

Elements of a comprehensive response to HIV/AIDS in the workplace

Over the last 15 years institutions the world over have put in place measures to combat HIV and, although the learning curve continues, their experiences have provided valuable information on the elements of an effective response to the problem of HIV/AIDS in the workplace. The bulk of this comes from the private sector, which has generally been quicker to identify and respond to the organisational impacts of the virus than the public sector. It shows that with appropriate commitment, planning, and action, transmission can be reduced and the effects of the virus managed relatively effectively. This chapter discusses the key components of such responses. It begins by discussing the principles that should guide any responses to the epidemic, before going on to discuss the basic components of an effective strategy and, finally, the elements required for its successful implementation.

GUIDING PRINCIPLES

There exist several codes of best practice, guides, and toolkits for developing effective HIV/AIDS policies and programmes—most of which contain a set of principles to guide responses to the epidemic.¹⁹ The content of such principles can broadly be distilled into four main themes, namely responsibility; non-discrimination and the protection of human rights; meaningful involvement of people living with HIV/AIDS; and the safe-guarding of health and well-being at all levels.

Perhaps the most comprehensive of these is the ILO's Code of Good Practice on HIV/AIDS and the World of Work, which establishes guidelines based on the following ten principles:

- *Recognition of HIV/AIDS as a workplace issue:* HIV/AIDS should be recognised as a workplace issue that affects the well-being of institutions, employees and their families, and communities.

- *Non-discrimination:* Discrimination on the basis of actual or perceived status should be discouraged.
- *Gender equality:* The gender dimensions of the epidemic need to be recognised, as greater gender equality is vital in successfully preventing transmission and managing the effects of the epidemic.
- *Healthy work environment:* The work environment should be made as safe and healthy as possible, to minimise the risk of occupational exposure to HIV and to safeguard the mental and physical health of HIV-positive employees.
- *Social dialogue:* The active involvement of infected and affected employees should be encouraged, as the successful implementation of policies and programmes requires co-operation and trust between all stakeholders.
- *Screening for purposes of exclusion from employment or work processes:* HIV/AIDS screening should not be required of job applicants or existing employees.
- *Confidentiality:* Personal data should be protected and workers should not be obliged to disclose information about their own status or that of others.
- *Continuation of employment relationship:* As with any other illness, HIV-positive employees should be allowed to continue working for as long as they are medically fit to do so.
- *Prevention:* Prevention is possible and can be achieved by providing information, education, treatment, and addressing the underlying socio-economic factors that help to spread the virus.
- *Care and support:* All workers are entitled to affordable health services, social security, and occupational benefits.²⁰

THE BASICS OF AN EFFECTIVE RESPONSE

Within the framework of such principles, there is increasing agreement that an appropriate response to the epidemic needs to be holistic,

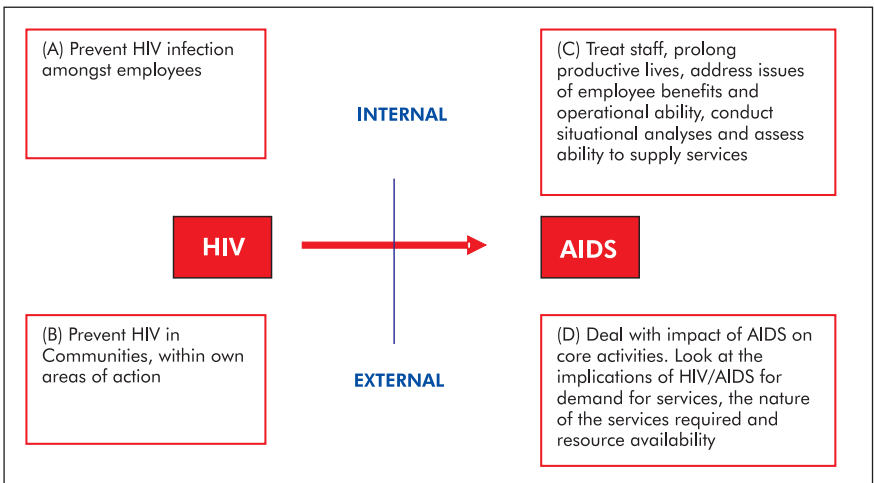
systematic and co-ordinated, and guided by a clear policy statement. As argued by UNAIDS, such an approach establishes a clear framework within which activities should take place and ensures that the response is balanced, available funds are used to best effect, and the activities undertaken work effectively together.²¹ Such a response needs to include three essential components:

- prevention of new infections;
- treatment and care of people living with HIV and AIDS; and
- mitigation of the current and future impacts of the epidemic.

An effective response should also seek to address HIV/AIDS internally, among an institution’s employees, and externally, among its ‘clients’. As employers, government institutions need to acknowledge that HIV/AIDS may have potentially significant implications for their staff and functioning, and take steps to mitigate the impact of HIV/AIDS on infected and affected employees. Externally, they should work to mitigate the impact of HIV/AIDS on the communities they serve. This involves ‘mainstreaming’ HIV/AIDS, or integrating responses to HIV/AIDS into their core functions.²²

As illustrated in Figure 3, an effective response thus involves putting

Figure 3: Internal and external responses to HIV/AIDS



Adapted from R Loewenson & A Whiteside, 2001

in place measures to help prevent HIV infection among both employees (A) and members of the public (B). It also involves maintaining the health of employees for as long as possible, while at the same time carefully examining how and where HIV/AIDS could impact on delivery capacity, and putting in place measures to help the institution better withstand the effects of the epidemic (C). Finally, it requires looking at how HIV/AIDS in the population at large might impact on demand for services and their supply, and finding creative solutions to overcome problems (D).²³

The success of such activities in turn usually rests on certain prerequisites, such as an accurate understanding of the problem, a comprehensive policy framework, clear programmes to implement these policies, and adequate resources, capacity, and commitment to ensure their implementation. These are outlined below. Given that the focus of this study is predominantly on the extent to which government institutions have put in place internal responses to the epidemic, the emphasis is on policies and practices concerned with mitigating the internal impact of HIV/AIDS on the operational effectiveness of institutions.

DETERMINING THE NATURE OF THE THREAT

To effectively mitigate the impact of the epidemic, it is important to first know how HIV/AIDS may impact on the institution. Statistical models, which use a variety of epidemiological, demographic, and organisational data to estimate the future impact of epidemic, have proved useful in planning long-term responses to the epidemic. Situational analyses, in the form of institutional audits, have also been shown to be useful in determining the dimensions of the required response (Box 1).²⁴ This tool is at present used almost exclusively in the private sector, but is beginning to be used in the public sector. It consists of the following components, which form a series of linked steps in a process:

- *Personnel profiling* to determine the demographic profile of employees, the different skills levels in the organisation, and whether there are groups of employees who are particularly susceptible to infection.
- *Critical post analysis* to determine whether the institution contains personnel who would be particularly difficult to replace, or on whom a production or administrative process depends.

- *Assessment of organisational characteristics* to determine the size of the organisation and the flexibility of employees.
- *Liabilities* to ascertain the potential costs or liabilities likely to be incurred as a result of increased demand for employee benefits and the like.
- *Productivity* to determine how any declines in output will be detected and managed.
- *Organisational context* to determine the legislative and policy environment in which the institution operates.²⁵

Box 1: Research and analysis in a leading Botswanan company

IN RESPONSE to increasing levels of illness and death between 1996 and 1999, Debswana Diamond Company commissioned an HIV prevalence survey among its employees. Blood was collected from as many volunteers as possible (74% of the company's workforce) and the results of the study were kept anonymous and were not linked to any of the participants.

This survey showed an average prevalence rate of 28%. Prevalence was high across all job grades, ranging from 30% among workers from the lowest skills categories to 19% among senior managers. Alarmed by these figures, management decided to conduct an institutional audit to determine the likely impact of the virus on the company.

The audit process began with a two-day workshop in September 1999 in Gaborone, with the heads of operating units, at which the process was explained and goals and tasks were established in consultation with the appropriate managers. On the basis of this meeting, staff set out to collect information on levels of sick leave, absenteeism, compassionate leave, ill-health, retirement, deaths, training, recruitment and payroll costs; health care costs and disease profiles; and critical posts. The company made an effort to explain the aims and objectives of the study to all stakeholders to ensure that staff knew why the study was being conducted and were happy with the process.

Once completed, the findings of the audit were presented at a two-day workshop to senior staff, who developed recommendations for the company's executive management. The result was a landmark HIV/AIDS policy, which not only established the basis for a comprehensive prevention programme, but undertook to cover 90% of the costs of antiretroviral treatment for HIV-positive employees and their spouses, and required suppliers to put in place HIV/AIDS programmes.

DEVELOPMENT OF A WORKPLACE POLICY

Once an institution has determined the nature of the probable impact, it is important to establish a framework within which a response can be implemented. A workplace policy provides a framework for action to reduce the spread of HIV/AIDS and manage its impact. It defines an institution's position on HIV/AIDS, and outlines activities for preventing the transmission of the virus and providing care and treatment for staff (and sometimes their dependants). It also ensures that the response is balanced, activities complement each other, and resources are used most effectively.²⁶ As argued by the ILO, effective policies:

- provide leadership and make an explicit commitment to corporate action;
- ensure consistency with appropriate national laws;
- lay down a standard of behaviour for employees;
- give guidance to supervisors and managers;
- help employees living with HIV/AIDS to understand what support and care they are entitled to receive, so that they are more likely to come forward for voluntary testing;
- help to stop the spread of the virus through prevention programmes; and
- assist in planning for HIV/AIDS and managing its impact, ultimately saving resources.

They also provide the basis for putting in place a comprehensive workplace programme that combines prevention, care, and the protection of rights.²⁷ The creation and dissemination of a workplace policy can, itself, begin to raise awareness about HIV/AIDS and, by enshrining the rights of both HIV-positive and HIV-negative employees, help to combat stigma and discrimination.

Writing about the business world, Rau notes that such policies can take one of two forms: chronic or life-threatening illness policies and HIV/AIDS-specific policies. The former involves addressing HIV/AIDS in general policies dealing with a range of life-threatening illnesses and disabilities, such as cancer or tuberculosis, which has the benefit of demonstrating concern about all major life-threatening illnesses and disabilities without "implying stigmatisation of any particular illness".²⁸ The latter obviously addresses HIV/AIDS as an issue in its own right. Such policies acknowledge the potential impact of HIV/AIDS on the workplace. They emphasise that HIV/AIDS is a unique illness that affects

large numbers of working-age adults and is often associated with tremendous social stigma.²⁹ He does not suggest that either of these two options is better than the other, although prevailing practice suggests a preference for HIV/AIDS-specific policies. These are favoured both because HIV/AIDS is viewed as a unique illness that requires a distinct response, and because such policies are useful in raising awareness and combating stigma and discrimination.

Whichever type of policy is used, it is important that it is accessible, allocates responsibility for tasks, and leads to action. As noted by Barrett Grant and colleagues, policies are often ineffective because they:

- are too long and unwieldy and are difficult to understand and communicate to employees;
- do not clearly allocate responsibility for implementation; and
- hold up the development of action programmes, which should, in fact, be prioritised.³⁰

WORKPLACE PREVENTION PROGRAMMES

Such programmes should take the form of workplace HIV/AIDS prevention and care and support programmes. Workplace prevention programmes should seek to inform employees about HIV/AIDS, promote behaviour changes that will reduce the spread of HIV, and provide services to reinforce behaviour change.³¹ Typically, such programmes include raising awareness about HIV/AIDS, creating a non-discriminatory environment, the prevention and treatment of sexually transmitted infections (STIs), voluntary counselling and testing (VCT), and the promotion and distribution of condoms.³² In order to stand the best chance of leading to behavioural change, HIV/AIDS awareness and prevention programmes should:

- provide basic knowledge (including the information necessary to ensure that staff understand how the virus will affect them and their families);
- motivate personnel to act;
- develop skills for decision making, negotiation, and condom use;
- encourage the development of supportive social values such as gender equality;
- develop an environment of acceptance and non-discrimination;
- promote positive living messages;

- provide incentives for HIV testing;
- provide information on available treatment;
- deal with factors that increase the susceptibility of employees to HIV/AIDS (such as economic dependency and characteristics of the work environment that place staff at risk); and
- work towards gender equality.³³

This may involve a range of activities including the dissemination of audio-visual and print materials, oral presentations and talks, discussions forums, training, exposure to people living with HIV/AIDS, and peer education (see Box 2). Peer education, or the use of trained personnel of a similar age, background, job category and experience, to formally and informally disseminate information to other staff about HIV/AIDS, is thought to be particularly effective in bringing about sustained behavioural change. This is because peers are often perceived to be more credible sources of information than non-peers.³⁴

One of the major challenges faced by prevention programmes is that they are poorly attended by senior management and professionals.³⁵ However, everyone is potentially at risk of contracting HIV, and it is vital that activities should target all employees—including middle and senior management—and should be available at all sites. In the private sector, such activities are increasingly going beyond employees, with some companies in the region requiring that their subcontractors either participate in their prevention activities or develop their own.³⁶ There are also cases of companies establishing links with community clinics and groups to educate and treat the broader community from which staff are drawn.

Another challenge is that prevention programmes are often poorly researched and monitored.³⁷ Prevention programmes must respond to the specific needs of a given workplace and it is vital that these needs are thoroughly understood prior to designing or implementing programmes. Situational analyses such as those discussed earlier are a vital part of this process. It is also important that they are monitored to establish how effective they are and where they can be improved. It is useful to conduct knowledge, attitudes and practices (KAP) surveys prior to introducing a programme. These provide important information that can be used in the design of interventions and establish a baseline against which their effectiveness can be measured. These should be repeated at regular intervals in order to determine whether awareness raising and prevention activities are having the desired effect.

Box 2: Workplace HIV/AIDS prevention programmes in Namibia's diamond industry

THE NAMDEB Diamond Corporation is Namibia's second-largest employer, after government. NAMDEB began a comprehensive health promotion and HIV/AIDS/STI prevention programme in 1990. The programme consists of a variety of health promotion activities, including peer education, free condom distribution, confidential VCT, and treatment of STIs and opportunistic infections. Peer educators come from various educational and ethnic backgrounds and professional levels. They recognised both the potential for their target audience to suffer 'message fatigue' and employees' desire for a wide range of health information, and chose to incorporate their HIV/AIDS awareness messages into a broad health education programme.

This programme addresses ten health topics annually, making each a focus of discussion for one month. In addition to updates on HIV/AIDS and STIs, topics have included malaria, tuberculosis, family planning, healthy lifestyles, alcohol and drug abuse, stress, and child care. Topics are decided in advance and relevant education materials are compiled and distributed to staff.

Peer educators are positive about this approach as it maintains the attention of their colleagues and keeps them interested by providing them with the opportunity to learn and convey new information. The variety of topics also broadens discussion around HIV/AIDS, as most are either related to or impacted by the epidemic.

Source: B Rau, 2002

WORKPLACE TREATMENT AND CARE AND SUPPORT PROGRAMMES

Prevention programmes must be linked to treatment and care and support programmes. These programmes should offer services to help employees cope with infection and should ideally provide support to employees and their families. Effective programmes generally consist of wellness programmes (including the treatment of opportunistic infections and, where possible, antiretroviral therapy), social support mechanisms (such as counselling, support groups, and home-based care) and helping employees plan for the future.³⁸ Such programmes should aim to:

- reduce AIDS-related mortality;
- improve the quality of life for employees living with HIV/AIDS;
- help employees affected by HIV/AIDS to cope with the additional emotional, financial and other demands placed on them by the epidemic; and
- assist employees to plan for their own and their dependants' futures.³⁹

Care and support programmes are often hampered by high levels of stigma and discrimination, which deter workers from accessing available services, and a lack of knowledge about the services offered. It is thus important that care and support programmes are linked to prevention programmes which tackle the issues of stigma and discrimination and seek to create a work environment that is supportive of HIV-positive personnel.

It is also vital that they uphold principles of confidentiality and privacy and provide opportunities for staff to access them without betraying their status. Finally, as will be discussed shortly, they need to be well publicised.

ADOPTION OF STRATEGIES TO MANAGE THE INSTITUTIONAL IMPACTS OF HIV/AIDS

A sustainable response should include strategies to mitigate the future impact of the epidemic on the functioning of the institution. Such strategies assume that despite the implementation of awareness raising, prevention, and care and support activities, some people will still contract, become sick and die of HIV/AIDS, so it is necessary to put in place measures to address the discontinuity and loss of knowledge that results from losing employees.

They acknowledge that, given both the diminished human and financial resources associated with attrition and the potential long-term effects of HIV/AIDS on the size and quality of the available recruitment pool, replacement of personnel may often be neither possible nor preferable. Continuity is, therefore, best preserved by developing 'tacit knowledge' and institutional memory within an institution.

One way of reducing the effects of the epidemic on institutions is to more effectively manage non-AIDS-related attrition by, for instance, increasing the retirement age, exploring flexi-time options, improving monitoring, and adopting and enforcing appropriate leave policies. Another is to put in place strategies to actively preserve available capacity and resources.

Flint-Taylor and Burch highlight a range of non-replacement strategies that can help to improve the continuity of skills and knowledge. These can be clustered into three main categories, namely:

- *Knowledge management*: This involves improving information sharing within institutions, as well as the storage and retrieval of

important organisational information. It also involves formally recording individual knowledge, contacts, and processes. Thus, for example, one might develop a manual containing information on processes and contacts for key posts within the organisation, so that this information is not lost when an employee leaves the institution or is absent.

- *Work design:* This involves designing individual job descriptions in such a way that organisations are better able to cope with skills losses by, for example, automating simple or routine processes, or exploring whether some functions could be carried out by people with fewer skills. Work design involves teamwork and, where job descriptions are not too specialised, multi-skilling in order to ensure a degree of commonality across jobs. This approach can be contentious, and should be undertaken in consultation with employees and, where relevant, trade unions.
- *Career development and succession planning:* This involves identifying and developing employees with high potential and ensuring that enough people are equipped to take over key positions within the organisation should they fall vacant. This strategy involves mentoring and coaching to pass on knowledge, skills, and institutional memory.⁴⁰

Box 3: Information sharing in Malawi's central government

THE MALAWI Ministry of Health has developed a number of practices which help to facilitate information exchange among its staff. Personnel are encouraged to brief their colleagues on relevant developments each day and both frontline and centralised staff benefit from the free flow of information and expertise. It is reported, for example, that if one member of the management team is absent, other members of the team are sufficiently up to date with recent developments to answer questions or act as a substitute.

Source: J Flint-Taylor & G Burch, 2001

ELEMENTS REQUIRED FOR SUCCESSFUL IMPLEMENTATION

In addition to these components, a number of practical issues need to be addressed to ensure a sustainable and effective response. These include the following:

LEADERSHIP, STRUCTURES, AND PARTNERSHIPS

Experience at the national and institutional level has shown that responses need to be driven by senior management. Without the support of those who influence policy, practice, and resource distribution, initiatives are doomed to fail.

A dedicated post, unit or working committee, or combinations of these, should be established to co-ordinate and drive the response. It is vital that such individuals or bodies are sufficiently senior and skilled in HIV/AIDS issues to lead the response, are given a proper mandate, are supported by senior management, are located where they can be most effective, and are given sufficient financial, technical, and human resources to fulfil their mandate.⁴¹

Such individuals or structures should be allocated a specific budget. This budget should be sufficiently large to allow the implementation of comprehensive programmes and activities.

Forming partnerships with other institutions in the public, private, and non-governmental sectors can also help in sharing information, experience, skills, and resources.

CAPACITY BUILDING

HIV/AIDS presents new challenges and, with these, an increased need for training and capacity-building to enable institutions to develop, monitor, and evaluate responses to HIV/AIDS.⁴²

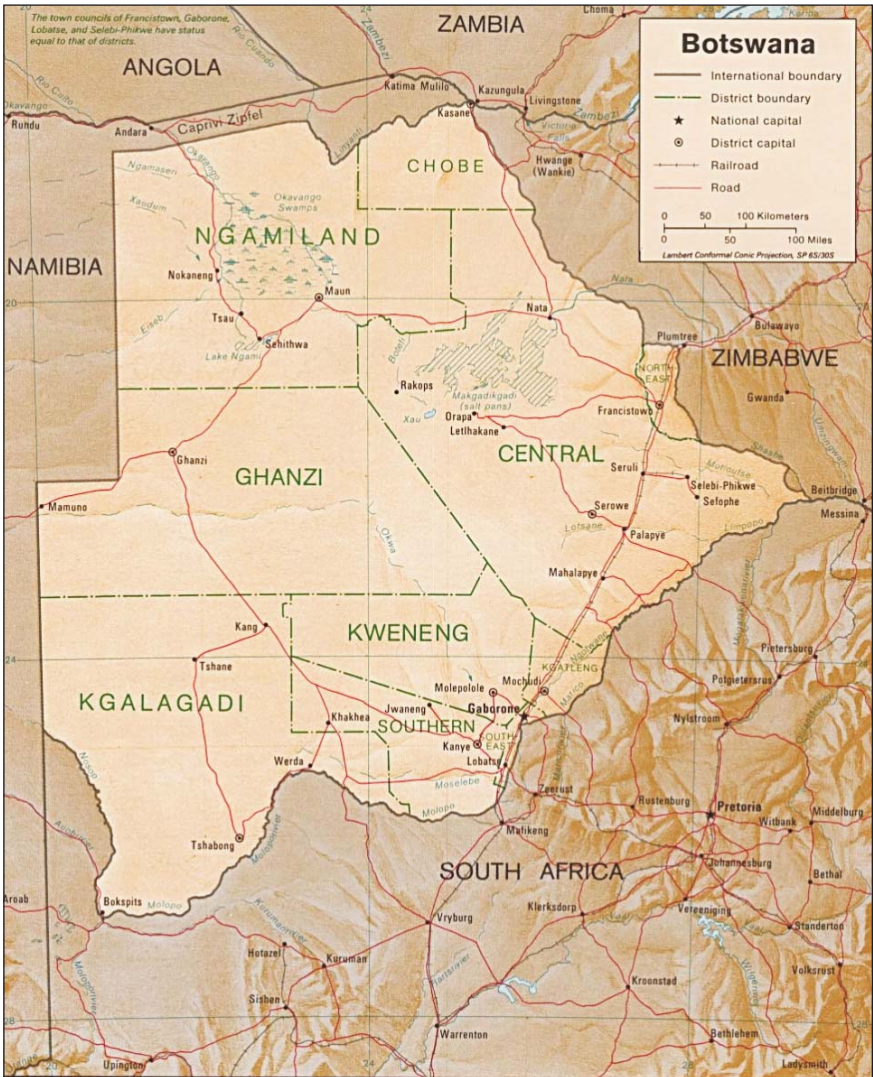
To take on these new roles and responsibilities, staff ideally require a solid understanding of:

- the basic facts about HIV/AIDS;
- prevailing attitudes towards HIV/AIDS and people living with HIV/AIDS;
- relevant laws and policies;
- knowledge of government and community level policy responses;
- knowledge of government and community services available;
- workplace prevention, treatment, and care and support options for employees infected and affected by HIV/AIDS;
- how to encourage and support openness concerning the epidemic;
- HIV/AIDS counselling skills;
- establishing HIV/AIDS support groups;
- occupational exposure policies and processes; and
- monitoring and evaluating workplace HIV/AIDS programmes.⁴³

COMMUNICATION STRATEGIES

For programmes and policies to be effective, their existence and content must be communicated to all employees. Mechanisms also need to be created to facilitate dialogue between stakeholders, to ensure that policies and programmes are ‘owned’ by those they affect. This requires:

- ensuring that employees and employers are aware of the HIV/AIDS policy and programmes and understand what they can offer them;
- allowing all staff an opportunity to have an input and contribute to the development, maintenance, and review of policies and programmes; and
- making use of media and other forms of communication, such as drama, to put messages across to all employees.⁴⁴



Source: www.lib.utexas.edu/maps/index.html