/afr/success\\_stories/zimbabwe.html](http://www.usaid.gov/regions/afr/success_stories/zimbabwe.html)). From a behavior change and treatment perspective, this knowledge is critical. VCT has proven effective in promoting prevention for those who test negative and behavior change for those who test positive.

It is vitally important that voluntary counseling be included both before and after testing. The pre-test counseling should be designed to fully inform the patient of the meanings of both a positive and a negative result while post-test counseling can serve to reinforce the need for behavior change. Due to the immense responsibility embodied in the counseling function, any workplace program that proposes to offer a VCT component should first ensure confidentiality and job protection. Sufficient availability of trained counselors is also necessary. Fortunately, companies need not bear this

## **Measures to be incorporated into an Occupational Health and Safety Checklist for Occupational Blood Exposure include:**

- ▶ Careful handling and disposal of sharps such as needles or other sharp objects;
- ▶ Use of single-use or auto-disable syringes in clinics;
- ▶ Hand washing before and after accidents/procedures;
- ▶ Use of protective barriers such as gloves, gowns and masks for direct contact with blood or other body fluids;
- ▶ Ensuring that adequate supplies are available;
- ▶ Proper disinfecting of instruments and contaminated equipment;
- ▶ Safe disposal and proper handling of waste (soiled linen and other material) contaminated with body fluids or blood;
- ▶ Reporting of any incidents of exposure;
- ▶ Ensuring that referral hospitals for blood transfusions have processes to ensure safe blood supplies, such as blood banks; and
- ▶ Provision of post-exposure prophylactics (PEP packs) for clinical and laboratory staff.

Based on the Universal Precautions originating from Center for Disease Control and Prevention, USA. See [www.cdc.gov/hiv/pubs/facts](http://www.cdc.gov/hiv/pubs/facts) for guidance, including Business Response to AIDS/Labor Response to AIDS Programs at [www.hivatwork.org](http://www.hivatwork.org). Also refer to IFC's General Health and Safety Guidelines.



responsibility alone. VCT offers a good opportunity for partnerships to develop between companies and government agencies or NGOs who may already offer these services on an ongoing basis.

### **Voluntary Counseling and Testing Leads to Behavior Change**

A study conducted by researchers from the University of California-San Francisco demonstrates the superiority of VCT techniques over generalized health information interventions. The study was conducted in Kenya, Tanzania and Trinidad. As a base starting point, all participants answered survey questions related to their sexual habits and were then randomly assigned to one of two groups. The first group received counseling and testing, and the second group participated in a more passive program wherein a video was shown. Participants could ask questions following the video after which free condoms were provided.

All participants were then brought in at 6 months and asked to complete another survey. For those in the VCT group, intercourse with non-primary partners fell 35% and 39% for men and women respectively. Those who participated in the passive health information program demonstrated only 13% and 17% reductions in intercourse with non-primary partners for men and women respectively. This study bears out the point that combining counseling with testing is a much more effective means of emphasizing the risks of HIV/AIDS (<http://www.caps.ucsf.edu/publications/VCTS2C.pdf>).

### **Prevention and Treatment of STDs**

A strong positive correlation exists between sexually transmitted diseases (STDs) and HIV transmission. The presence of STDs within a company's workforce not only indicates high-risk sexual behavior, but STDs increase both a person's susceptibility to HIV/AIDS and the possibility of

*There are a number of cost-effective prevention measures a company may consider to support behavior change among its employees and reduce the risk of transmission.*



### **Reducing Risks of Transmission in Mining Communities**

The mining industry in southern Africa has relied for over a century on a system of migrant mine labor wherein miners are absent from their families for extended periods of time while living in all-male hostels at remote mine sites. Extended separation from their families has often led miners to resort to alcohol and prostitution for entertainment. This combination of pursuits has become lethal with the advent of the HIV/AIDS epidemic, serving as one of the main reasons mine workers are two and a half times more likely to be HIV positive

than members of the general population.

In response to the risks associated with the migrant nature of mine labor, Lonmin Platinum, a South African mining firm, has begun to transition its hostel housing system to family housing units. This change will permit miners to bring their wives and children to the job site, greatly decreasing the likelihood miners will turn to prostitution. Lonmin has spent \$5 million to build over 1,000 family dwellings, with plans to build another 2,000 already underway. With over 16,000 laborers to house, this initiative is just a start but a positive one nonetheless. Work done by the South African Medical Research Council estimates that a change from hostel to family-based living arrangements for miners could reduce HIV transmission by as much as 40% within the mine population.

Source: Associated press — Nicole Itano; <http://allafrica.com/stories/200209120057.html>

# HIV/AIDS

*A strong positive correlation exists between sexually transmitted diseases (STDs) and HIV transmission.*

transmitting the virus through sexual intercourse. Even without the HIV epidemic, STDs are one of the most common health problems among workers and pose a significant public health risk that should be addressed in company clinics or in collaboration with government health posts, NGOs, and mobile clinics.

Treatment of STDs also offers a prime entry point for HIV awareness raising and education activities. Prevention of STDs calls for precisely the same measures: abstinence, sex with only one non-infected partner, or condom use. Preventing STDs in the first instance, and providing proper treatment for those already suffering their effects should form integral parts of an HIV/AIDS prevention program. Antibiotics are the most commonly prescribed means of treating STDs. STD treatment kits (which include simple diagnosis management guidelines,

short course antibiotics for syndromes, and condoms) may be stocked in company clinics and local public health facilities.

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### **Mobile Clinic Services and Peer Education Harmony Mine**

The Lesedi Project, in and around the Harmony Mine community in South Africa, is the result of a partnership between USAID, Family Health International and mine management. The project established mobile sexually-transmitted disease (STD) health clinics and peer education services for the women living in the communities surrounding the mine.

The peer educators, chosen from among the community, were a vital link in that they acted as a referral service for the mobile STD clinics. All

## **Addressing Gender Inequality to Fight HIV/AIDS**

Gender inequality — especially women's lack of economic empowerment — is an important factor in the spread of HIV/AIDS. Social and economic relations between women and men, the role of power in sexual relations, and physiological differences between males and females determine their respective risk levels for infection, their respective ability to protect themselves effectively, and their respective share of the HIV/AIDS burden. In sub-Saharan Africa, 55 percent of those infected are women, and in some African countries, females aged 15-24 have prevalence rates of up to six times higher than that of males the same age (UNAIDS, 2001). Therefore, as companies operate in an increasingly diverse workplace and draw their workforce from very wide risk pools, they need to take into account the differing needs of men and women with respect to workplace HIV/AIDS strategies.

A starting point for a gender-sensitive HIV/AIDS strategy is an understanding of gender-differentiated vulnerabilities and risks. These include: traditional norms of femininity and masculinity; enhanced physiological vulnerabilities of women and young girls; the culture of silence around sex and sexual matters; societal notions and "tacit" condoning of male risk-taking, including multiple partners; and occupational hazards for many males (long distance drivers, miners, migrant workers, etc.). In all societies and business environments, gender norms influence people's attitudes on sex, sexuality, fidelity, risk taking, and access to information and services relating to sex. Integrating gender-specific information into a company's HIV/AIDS policy can increase the effectiveness of its awareness, prevention and care programs through greater targeting of efforts and help to ensure non-discriminatory practices and equitable access to legal, medical, insurance, disability and other benefits and services.

Key resources outlining gender issues in the HIV/AIDS context can be found at: <http://gender/genaids> (World Bank) and [http://www.ids.ac.uk/bridge/Bri\\_bull.html](http://www.ids.ac.uk/bridge/Bri_bull.html) (IDS, Sussex).



women who visited the clinics were offered counseling, tested for STDs, and administered therapeutic doses of antibiotics (as presumptive treatment) regardless of symptoms. Presumptive treatment — the administration of antibiotics before the patient's STD status is even known — is an accepted method for the treatment of at-risk patients because the antibiotics are quite safe and the at-risk patient is a threat to further spread of STDs if infections are not brought under control immediately.

During the first nine months of the project, STD prevalence among women who visited the clinics fell by 70-85 percent; rates of gonorrhea and chlamydial infection among local miners dropped by 43 percent; and reported incidence of ulcers decreased by 78 percent. Self-reported condom use rose from nearly zero to 20-30 percent of commercial sex encounters. A cost-benefit study concluded that the project (which costs approximately \$54,000 per year to operate) was generating annual medical savings of nearly \$540,000 due to avoided cases of STDs. At the end of the project's first year, Harmony Mines, with support from the South African Department of Health, assumed the management and implementation costs of the project, and expanded its geographical and demographic coverage (*"Family Health International: A Leader in the Fight Against HIV/AIDS," U.S. Department of State, International Information Programs*).

### **Prevention of Mother-to-Child Transmission**

Many children acquire HIV from their mothers before, during or after birth. The process is sometimes referred to as "vertical transmission" and constitutes a serious problem in developing countries. Fortunately, new studies have

demonstrated that some short course anti-retroviral treatment for the mother and the baby after birth may significantly decrease the risk of transmission. More importantly, such treatments can cost less than \$5 to administer.

### **Preventing Mother-to-Child Transmission Through a Company Clinic**

Brooke Bond Tanzania (BBT), a company of the Unilever group, has undertaken a program to prevent transmission of the disease between mother and child through its on-site hospital. Over two hundred pregnant women seeking antenatal services at the hospital were nominated to participate in the program. As of April 2002, 97 percent agreed to participate (i.e., get an HIV test, and receive a treatment of nevirapine if they were found to be HIV positive). The protocol involves a one-time dose for mother and child, and costs US\$1.00. So far, BBT has paid for the drug, although the Tanzanian government has recently committed to cover the cost of nevirapine within antenatal prevention programs (*Unilever*).

*Many children acquire HIV from their mothers before, during or after birth.*



© Photo by Sheryl Watkins/World Vision

# HIV/AIDS

*TB is fueled by HIV infection and is the most frequent cause of death in people living with HIV.*

## Care and Treatment Programs

Beyond awareness and prevention activities, some companies may choose to offer more comprehensive medical care, treatment and support programs for employees suffering from HIV/AIDS or other opportunistic diseases stemming from the weakened immune system of AIDS patients. (These can include tuberculosis, forms of pneumonia, septicemia, fungal and viral diseases, and certain cancers.) Provision of drug therapies and medical monitoring of HIV/AIDS patients can keep employees working and maintain their quality of life for as long as possible. Care and support programs may also include counseling on coping skills, work difficulties, and depression; and can link people to support networks.

### 1 Treatment of Tuberculosis

One of the leading opportunistic infections is tuberculosis (TB). Fueled by HIV infection, TB is the most frequent cause of death in people living with HIV. This is because HIV contributes to the reactivation of latent TB and makes individuals with recent TB infection more susceptible to rapid progression of the disease.

Active TB is also of concern in the workplace because it can be contagious if left untreated. This can be addressed through a proven course of TB treatment. In addition, a preventive therapy in the form of TB prophylaxis has been shown to increase the survival of HIV-positive people who are at risk for TB (e.g., individuals who test positive on a TB skin test or who live in areas where TB is endemic). In certain cases, it may be cost-effective for a

company to develop a TB treatment and prevention program.

After treatment has started and patients no longer pose a risk of infection, employees on TB treatment should be encouraged to continue to work — provided that they are not too ill or debilitated — so that the DOTS (Directly Observed Treatment Short Course) strategy can be applied and patients can be carefully monitored in the clinic (i.e., weighed regularly and observed for any side effects). Issues such as shift work could be addressed for these employees, for example, no night shift for three months to alleviate fatigue and ensure daily compliance with TB treatment regimens.

### 2 Anti-retroviral Care

Anti-retroviral treatments, a generic term describing medications, and HAART (Highly Active Anti-Retroviral Treatment) have considerably increased life expectancy among AIDS patients and made AIDS a manageable disease in wealthy nations. Until a few years ago, however, the most that poor countries could hope for was preventing new cases of HIV/AIDS through educational programs, prevention, and treatment of opportunistic infections.

But today in some of those countries, HIV/AIDS drug supplies have become more widely available. Drug companies have acknowledged the need to charge less for their products in developing countries, while a loosening of trade regulations has permitted the production of generic anti-retroviral drugs. Finally, nongovernmental groups such as Médecins Sans Frontières, PharmAccess, and the International Center for Equal Healthcare





Access (ICEHA) have worked to promote treatment for patients in resource-poor settings by improving existing medical infrastructure and assisting with the provision of drug therapy at a sustainable cost.

Brazil has made HAART available to all eligible HIV-positive Brazilians, free of charge. The move has cut in half the number of people dying from AIDS since 1996 and has proven cost-effective with avoided treatment costs outstripping the cost of providing HAART (*www.economist.com, Article, "Hope for the Best", July 11, 2002*).

A number of multinational companies have also recently started to include HAART as part of the medical coverage available to their employees, and many are working in partnership with specialist organizations to implement treatment policies.

### Heineken

Heineken has important operations in Africa and, like other companies operating in the region, has been affected by the fact that HIV/AIDS is now the leading cause of mortality in young adults. In July 2001, the Executive Board of Heineken, a member of the PIA Group (see page 19) decided that treatment of HIV-positive people with specific anti-retrovirals would be included in the existing medical programs for employees.

Heineken has been implementing programs against HIV for over 10 years now in its African companies with an emphasis on prevention. The 2001 decision signals a move by the company into the area of treatment and care. The new treatment program is being rolled out gradually, and in order to be assured of a high quality approach, several training sessions have been organized. Heineken is

collaborating in this effort with PharmAccess International, a foundation which is responsible for training, monitoring drug supply, and quality control. As for prevention programs and onsite assistance, Heineken receives support from the German Development Co-operation (GTZ) in a number of their countries of operation (*Heineken International*).

## 3 Support Systems

Follow-up and moral support is enormously meaningful to people living with HIV/AIDS. To this end, some companies take a pro-active role in creating support groups or networks to help employees and family members who are HIV positive. One illustration of an effective support group is a program in South Africa known as "Mother to Mother-to-Be". In this program, HIV-positive women who have participated in a prevention of mother-to-child transmission program, counsel other HIV-positive women who are newly expectant (*Oral presentation, "Mothers to Mothers-to-be: Peer Counseling, Education and Support for Women in Pregnancy in Cape Town, South Africa", XIV International AIDS Conference, Barcelona, July 8, 2002*).

Another option employed by some companies is home-based care for terminally ill patients with AIDS. Companies wishing to support such a service may administer it through their own medical staff who could visit the community periodically or by training home caregivers.



*Follow-up and moral support is enormously meaningful to people living with HIV/AIDS.*

# HIV/AIDS

*The nature of HIV/AIDS is such that in an area with a high prevalence rate, no company will go unaffected.*

## Monitoring Effectiveness

Monitoring is an important part of any corporate HIV/AIDS program because it enables a company to measure its progress against its stated goals and make informed decisions about the effectiveness of various interventions relative to costs. To be most effective, a monitoring system should involve reporting throughout the chain of command with accountability to senior management.

Effectiveness may be measured in terms of both quantitative and qualitative indicators, assuming that good baseline data exists or has been collected at the start of the program to enable comparison. Tracking HR statistics and clinical data can provide a low-cost monitoring alternative, although some firms find it useful to specifically tailor indicators to their HIV/AIDS efforts.

Quantitative indicators may include productivity measures such as absentee rates and additional weeks/months gained on the job for employees receiving care; or behavior-change indicators such as condom use, number of requests for VCT services, number of volunteer peer educators, incidence rates of STDs reported in the company clinic, etc. Qualitative indicators such as staff morale, general awareness and attitudes towards HIV/AIDS, and satisfaction with company programs and services can be evaluated through questionnaires, focus groups and key informant interviews.

These results can then be reviewed in light of expenditures to determine the overall cost-effectiveness of a company's activities. To assist in this analysis, many companies find it useful to track their annual expenditures by establishing a dedicated cost center for all HIV/AIDS activities



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## AIDS and the Private Sector in Thailand

Since 1993, the Thailand Business Coalition on AIDS (TBCA) has been working with businesses "to create AIDS-supportive work environments by providing HIV/AIDS education and prevention seminars and promoting the adoption of appropriate HIV/AIDS workplace policies" (TBCA, 2000). In addition to providing services to more than 80 member companies, the TBCA has helped in the development of sister organizations for the private sector in Malaysia, South Africa, Botswana, and Zambia.

International businesses with branches in Thailand have often led the way. For example, Shell Thailand launched a program with UNICEF called "Peer Education at the Pump", providing AIDS education to more than 800 young people working as service station attendants. The American International Assurance company, the largest life insurance company in Thailand, will offer as much as a 10% reduction in the life insurance premium to their policy holders if they have workplace HIV/AIDS education programs.

Smaller-scale businesses have also had an impact on raising awareness and sponsoring services. In Phayao province, the Business AIDS Network for Development (BAND) — a coalition of small businesses, government, NGOs, and Public Health agencies — helps youth who are infected or whose parents have AIDS through a referral network that includes technical training, scholarships, social support, and income generating projects.

Source: *Thailand's Response to AIDS: Building on Success, Confronting the Future*, Thailand Social Monitor, World Bank, p. 37.



including budgetary allocations, staff time, and in-kind contributions or subsidies of supplies and infrastructure.

## Extending the Reach of the Private Sector

The nature of HIV/AIDS is such that in an area with a high prevalence rate, no company will go unaffected. Where a company is making efforts to reduce the rate of infection within its own workforce, it is in that company's best interests that its neighbors — even its competitors — do likewise. Recognizing the potential benefits of cooperation, business associations around the world have begun to turn their attention to fighting the spread of HIV/AIDS. By pooling resources and sharing successes and failures, businesses can significantly broaden their sphere of influence while simultaneously improving the efficiency of their efforts. This is particularly important for small businesses who otherwise may not be able to participate due to financial and human resource constraints.

Cooperation within the private sector can also open the door to constructive alliances with the public sector and civil society. The private sector can extend its reach in other ways by scaling up company programs, engaging business and industry associations in partnerships, contributing to a larger body of information on best practices or investing in private health. In this way, the private sector in developing countries has the potential to become an important and legitimate partner in the fight against HIV/AIDS.

### **The Private Investors for Africa (PIA) HIV/AIDS Working Group**

The Private Investors for Africa (PIA) is an informal group of international companies (Barclays, CFAO, Diageo, Heineken, Unilever and Standard Bank) with interests in Africa. The group was formed with the objective of improving the business environment in Africa through constructive dialogue and cooperation with the principal international development institutions. Combined, these companies employ over 95,000 people, with the potential to reach many more through dependents, the communities where they operate, and their value chains.

In response to the potential impact of HIV/AIDS on their businesses in Africa, the PIA formed a Working Group to identify areas where shared experience and joint action, both within the private sector and the broader community, could improve the effectiveness of their individual company efforts to tackle AIDS. Although the policies followed by the individual companies differ, the PIA Working Group's combined experience in prevention, health support and therapy for HIV/AIDS patients has resulted in a common checklist for management to track the implementation of comprehensive company programs. The checklist operates as a road map in assisting this process (see p. 22). The PIA is also working actively with the World Bank Group and the European Commission to advocate the importance of a business response to HIV/AIDS at the international and local levels (*PIA Secretariat, c/o CS, Brussels*).

*The private sector in developing countries has the potential to become an important and legitimate partner in the fight against HIV/AIDS.*

# HIV/AIDS

*The World Bank's Multi-Country AIDS Program is premised on partnerships, including support to the private sector.*

## Eight Corporate Lessons in Response to HIV/AIDS

In 2000, UNAIDS along with The Prince of Wales Business Leaders Forum and the Global Business Coalition on HIV/AIDS compiled a series of lessons learned from various corporate responses to the epidemic. From this, a number of key lessons were distilled which provide guidance for businesses in their approach to addressing HIV/AIDS:

1. Ensure a committed leadership (CEO, Board and management) and understanding at all levels of the workforce, particularly through demonstrating the business case for addressing HIV/AIDS.
2. Go beyond the workplace and address issues within the local community to ensure real effectiveness (e.g., by commemorating World AIDS Day on December 1st with the wider community).
3. Demonstrate business costs and benefits and human resource implications of HIV/AIDS initiatives.
4. Undertake a consultative approach with all stakeholders to ensure that initiatives are appropriately directed.
5. Enter into partnerships with other businesses, NGOs, governmental and intergovernmental organizations to provide the necessary expertise and knowledge of HIV/AIDS issues and to enable the scaling-up of responses.
6. Involve the use of peer educators/leaders from the target groups in the dissemination of education and prevention information.
7. Utilize low cost creative tools to ensure sustainability and replicability.
8. Undertake continual monitoring, and review the effectiveness of HIV/AIDS initiatives with a willingness to adapt the programs accordingly.

Source: *The Business Response to HIV/AIDS: Impact and Lessons Learned*, p30; UNAIDS, *The Prince of Wales Business Leaders Forum and the Global Business Coalition on HIV and AIDS*. Geneva and London 2000.

## Funding Sources: The World Bank's Multi-Country AIDS Program (MAP)

The World Bank's Multi-Country AIDS Program (MAP) supports the implementation of multi-sectoral national HIV/AIDS strategies. Its overall goal is to scale up existing HIV/AIDS projects quickly and engage new partners in the struggle against the epidemic. MAP has so far set aside \$1 billion for African countries. Roughly half of this money is expected to flow to communities, non-governmental organizations and the private sector to carry out activities of their own design.

MAP is premised on partnerships, including support to the private sector. Uptake of this support needs to accelerate, however, if HIV/AIDS programs are to reach their full potential. In the private sector, companies are encouraged to design and propose activities that are consistent with the national strategy and seek MAP support from national AIDS authorities. The Bank is working with the private sector in select countries to help kick-start engagement. Early lessons suggest the importance of having a designated focal point within the business community, country-specific information to spur action, and strong leadership to overcome resistance and stigma.

As of October 2002, MAP has committed \$550 million to 16 countries: Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, CAR, Eritrea, Ethiopia, Gambia, Ghana, Kenya, Madagascar, Nigeria, Senegal, Sierra Leone and Uganda. For information on how to submit proposals for funding or to suggest priority actions that could scale up the activities of your company, please contact the national AIDS council or secretariat in your country or go to [www.worldbank.org/aids](http://www.worldbank.org/aids).



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## AIDS in the Workplace: A Sample Human Resources Policy Statement

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

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

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

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

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

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

Source: "The HIV/AIDS Crisis: How are Businesses Responding?" Background paper prepared for the Plenary Session on HIV/AIDS, AGOA Forum, Washington, DC, October 30, 2001, (USAID).

*Discrimination in the workplace reinforces stigmatization of people living with AIDS.*

# HIV/AIDS

## A Corporate Road Map on HIV/AIDS

### Awareness, Education and Prevention

Program Item	Description	Status	Rating
HIV/AIDS Policy	The "public" policy statement endorsing the company's commitment with respect to HIV/AIDS for internal briefing and also provision to third parties.	In draft Formally adopted Communicated actively and reviewed	1 2 3
Tools for Awareness	Posters, signs, ribbons, news clips on notice boards, talks, video, live theatre, radio, television, competitions (e.g. posters), sponsored events, messages in pay packets, in-house magazine articles, "Health Question Box".	1-5 of these elements in place 6-8 of these elements in place Maintained and updated	1 2 3
Training Modules	HIV/AIDS education is a component of the company's training, (e.g., recruitment process, new employees' induction programs, health education, safety briefings, module for managers).	Employees module Plus management training module Ongoing training exists	1 2 3
Targeting and addressing high risk and vulnerable groups	High risk (long-distance drivers, migrant workers) and vulnerable groups (women and youth), should be targeted for education and prevention programs.	Analysis to identify groups Programs for these groups in place >50% trained or analysis confirmed no high risk/vulnerable groups in company	1 2 3
Workplace discussion forum	A key step in the educational process is to engage in a dialogue and the opportunity for this should be established (with union involvement) in all workplaces.	Discussion leaders identified Discussion clearly scheduled Discussion sessions once a month	1 2 3
Peer educators	Informed dialogue is essential for properly developing an understanding of how HIV is spread and the impact it can have on people. Target ratio should be 1 educator : 50 employees.	Process for group formation Peer educators in training Ongoing peer education programs	1 2 3
People Living With HIV/AIDS (PLWA) involved	The involvement of People Living with Aids is a powerful way of strengthening the educational process, especially if they are representatives from the immediate community.	PLWA involved in education as visitors PLWA in discussion sessions PLWA as peer group educators	1 2 3
Condoms distributed	Condom distribution (male and female) is an essential component of an education and prevention program. They should be free of charge (or a nominal cost) and readily available.	Available through clinics Through dispensers at a cost Through dispensers free of charge	1 2 3
Trained HIV/AIDS counselors	Trained counselors are a pre-requisite to ensure appropriate support available to those affected by HIV/AIDS and to implement Voluntary HIV Counseling and Testing (VCT). Counselors should be available in the company but visiting counselors can also supplement the company's staff.	At least one trained counselor available All clinical staff trained Ongoing training for counselors	1 2 3
Voluntary HIV Counseling and Testing (VCT)	Access to safe, confidential and convenient voluntary HIV testing and counseling integrated in the company's activities (e.g. communication efforts, medical examinations, disease prevention). The test is performed within the company's clinics or externally.	VCT available VCT available and actively advocated VCT taken up by >50% employees and extended to the community	1 2 3
Prevention of vertical transmission (mother-to-child transmission)	Many children acquire HIV from their mothers before, during or after birth. The company can undertake or support such a program with VCT and anti-retroviral drugs for mother/child to invest in "the next generation".	Available to employees Available to employees and their partners 80% pregnancies covered	1 2 3



## Treatment and Care

Program Item	Description	Status	Rating
HIV and Occupational Health and Safety (OH&S)	The company has adopted and enforced a procedure for occupational blood or body fluids post-exposure to prevent accidental HIV transmission in the workplace.	In draft	1
		Formally adopted	2
		Implemented	3
Clinical staff training	Continuing professional training on HIV/AIDS and infectious diseases is ensured to the clinical and laboratory staff of the company.	Some staff members trained	1
		All clinic's staff attended one training	2
		Continuing training attended yearly	3
Nutritional program	Appropriate dietary supplements to support good general health and resistance to opportunistic infections will significantly delay the onset of AIDS.	Advice available on diet to support health	1
		Target program > affected employees	2
		Free supplements available	3
Opportunistic infections, TB, STDs	The impact of a decline in the immune system with the onset of AIDS can be prevented or mitigated by prophylactic and/or medication for other infections and quick response when they occur.	Treatment protocol in draft	1
		Treatment available for some infections	2
		Treatment and prophylactics available	3
Anti-retroviral (ARV) treatment	The company considers implementing therapy with medical staff or by partnering with others possessing experience in this treatment so highly-active anti-retroviral therapy (HAART) becomes part of the medical coverage of HIV+ employees and possibly dependants.	Feasibility study	1
		Available to some employees as a pilot	2
		Available to all employees	3
Home-based care	Terminally ill patients with AIDS require specific care. This could include hospice or home-based care developed in the support of appropriate third parties.	Home-based care under development	1
		Access for >20% of terminally ill patients	2
		Access for >50% of terminally ill patients	3

## Monitoring and Leveraging the Program

Monitoring effectiveness and results	Indicators/items are used for monitoring, incentives, accountability and evaluation. Qualitative information includes general awareness of HIV/AIDS evaluated through questionnaires or Knowledge, Attitudes, Practices and Behavior (KAPB) Studies. Quantitative information includes productivity measures, absenteeism averted, condom use, requests for VCT or counseling.	Evaluation method identified	1
		Qualitative data used to measure effectiveness of the program	2
		Quantitative data and qualitative information used to measure effectiveness and make adjustments	3
Advocacy with customers, suppliers and other business partners	Business partners should be encouraged to have their own programs and to ensure they have assessed and dealt with relevant risk. For key suppliers, the latter could involve a system for supplier compliance certification.	Program information provided	1
		Formal advocacy/educational meetings	2
		Accreditation scheme for key suppliers	3
Commemorate World AIDS Day December 1st	World AIDS Day is a unique opportunity, every year, to go beyond the workplace and to highlight the profile and reach of the company's program.	Day commemorated	1
		Activities open to employees' families & community	2
		Activities open to suppliers/service providers	3

The Road Map contains a list of possible interventions that can be put into place in the private sector. The "status" and "rating" columns provide companies with a means to set targets and evaluate their progress.

# HIV/AIDS

## Acknowledgments

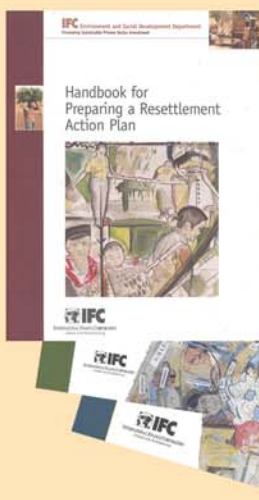
"HIV/AIDS in the Workplace" is the second in a series of Good Practice Notes developed by the Environment and Social Development Department (CES) of the International Financial Corporation to promote learning and sharing of best practice experience among IFC clients and the wider private sector. The publication was developed in partnership with the "IFC Against AIDS" program which assists IFC clients through awareness, advisory, and networking support. Sabine Durier serves as coordinator of this program.

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For more information, or to purchase any of these publications, please call 202-458-5000, fax 202-522-1500 or email [infoshop@worldbank.org](mailto:infoshop@worldbank.org).

## Useful References

"Workplace HIV/AIDS Programs: An Action Guide for Managers" produced by **Family Health International (FHI)**. FHI works with businesses in more than 60 countries on prevention and management of HIV/AIDS. <http://www.fhi.org>

**UNAIDS ([www.unaids.org](http://www.unaids.org))** is the joint United Nations Program on HIV/AIDS involving several UN Agencies, the ILO, WHO and the World Bank. The web site features publications and links including a recent Employers Handbook, co-written with the International Organisation of Employers. <http://www.ioe-emp.org>

**The POLICY Project of the Futures Group International** maintains an HIV/AIDS Policy Compendium Database that houses most available national HIV/AIDS policies. Consult this website for information about public sector policy on HIV/AIDS in your company's area of operations. <http://209.27.118.7>

**The World Economic Forum's Global Health Initiative** has a "Business Tools" web page offering corporate case studies, best practices and a networking directory. <http://www.weforum.org>

**The Global Business Coalition on HIV/AIDS** has compiled a web page of links to workplace-related resources produced by third parties. <http://www.businessfightsaids.org>

**The Corporate Council on Africa**, a consortium of U.S.-based corporations doing business in Africa, has published a report of their task force on HIV/AIDS which offers case studies and best practices in policy and program design and implementation. [www.africacncl.org](http://www.africacncl.org)

**Asia Business Coalition on AIDS** provides best practices, case studies, and key NGO and private sector contacts in many Asian countries. <http://www.abcon aids.org>

## Disclaimer

The purpose of the Good Practice Note series is to share information about private sector approaches for addressing a range of environmental and social issues. This Good Practice Note provides guidance and examples of basic good practice approaches that businesses have successfully applied in addressing HIV/AIDS issues in the workplace. IFC has not financed all the projects or companies mentioned in the Good Practice Note. Some of the information in the Note comes from publicly available sources such as company websites. IFC has not verified the accuracy of such information nor the companies' practices.

This Good Practice Note does not represent a commitment by IFC to require projects it finances to take certain or all of the actions specified in the Good Practice Note in dealing with HIV/AIDS in a particular project. Instead, any issues arising in an IFC-financed project will be evaluated and addressed in the context of the particular circumstances of the project.