Tackling HIV/Aids in the workplace

Best practice being developed in South Africa carries an important message for companies everywhere

By Jan du Toit and Amelia Burger

Confronting HIV/Aids involves a battle for society on many fronts: primary intervention, screening and surveillance, the care of infected and affected people and continuing research to develop an effective vaccine. Companies, however, need to go beyond seeing the epidemic as a pure health issue. In many parts of the world, we believe, HIV/Aids should be treated as a management issue (and more specifically as part of a company's strategic human resources management).

A ticking clock...

Statistics show that the clock is ticking. Worldwide there were 14,000 new infections last year, and 95per cent of those were in developing countries. Sub-Saharan Africa has 10per cent of the world's people, only 1per cent of the money and 70per cent of everybody with HIV/Aids. The disease kills an estimated 600 South Africans each day and about 5.3m people in the country are infected. About 3per cent of the workforce could have full-blown Aids by 2010 - a three-fold increase since 2001. In the near future South Africa is likely to experience continuing high infections and mother-to-child transmission, rising morbidity, an increase in orphans and a serious impact on its health services.

HIV/Aids is not just a South African issue, though, with new hot spots of the disease noted in areas such as India, Cambodia and the old USSR. The epidemic is eroding decades of development gains, undermining economies, threatening security and destabilising societies, according to the International Labour Organisation Code of Practice of HIV/Aids in the World of Work. It is affecting the most productive segment of the labour force through reduced earnings, while imposing huge costs on enterprises through declining productivity, increasing labour costs and loss of skills and experience.

Code of practice

In its code the ILO lists four key areas of action to address HIV/Aids in the world of work. In our experience these form good guidelines for a corporate response to the epidemic, taking into account the legal and social realities of the area of operation, which will dictate the details of any action steps:

- Prevention of HIV/Aids.
- Management and mitigation of the impact of HIV/Aids on the world of work.
- Care and support of workers infected and affected by HIV/Aids.
- Elimination of stigma and discrimination on the basis of real or perceived HIV status.

These issues can only be addressed effectively if an organisation's business strategy and its HIV/Aids strategy complement each other. Companies with operations in HIV/Aids affected areas in particular should be proactive rather than reactive; they should not wait until the effect of HIV/Aids starts showing on the balance sheets.

Academics get practical

The University of Stellenbosch, along with the National School of Public Health at Medunsa, got involved in the battle against HIV/Aids towards the end of 2000 when deputy president Jacob Zuma issued a challenge. Develop and present, he said, a programme that takes training to the managers and labour leaders of a besieged workforce.

The result has been the Postgraduate Diploma in the Management of HIV/Aids in the World of Work (PDM), borne of the Stellenbosch/Medunsa consortium's belief that unevenness, inadequate training and distrust between managers and workers characterise the management of HIV/Aids in South Africa's workplaces and negatively affects the quality of life and work.

Several large companies are involved with the PDM as strategic partners and best practices are continually shared with students. The programme teaches them to formulate an HIV/Aids policy; develop a prevention and care programme; implement legislation and policies affecting HIV/Aids at work; facilitate community support; influence strategic planning; do labour planning for a future in which HIV/Aids is prevalent; assess the impact of HIV/Aids in the workplace; and carry out a research project.

At the beginning of last year, only 27per cent of those companies from which the students were drawn had an HIV/Aids policy - but by the end of the year it was 67per cent. In the development of the diploma, the universities created cross-institutional acceptance of academic programmes, surmounted the task of obtaining accreditation from the South African Qualifications Authority and the Council on Higher Education and placed the PDM within the portfolio of academic offerings of Medunsa and Stellenbosch. There are a number of small HIV/Aids related training programmes in South Africa, but this is the only one that corresponds with postgraduate degree programmes - the Masters in Public Health at the National School of Public Health and the Master of Arts at the University of Stellenbosch as well as a PhD. It gives the students a marketable academic certificate.

Vulnerable businesses

The vulnerability of businesses to HIV/Aids will vary, depending on factors such as the type of business and production processes. Labour-intensive firms may appear to be at higher risk of lost production, but the actual impact will depend on the ease with which employees can be substituted. For a highskill, labour-intensive industry it will be costly to train replacement staff, whereas low-skill industries will more easily be able to find replacement workers.

According to Stephen Kramer, an actuarial specialist who was also involved with the development of the PDM, Aids leads to escalating employee benefit and medical scheme expenses. The cost of Aids will also be felt beyond its direct impact through loss of turnover/profit, disruption to Management and Labour meetings, recruitment and training, sick and compassionate leave, legal expenses, and motivational and productivity loss.

There is no quick fix to the Aids crisis, Kramer says. A company implementing a programme which successfully prevents new HIV infections is not likely to reap the reward for 8 to 10 years.

One company which has entered the battle is a Johannesburg based mining group that refers to its HIV/Aids planning centre as the War Room. It has estimated that the effect of doing nothing would cost a crippling R185m by 2008, the equivalent of almost an additional R70 per ounce to the production price of gold.

Their HIV/Aids programme comprises three core phases: prevention, living with HIV/Aids and ill-health retirement. Each phase focuses on a different and equally important stage in the management of HIV/Aids. The advantage of this strategic approach is that it achieves a natural progression, while segmenting the various stages simplifies the teaching and management elements of the programme.

Prevention should be the ultimate goal of any HIV/Aids programme, and that's also the primary focus in the mining group. But where employees have to face the reality of living with HIV/Aids, the company implemented confidential, informed voluntary testing and counselling, as well as 'wellness' management. When employees are no longer capable of living productively with HIV/Aids, they enter the ill-health retirement programme. Interaction between various role players and service providers then ensures that people receive continued care and support.

Creating and building safety nets through community support is an essential extension to caring for increasing numbers of ill people. In this regard the mining group, together with funding agencies, hospitals and clinics, aims to continue playing an important role in encouraging affected communities to build capacity and offer the necessary care and support to all ill people.

The costs of intervention are approximately R6.7m per year for this mining group - but projections suggest it will reduce the impact of HIV/Aids to approximately R37m per year by 2008. Most importantly, it will reduce the impact on the production price of gold from R70 per ounce to approximately R20 per ounce by 2008. Humane intervention is not just good corporate responsibility - it also makes good business sense.

It is crucial that workplaces develop an effective infrastructure to address the challenges posed by HIV/Aids. We agree with the South African Business Coalition on HIV and Aids (Sabcoha) when it says if business is to have any influence over the prevention of HIV in the workplace and among its stakeholders, it has to act early and go beyond public relations exercises to maximise the efficacy of its interventions. The epidemic has no barriers and will continue to affect business if responses remain uncoordinated and low-key. HIV/Aids has to be at the core of the business strategy of any forward thinking company.

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