WHAT'S INSIDE

FIGHTING HIV/AIDS IN THE WORKPLACE

A COMPANY MANAGEMENT GUIDE

- Business Case
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Why this Guide was Developed

This guide is aimed at companies operating in developing countries and emerging markets. It is based on the premise that even though much progress has been made globally to slow the pace of new HIV infections and to increase the proportion of those needing AIDS medicines who receive them, HIV/AIDS still poses huge challenges—challenges that many countries aren’t equipped to overcome. In those contexts, companies fill critical gaps in prevention, care and treatment that governments do not have the resources to contend with.

According to the United Nations, nearly 65 million people have been infected with HIV since the start of the epidemic in the 1980s, and an estimated 25 million have died of AIDS-related illnesses.¹ In recent years the global epidemic has begun to stabilize: The annual number of new HIV infections declined from 3.0 million in 2001 to 2.7 million in 2007.² AIDS deaths are expected to begin to decline by about 2012.³

Despite these positive developments in prevention and treatment, AIDS still imposes a huge economic burden. Untreated, AIDS kills primarily young and middle-aged adults during their peak productive and reproductive years. At the macro level, AIDS reduces disposable incomes, savings rates, investment and consumer spending. With treatment, HIV-positive individuals can continue to feel well and work productively in their jobs, but AIDS medicines are expensive.

At the micro level, companies feel the greatest impact of HIV/AIDS through their workforce, with direct consequences for their bottom line. These include increased expenditures on medical and health insurance, funeral costs and death benefits, and the time and cost of recruiting and training new employees to replace lost personnel. In high prevalence areas, companies that take no action see their revenues, and ultimately profits, decrease as a result of higher absenteeism and staff turnover, reduced productivity, declining morale, and a shrinking consumer base. Even companies that do take action may find that their cost of doing business increases because suppliers and distributors are affected, leading to similar disruptions in the supply chain.

The global HIV/AIDS epidemic has reached into every corner of society, affecting parents, children and youth, teachers and health workers, rich and poor. The good news is that highly effective AIDS medicines known as antiretrovirals (or ARVs) now reach 42% of those around the world who need them in low- and middle-income countries. Between 2003 and 2008, access to antiretroviral drugs in such countries increased 10-fold, thanks in large part to donor-funded programs. Yet, governments in low and middle-income countries cannot afford to meet the remaining need, which means that companies committed to protecting the health of their workers must spend their own resources to do so.

Co-authored by the International Finance Corporation (IFC) and the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (GBC), "Fighting HIV/AIDS in the Workplace: A Company Management Guide" is the product of the IFC’s ongoing commitment to sustainable development and GBC’s mandate to catalyze business action to fight HIV/AIDS. Targeting the private sector operating in developing countries, the document provides practical guidance and a range of options to companies based on corporate experiences and the efforts and expertise of IFC’s program, IFC Against AIDS, and GBC, for designing and implementing prevention and care programs to support company employees and the communities in which they work and live.

Though the past ten years have witnessed a huge growth in the establishment and diversity of workplace HIV/AIDS programs, good practice approaches are still evolving and reflect an ongoing learning process. The examples in this document come from publicly available sources such as agency publications and company Web sites, and include the experiences of IFC, its clients, and GBC and its members. The authors have not verified the accuracy of the information or the companies’ practices; all information included herein is provided in good faith.

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INTRODUCTION

The global HIV/AIDS epidemic has reached into every corner of society, affecting parents, children and youth, teachers and health workers, rich and poor. The good news is that highly effective AIDS medicines known as antiretrovirals (or ARVs) now reach 42% of those around the world who need them in low- and middle-income countries. Between 2003 and 2008, access to antiretroviral drugs in such countries increased 10-fold, thanks in large part to donor-funded programs. Yet governments in low- and middle-income countries cannot afford to meet the remaining need, which means that companies committed to protecting the health of their workers must spend their own resources to do so.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) in its yearly Global Summary provides updated data on the total number of people living with HIV/AIDS, people who are newly infected with HIV, AIDS deaths, and comparative global HIV/AIDS statistics. For more information on UNAIDS, visit www.unaids.org.

Box 1: What Is HIV/AIDS?

HIV stands for Human Immunodeficiency Virus (HIV), the virus causing the Acquired Immunodeficiency Syndrome (AIDS). HIV attacks and slowly destroys the body’s immune system. After a long period of infection, usually 3–7 years (sometimes much longer), enough cells of the immune system have been destroyed to lead to immunodeficiency, and a person begins to experience the symptoms associated with AIDS. Until that time, someone with HIV can be physically well. Under conditions of suboptimal nutrition and poor health, and without treatment access, the onset of AIDS can occur sooner than would otherwise be the case.

When a person becomes immunodeficient and has AIDS, his or her body has difficulty defending against “opportunistic” infections as well as certain cancers. Without treatment, the body ultimately succumbs to one or more of these infections. Tuberculosis, for example, is a frequent cause of death among AIDS patients in many developing countries. While the impact of the disease can be mitigated with proper treatment and people can live many years due to effective medications, there is, in fact, no cure for AIDS.

There are three main ways in which HIV is transmitted:
- By sexual contact through exchange of bodily fluids
- Through infected blood that is passed into the body, such as by blood transfusion or use of contaminated material (for example, syringes)
- From an infected mother to her child during pregnancy, childbirth or breastfeeding

HIV is not transmitted through casual contact with HIV-infected people, or by contact with their saliva, sweat and tears.

1. Prevalence of HIV/AIDS in Developing Countries and Emerging Markets

Sub-Saharan Africa has only one-tenth of the world’s population but is home to more than two-thirds of the people living with HIV/AIDS. A 2008 UNAIDS report documented that West Africa has the lowest rates in the region, followed by East and Central Africa. Southern Africa, particularly South Africa, has the highest prevalence of HIV/AIDS. With seroprevalence rates above five percent of the general population, many African countries have what are known as generalized HIV epidemics (see Box 2) Yet, across the region, effective mobilization against the epidemic at the country level has caused declines in the epidemic. Overall, HIV/AIDS prevalence in Sub-Saharan Africa seems to be leveling off, albeit at high levels in southern Africa.

In East and Central Europe, Russia has the largest HIV/AIDS epidemic. The annual numbers of newly reported HIV diagnoses are rising in Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Tajikistan, and Uzbekistan, which now has the largest epidemic in Central Asia. The overlap of sex work and injecting drug use features prominently in this region’s epidemics. Nowhere in this region have HIV/AIDS epidemics reached a stage where they are likely to evolve independently of HIV transmission among injecting drug users and sex workers, and into a generalized epidemic.

In South and Southeast Asia, the HIV/AIDS epidemic remains largely concentrated in injecting drug users, men who have sex with men, sex workers, and clients of sex workers and their immediate sexual partners. India carries the highest country caseload of people living with HIV/AIDS.
**Box 2: Commonly Used Terms**

**Incidence**: The number of newly diagnosed cases during a specific time period.

**Prevalence**: The number of cases alive on a certain date.

**Classification of Epidemic States (recommended by UNAIDS and WHO)**

**Low Level**: HIV prevalence has not consistently exceeded five percent in any defined sub-population.

**Concentrated**: HIV prevalence consistently over five percent in at least one defined sub-population but below one percent in pregnant women in urban areas.

**Generalized**: HIV prevalence consistently over one percent in pregnant women nationwide.

**AIDS**. India’s overall HIV/AIDS prevalence rate is estimated to be between 0.5 and 1.5 percent among people aged 15-49 years; high-prevalence areas include the southern states as well as the easternmost states where the epidemic is largely associated with drug use. Although national prevalence in **China** remains low, there are clusters of high prevalence geographically and among population sub-groups. Slightly fewer than half the people living with HIV/AIDS in China, estimated at 700,000 in total in 2007, are believed to have been infected through use of contaminated injecting equipment and blood. These numbers, however, should be considered in the context of China’s extremely large population, about 1.3 billion.

The overall levels of HIV infections in **Latin America** have remained fairly constant and well below 1% in the past decade. HIV transmission in this region is occurring primarily among men who have sex with men, sex workers, and (to a lesser extent) among injecting drug users. In several **Caribbean** countries, the epidemic in the region appears to have stabilized. In a few urban areas, including the **Dominican Republic** and **Haiti**, which has the largest epidemic in the Caribbean, the epidemic is declining. Heterosexual sex, paid or otherwise, is the main mode of transmission in this region; unprotected sex between men is also a significant factor in several national epidemics.

The limited HIV/AIDS information available for the Middle East and North Africa indicates that the epidemics in the region are comparatively small. Chief risk factors are unprotected paid sex and the use of contaminated drug injecting equipment. **The Islamic Republic of Iran** is home to a serious drug-related epidemic, where HIV prevalence has been documented among about one-fifth of male injecting drug users in Tehran. Unprotected sexual intercourse is the main factor in **Sudan’s** epidemic which, with about 1.4% seroprevalence, has approximately 320,000 people who are HIV-positive.

Although there has been substantial progress in containing HIV/AIDS in certain geographic areas, prevention and treatment efforts cost billions of dollars yearly. The pace of new infections far outstrips available treatment.

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**Box 3: HIV and TB: A Deadly Synergy**

Tuberculosis is the most common cause of death amongst those living with HIV. The two diseases create a deadly synergy, each fueling the progress of the other. Persons co-infected with HIV and TB are 30 times more likely to progress to active TB disease. Tuberculosis accounts for one-third of AIDS deaths worldwide and is one of the most common causes of morbidity in people living with HIV/AIDS (PLWHA). Joint management of the two epidemics in all settings, including the workplace, is critical to addressing each individual disease.
2. The Business Case for Mobilization against HIV/AIDS

The HIV/AIDS epidemic presents very tangible challenges to businesses—especially those operating in countries where the HIV prevalence rate is high, countries where the government has limited capability to provide health care, and most acutely in countries facing both challenges. Most companies will be concerned about three types of business risks associated with the spread of HIV/AIDS: financial, reputational and—in the case of small and medium-size businesses—company viability.

First, the HIV/AIDS epidemic creates direct and indirect costs for the private sector in developing countries. Although ARV treatment access has greatly increased, exerting a transformative effect, there are huge costs and challenges associated with keeping more people on treatment for the rest of their lives. In the short- to medium-term, HIV/AIDS increases the cost of doing business and reduces productivity. Many companies recognize the impact of HIV/AIDS on their operations but may not know how to mitigate that impact. Other companies are unaware that a problem exists among their workforce, even when it may already be having a negative effect on their bottom line.

Second, companies are motivated to act because they want to do the right thing and be seen as responsible citizens. Companies in industries with many migrant workers or other characteristics associated with vulnerability to HIV infection are motivated both by cost concerns and by a desire to protect their people.

Finally, small- and medium-size enterprises (SMEs) are particularly vulnerable to the HIV/AIDS threat due to their limited financial, clinical, and human resource capacity to undertake HIV/AIDS prevention and care interventions. Vulnerability of small and medium enterprises is compounded by increased risk to viability due to the loss of key employees and skills. The loss of a key employee may prove catastrophic for a small company in a situation where a larger firm might have access to multiple employees who are capable of performing comparable work.

The iEnergizer call center complex in New Delhi, India. There are often thousands of young people who work in these centers working odd hours to deal with time differences and often living together in massive hotel style complexes. The young people have money, are independent and are not under the usual scrutiny and are thus at more likely to engage in risky sexual behavior.
3. Costs and Benefits of Mobilizing Against AIDS in the Workplace

It is difficult to generalize about the costs and benefits to companies of implementing workplace programs to address HIV/AIDS because there are many variables to consider. For example, a business operating in a high-prevalence region, i.e. above 5% of the adult population, 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/AIDS prevalence is relatively low but increasing. The former may see care and treatment programs for its workforce as a priority; whereas, for the latter, a focus on education and prevention would bring cost-effective benefits. Other variables affecting costs may include size of the company, setting, industry sector, cost margin, ratio of skilled to unskilled workers, risk factors, HIV/AIDS prevalence in the workforce, and availability of government or NGO-supported healthcare programs and facilities. The key is to find an affordable solution to fit a company’s particular needs. With this in mind, various studies have been undertaken to explore the costs and benefits associated with business action on HIV/AIDS.

In the early 2000’s, research produced costing models to estimate the cost of new HIV infections in the formal business sector. Costs of new infections were estimated in relation to annual salaries; results varied depending on skill level, associated benefits, and prevalence in the area. This research showed that HIV/AIDS was adding between 0.4 and 5.9% to the annual wage bill of large companies in South Africa and Botswana, under a conservative set of assumptions. Businesses need to make an evaluation based on their own 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, or help safeguard the health of future generations. Companies that extend prevention and treatment programs to the community are seeing benefits — tangible as well as intangible — from these programs. These include increased performance and motivation among employees, better management, and improved reputation among stakeholders.

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1. Foundations of a Program

There are three initial steps a company can take as it embarks on a workplace and/or community HIV/AIDS program:

A. Identify and engage key stakeholders in order to devise an HIV/AIDS strategy based on partnerships and collaboration
B. Put in place the key components and management structures needed for an effective response
C. Implement a program that fits the needs of the targeted population through risk assessment exercises
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Box 4: IFC and Serena Hotels: Implementing a Wellness Program

The Serena Hotels Group, East Africa’s largest hotel chain, employs more than 2,300 people at 19 hotels and lodges at beaches, parks, and game reserves in Kenya, Rwanda, Uganda, and the United Republic of Tanzania and Zanzibar. Between 1998 and 2002, Serena lost 35 employees to AIDS in Kenya alone. The company’s insurance provider cancelled its coverage, and HIV rates continued to climb. When Kenya’s National AIDS Control Council launched a campaign to engage private sector response to the disease, Serena’s management took up the challenge.

The company developed a comprehensive HIV/AIDS workplace and community program to reduce the vulnerability of employees and their families to HIV infection; lessen the adverse impact of HIV/AIDS on those affected; and eliminate stigma and discrimination against employees infected and affected by HIV/AIDS.

Through a partnership with the IFC Against AIDS program, Serena Hotels received training in program monitoring and evaluation, and seed funding to support the implementation, and monitoring and evaluation of Serena’s HIV/AIDS activities. In 2007, with IFC’s continuing support, the company transformed its efforts in the area of HIV/AIDS into a comprehensive wellness program, covering a wide range of health and wellness issues. Through a collaborative effort with the NGO NOPE, Serena received technical support for its Wellness Champions in Kenya.

The program promotes awareness of the prevention of sexually transmitted infections, as well as of communicable diseases (malaria, tuberculosis, and typhoid), and HIV prevention remains a central focus of the effort. Additionally, the program encourages active and healthy lifestyles, including the prevention of illnesses and conditions such as diabetes, hypertension, and heart diseases. Finally, the program promotes prevention of sexual harassment, alcohol and drug use, accidents, and violence.

AIDS-related deaths among Serena employees declined from more than 35 in the five years before the program, to eight over the next five years. The cost of the company’s employee life insurance premium fell by $90,000 due to reduced death claims. HIV infections among staff have fallen, absenteeism has dropped, and the company is operating more efficiently.

Serena’s experience demonstrates that programs to improve employee wellness can also save a company money.

Source: IFC Operations

Through experience, IFC and GBC have found that involving key stakeholders from the outset and putting in place proven structures of engagement greatly improves understanding of the problem and enables a more successful response. Internal stakeholders may include management, various functions within the company (e.g. medical staff, operational staff, and human resources), and employee associations or labor unions. Other pertinent stakeholders include employee families, neighboring communities, some NGOs, and some governmental organizations or services.
1A. Stakeholder Engagement

Rather than develop programs and activities in isolation, companies should aim to work in partnership with key stakeholders from within their operations and their surrounding communities. Companies can save time and money by identifying and leveraging existing resources and ongoing initiatives already in place. This is particularly important for small and medium enterprises that often lack both resources and capacity. Companies can also join forces and pool their resources to hire an external party to assist in program design and implementation. Industry associations and business coalitions against AIDS are also a valuable source of support and expertise.

Create an Internal Focal Point
Appointing a staff person to serve as a focal point for handling all company HIV/AIDS-related activities brings accountability and focus to the process. Large companies may be able to deploy a full-time HIV/AIDS program lead but in smaller companies, these functions are generally added to existing job responsibilities. The focal point is a facilitator responsible for coordinating activities undertaken within the company and the community. The person may be chosen from existing staff or recruited from outside. In either case, it is important that he or she be vested with authority over activities and given a direct line of communication with senior management. The person can play an important role in representing the company in multi-stakeholder forums and coordinating company representation among various functions (see Box 5 “HIV/AIDS Is Everybody’s Business”).

Create an HIV/AIDS Response Committee
Through experiences with its clients, IFC has found it effective to encourage a company to consider its HIV/AIDS response in terms of potential interventions in four key areas:

- operations
- medical interventions
- senior management support
- community involvement.

Within each of these spheres lie particular skills and resources that need to be identified and leveraged if the fight against HIV/AIDS is to be won in the company’s area of operations. This approach also brings together company and community stakeholders to establish a coordinated action plan with clear roles and responsibilities.

The four areas of responsibility might then be
formalized within *Four Spheres of Action*. A committee made up of representatives from each sphere is established to identify needs, key issues, and capabilities, and to progressively develop the details of an HIV/AIDS Action Plan. Neither all committee members nor all actions need to be decided at once. Members can be added over time as progress is reviewed and valuable actions or individuals are identified.

Companies that want to address the issue of HIV/AIDS in their workplace do not need to start from scratch. There are often resources in the wider community that companies can leverage.

The objective of this structure is to help design a program that ensures ownership over diverse projects and sites; across the main functional areas in the company such as senior management, human resources, operational management, and clinical services; and in the community. This should be a functional workgroup that has decision-making authority. The workgroup should be small enough to reach consensus on action. Coordination in choices and actions in the Four Spheres of Action will shape the response of the company to HIV/AIDS in its workplace and in relation to the community.

Members of the committee play on one another’s strengths to maximize the chances of success and cooperate in the four spheres or functional areas of the company. For examples, committee members from operations may identify entry points that exist at the level of company operations for HIV/AIDS education and prevention. In mining operations, for instance, occupational health and safety briefings for employees are performed on a regular basis and could be extended to include HIV/AIDS education and prevention. Similarly, clinical or medical members of the medical committee will focus on the health problems they confront and solutions that they propose for their area. For example, if tuberculosis has had a dramatic HIV-linked resurgence, the committee would likely undertake more systematic TB screening and prevention. Such a move would lead to cooperation with the company management on budget allocation for TB prophylaxis, with the operations’ representatives for flexible working schedules to accommodate treatment regimens, and with the community arm for grassroots mobilization and awareness.

Find Service Providers and Partners
As mentioned earlier, companies that want to address the issue of HIV/AIDS in their workplace do not need to start from scratch. There are often resources in the wider community that companies can leverage, including public programs undertaken by Ministries of Health or National AIDS Committees, NGO activities and initiatives launched by other businesses, employer associations, or medical organizations.

Strategic partners can help businesses analyze their risk factors, design and implement focused programs, leverage their resources, learn from the experience of others, and ensure the confidentiality of employees’ conditions and care. Smaller companies with limited capacity may find it also practical to partner with other local businesses or participate through industry associations or local chambers of commerce.
Box 5: HIV/AIDS Is Everybody’s Business: Maximizing the Chances of Success through Four Spheres of Action

IFC’s experience in working with companies through its dedicated program has shown that the most successful interventions involve coordinated action among four separate but interrelated areas: operations, medical interventions, senior management support, and community involvement. A committee can be formed of members from all four areas.

**Operations:** Representatives from this sphere include individuals from the operational level of a company. In addition to these employees, the committee may also include employee peer educators, staff from human resources, contractors, and union representatives. Committee members from operations can identify risks at the working level; opportunities for promoting on-the-job education and prevention; and specific needs of employees in terms of health programs and services. This committee can also evaluate and report back on employee satisfaction with the program.

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

**Senior management support:** Committed leadership is essential for companies to address HIV/AIDS effectively. The senior management representatives and board members can champion the program, allocate budgetary and staff resources, and undertake a periodic review of the various activities.

**Community involvement:** Representatives drawn from the local community may include prominent citizens such as village chiefs, religious leaders, or school representatives, as well as members of community organizations, women’s groups, and NGOs. Committee members can serve as liaisons between the company and the community, strengthening communication and cooperation in efforts to combat HIV/AIDS.

*Source: IFC Operations*

1B. Core Principles of an Effective Response

Once stakeholder groups and partners have been identified, companies can then begin to focus internally on establishing the key components of an effective response. This involves setting company-specific goals and objectives, developing a policy on HIV/AIDS to guide company action, ensuring strong and visible support from senior management, and allocating a budget for the HIV/AIDS program. These building blocks are essential for the credibility of the program and for building trust among key stakeholder groups.

**Be Clear about Goals and Objectives**

Typically, companies have two objectives in undertaking a workplace HIV/AIDS program: to limit the incidence of new infections among staff and the surrounding community; and to manage the impact of existing infections on the company, staff, and community. To achieve these objectives, a company’s program might set goals for changing behavior and increasing the use of preventive measures, as well as for improving medi-
Box 6: ILO Code of Practice on HIV/AIDS: Key Principles [Excerpt]

The following principles are part of the International Labour 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. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention.

Gender equality
The gender dimensions of HIV/AIDS should be recognized. Women are more likely to become infected and are more often adversely affected by the HIV/AIDS epidemic than men due to biological, socio-cultural and economic reasons. More equal gender relations and the economic and social 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 the ILO code.

Confidentiality
There is no justification for asking job applicants or workers to disclose HIV-related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. 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
HIV infection is preventable. Prevention of all means of transmission can be achieved through a
variety of strategies which are appropriately targeted to national conditions and which are culturally sensitive. Employers, workers and their representatives, and government are in a unique position to promote prevention efforts through information and education; and to support changes in attitudes and behavior.

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

*Source: www.ilo.org*

cal care and providing support to persons affected by HIV/AIDS and other infectious diseases.

**Develop an HIV/AIDS Policy to Guide Program Development**
As with any serious chronic medical condition, it is important to clearly delineate the principles that a company will follow towards employees who are infected with HIV/AIDS. An official company policy serves to inform employees of their rights and responsibilities; articulates the commitment of management; clarifies company obligations and, in certain cases, protects a company from liabilities. In addition to being readily accessible and visible in many locations, the company HIV/AIDS policy should be actively communicated to employees in a manner that explains why the policy matters. 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. The HIV/AIDS policy is the first piece of the HIV/AIDS program to be used for internal briefing and also as a provision for third parties.

There is now a large body of work including voluntary codes and guiding principles to assist businesses in developing workplace policies on HIV/AIDS. Such a policy generally includes a statement endorsing the company’s commitment to addressing HIV/AIDS, a respect for the confidentiality of HIV status, and the establishment of nondiscriminatory practices in relation to people living with HIV/AIDS (PLWHA). For further guidance on workplace policies, please see the Key Principles of the ILO Code of Practice on HIV/AIDS (Box 6) and sample policies provided in the section “Workplace Policies”.

**Ensure Senior Management Commitment**
Senior management commitment is vital to an effective HIV/AIDS program. Senior management

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**Box 7: Engaging Senior Management: GBCs CEO HIV/AIDS Nondiscrimination Pledge**

In December 2008, over 100 CEOs from GBC member companies signed a pledge to end HIV stigma and discrimination. This unprecedented public commitment sent a powerful signal to company employees, families, communities and stakeholders that their CEOs care and are doing their part to end stigma around the disease. CEO leadership through the pledge has also sent a message to the public health community that business is committed to ending the epidemic, at all levels of the company.

*Source: GBC*
support includes recognizing HIV/AIDS as a corporate priority and demonstrating active support for program activities. At some stage, management may set performance targets for the HIV/AIDS program and provide incentives for achieving these targets in employees’ and/or managers performance goals, performance reviews and bonus plans.

Allocate a Budget for the HIV/AIDS Program
Dedicating a budget for implementation of the program will be a good investment in the long run. The budget could come from a centralized cost center or constitute a percentage of each operational department’s own budget, creating a greater incentive for departmental participation. This budget should also take into consideration any staff time and in-kind contributions.

Address Gender Dimensions of HIV/AIDS
Gender inequality — especially women’s lack of economic empowerment in many developing countries — is an important factor driving the increase in HIV infection among women. Women are disproportionately vulnerable to HIV for social, economic and even physiological reasons (transmission occurs more readily from a male to female partner than the reverse). In Sub-Saharan Africa, for every 10 adult men living with HIV, there are about 14 adult women infected. In that region in 2007, almost 61 percent of adults living with HIV were women.17 Therefore, as companies operate in an increasingly diverse workplace and draw their workforce from various subsets of the population, they need to consider the differing needs of men and women in their workplace HIV/AIDS strategies.

An understanding of how gender issues affect people in their daily lives, particularly in the workplace, is essential in designing an appropriate and effective action plan to manage HIV/AIDS. A starting point for a gender-sensitive HIV/AIDS strategy is an awareness and appreciation of gender-differentiated vulnerabilities and risks. These include traditional norms of femininity and masculinity; greater physiological vulnerabilities of women and young girls; societal notions and tacit condoning of certain risk behaviors, such as multiple partners, violence against women, and “sugar daddies”; and the culture of silence around sex and sexual matters. In all societies and business environments, gender norms influence people’s attitudes to sex, sexuality, fidelity, cultural practices, and access to services and information. Introducing activities that tackle gender disparities and bias can help to mitigate the increasing burden of HIV on women, both as people living with HIV/AIDS and as caretakers. Companies can target efforts to ensure nondiscriminatory practices and equitable access to legal, medical, and social benefits and services.

Tackle Stigma and Discrimination
Sociologists describe stigmatization as a “societal labeling of an individual or group as different or deviant” in an undesirable way.18 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 dis-

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Box 8: Standard Bank’s HIV/AIDS Program and Gender

Standard Bank addresses gender issues to reduce HIV risk for women. The Bank provides employees and their families access to family planning services and information about sexually transmitted infections and mother-to-child transmission of HIV as part of its comprehensive HIV/AIDS program, which also includes education and awareness-raising, voluntary counseling and testing, and specialized care. Additionally, the program addresses domestic violence, a pressing social problem in South Africa, through education and awareness raising.

Source: GBC and Standard Bank (2008)

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Fighting HIV/AIDS in the Workplace

Box 9: Action steps: How can my company go about developing an HIV/AIDS program?

1. Create an HIV/AIDS Response Committee and appoint a staff person to handle all company HIV/AIDS related activities.
2. Develop a workplace policy on HIV/AIDS.
3. Engage senior management in program activities.
4. Assess the rate of infection in the workforce, any risk factors and impact on business.
5. Conduct a survey (preferably administered by an outside party) to identify the Knowledge, Attitude, Practice and Behavior of the employees.
6. Determine which program, an Awareness/Education or a Care/Treatment, would be relevant for your company and implement the appropriate program.
7. Partner with the Ministry of Health or National AIDS Committees, NGOs, medical organizations and other local businesses and leverage their resources.
8. Integrate TB into the HIV/AIDS workplace program and ensure that the HIV/AIDS strategy is gender sensitive.

A young girl holds a baby outside of a Ranbaxy Pharmaceutical in New Delhi, India. Ranbaxy Pharmaceuticals was one of the first companies in the world to put forward the notion of generic medicine for AIDS patients at greatly reduced prices.

Pelling myths and communicating that people living with HIV are entitled to the same rights and compassion as any other group and that they need not fear that the company will discriminate against them, nor is there any reason for HIV-negative employees to fear people living with HIV. These messages can be reinforced further by workplace-based, anti-discrimination policies and programs, which demonstrate that people can live and work with HIV for many years. Encouraging an HIV/AIDS support group for employees, or involving people living with HIV/AIDS in company awareness activities can also be a powerful means of breaking down misconceptions and fostering understanding and acceptance.
Monitoring and Evaluation
Monitoring is an important part of any corporate HIV/AIDS program because it enables a company to measure its progress against stated goals and make informed decisions about how well interventions are succeeding. To be most effective, a monitoring system should involve reporting throughout the chain of command with accountability to senior management.

Effectiveness of a company’s program can be measured in both quantitative and qualitative terms, assuming that good baseline data exist or have 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 tailor indicators specifically to their HIV/AIDS, TB, malaria and wellness efforts.

Quantitative indicators may include productivity measures, such as absentee rates and additional weeks or months gained on the job for employees receiving care. They can also include behavioral indicators such as condom use, number of requests for VCT services, number of volunteer peer educators, and disease indicators, such as incidence rates of STIs reported in the company clinic. Qualitative indicators—such as staff morale, general attitudes toward HIV/AIDS and satisfaction with company programs—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.

1C. Risk Assessment
In reality, many companies can neither gauge the magnitude of the threat posed by HIV/AIDS to their business, nor determine how serious a risk it poses to their workforce. This can be determined at the occasion of an HIV risk assessment, which also creates an opportunity for a company to assess other health issues that may impact their workforce; in fact, companies can decide to do a more comprehensive health assessment for this very reason.

Identify Risk Factors
In defining the extent of the problem, a company should examine its operations in light of the risks to its workforce. There are a number of risk factors to be considered regarding HIV transmission. Some industries are riskier than others because their operations rely on workers separated from their families for long periods of time. Such conditions, which systematically contribute to a local sex industry and high-risk behavior are often associated with sectors such as mining, oil and gas, infrastructure construction, long-distance transportation and trucking, and agriculture.

Employees in locations such as southern Africa where the HIV epidemic is generalized and affects over five percent of the population are at risk merely by virtue of being sexually active. Other groups with increased levels of risk include company healthcare workers, as they may be accidentally exposed to HIV in their job; and mobile or migrant labor populations, who often have significantly higher salaries than the general population and can support a local sex industry. Workers in rural settings are also at risk because rural areas generally have poor access to government health services and fewer HIV education programs.

Determine the Rate of Infection
To assess the extent of the problem, the first step is to determine the approximate rate of infection in the workforce. Although workforce infection rates can in most cases be assumed to be similar to the rate for the local population, testing yields a more accurate picture and provides other benefits. The most accurate assessment will be from voluntary, anonymous, and unlinked testing of the entire workforce (participation must be at least 90 percent of employees to ensure accuracy of results), and provided by a third party. However, initially a company may rely on interpolation from associated
data (for example, cause of death from medical records), or extrapolation from public data (national prevalence rate in the adult population as well as regional data, if available). This approach is in fact advisable for smaller enterprises, for cost effectiveness and confidentiality reasons.

HIV prevalence studies should be carefully conducted to ensure anonymity and to preserve the trust of employees, which is why testing by a third party is suggested. Collecting this baseline information is important not only to focus company efforts, but also for monitoring and measurement of the effect of any interventions undertaken, and estimating the cost for implementation of an antiretroviral (ARV) treatment program. Data on the rate of infection can be gathered through other means — a good starting point is usually the national Ministry of Health or a specialist AIDS-control agency. A review of recent mortality data among the general population may also provide insight into the situation. UNAIDS collects and maintains national level data for most countries.

A company may establish a baseline by reviewing absenteeism and staff turnover rates, insurance claims and statistics from the company clinic, such as rates of sexually transmitted infections (STIs) among employees. As the program is implemented, it will be important to keep track of the data to assess how well the interventions are succeeding over time.

**Identify the Knowledge, Attitude, Practice, and Behavior of the Staff**

Knowledge, Attitude, Practice, and Behavior (KAPB) studies are important in assessing employee knowledge of HIV/AIDS, planning effective programs, and measuring the subsequent success of interventions. The company can gather anecdotal, qualitative evidence of behaviors, attitudes, risk factors, knowledge gaps, as well as their evolution through commissioned or internally provided KAPB studies. Surveys of managers, foremen, and employees help determine general attitudes and perceptions about the impact of the disease on operations and whether people feel they are at risk. This information will be critical for developing appropriate training programs. A KAPB survey administered by an outside party is more likely to be objective and yield candid responses. If the survey is performed internally, i.e. by other employees such as peer educators, it should focus on questions related to knowledge of HIV/AIDS rather than issues of behavior and practices.

**Assess the Impact on the Business**

The evaluation of the impact of HIV/AIDS on the business (productivity loss, absenteeism increase, health services demand and costs, and recruitment and training needs) can be undertaken. This assessment can be made through survey, qualitative analysis, and quantitative analysis. The information yielded is crucial in implementing human resource mitigation plans, including needs for increasing the scope of certain workers’ job responsibilities (multi-tasking), additional training, and hiring.

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**Box 10: What We Have Learned**

Over 10 years of practice, the IFC Against AIDS program and GBC have documented the following experiences in working with clients and members to develop and implement HIV/AIDS workplace and community programs.

**Coordinating action is essential:** The most successful programs involve coordinated action among four separate but interrelated spheres (see Box 5 “HIV/AIDS Is Everybody’s Business: Maximizing the Chances of Success through Four Spheres of Action”)
Developing an HIV/AIDS policy is important: Because AIDS is a serious, chronic illness, it is important that both staff and management have a clear understanding of the provisions the company makes for employees who are infected with HIV/AIDS. Having a clear policy that upholds nondiscrimination also reassures employees that they will be treated fairly regardless of their HIV status.

Leadership counts: Senior management can have a significant impact on reducing HIV-related stigma and discrimination by declaring their respect for people who are HIV positive, stating (and demonstrating) that people living with HIV/AIDS are treated no differently than those with other types of medical need, and emphasizing the importance of prevention. CEOs and other senior leaders are also influential among their peers in the business community.

Involving and training service providers: NGOs and other service providers can play an important role in ensuring the continuity and success of interventions in the workplace.

Engaging small and medium-size enterprises (SMEs) in fighting HIV/AIDS is critical: The significance of engaging SMEs in the fight against HIV/AIDS should not be underestimated; SMEs employ 80 percent of the world’s workers. As such, they can play a huge role in fighting HIV/AIDS, but often only with the help or financial support of larger companies. Large companies can help SMEs in their supply chains and, for example, providing peer educators or joining forces on interventions.

Monitoring and Evaluation (M&E) matters: M&E is an important part of any corporate HIV/AIDS program. It enables a company to measure progress against its stated goals and to make informed decisions about the effectiveness of various interventions relative to costs. For example, a company may wish to measure and compare the number of employee absences before and after an HIV/AIDS treatment program has been implemented. Companies should determine the method(s) of data collection, which often include analysis of clinical records and administering patient questionnaires. Finally, companies should collect data, and interpret and share the results with key stakeholders. Communicating program results is critical to establishing accountability with stakeholders, identifying and prioritizing cost-effective interventions for investors, raising awareness and galvanizing support for future initiatives, contributing to the evidence-base for public health interventions, and earning a reputation for corporate social responsibility among consumers and employers.

Source: GBC and IFC

20 IFC Against AIDS Practical Guide to Monitoring and Evaluating Corporate HIV/AIDS Programs is designed to help measure the effectiveness of programs at the intervention (micro) level and at the program (macro) level.
2. Implementation and Partnership

2A. Awareness, Education and Prevention

The workplace provides an effective and practical setting for awareness, education and prevention programs to foster increased understanding and more constructive attitudes toward HIV/AIDS.
As discussed earlier, a company can undertake a KAPB survey to assess employee HIV/AIDS Knowledge, Attitude, Practice and Behavior. KAPB surveys are a critical source of information to plan effective programs, and measure success of interventions. Their results can guide the areas of focus for programmatic activities. Ideally, such surveys should be commissioned externally, for proper analysis and to preserve employee confidentiality.

Peer education is an important component of a good education and prevention strategy, as are formal training programs.

To promote prevention behaviors that will avert new infections, education and prevention activities with consistent messages should be implemented. The objective of these activities is to establish a firm foundation of knowledge about HIV/AIDS that will dispel myths and misconceptions among targeted populations, reduce fear and stigma, and promote positive change in behavior and practices.

Interventions in this category aim at clarifying the nature of HIV and AIDS and how the virus is and is not transmitted. Effective education about condom use is critical; behavior change communication (BCC) materials, readily available through NGOs, governments, and donors, can be used by companies as part of their own awareness and education activities. A company can also choose to brand existing materials with the appropriate permissions from the authors.

The workplace is particularly well suited for education and prevention activities. Peer education is an important component of a good education and prevention strategy, as are formal training programs. Indeed, companies are ideally placed to offer HIV/AIDS training because all but the smallest companies have professional training capability in one way or another.

Employees should be aware that there is no personal risk from casual contact with colleagues living with HIV/AIDS. Awareness activities should inform employees about risks and educate them about ways to minimize their exposure. It is also important for people to understand the impact of HIV infection on relatives, friends, casual acquaintances, and the overall community. Messages can emphasize the costs of HIV/AIDS infection to individuals and their families, including the loss of income as a result of poor health.

Get the Message Out
To be most effective, information should be disseminated in a language the target audience understands very well. Some employers with large numbers of migrant workers (e.g. mines) have workers speaking many different national, regional and/or tribal or local languages, all living together; this diversity should be reflected in communication materials. In areas where literacy rates are low, special consideration must be given to non-written forms of communication.

The following are some examples of simple, effective, and low-cost ways to raise awareness of HIV/AIDS among employees:

- Place posters, billboards, and condoms in high traffic areas throughout company facilities, while being conscious of privacy concerns (e.g. condom dispensers are better located in lavatories and not in public view).
- Include messages in paycheck packages; condoms can also be included.
- Adopt and promote a company HIV/AIDS policy that is posted in public places in the most adequate languages.
Box 11: Standard Chartered Bank and VCT Awareness in Thailand

From September 2006 to February 2007, Standard Chartered Bank piloted a program in Thailand that used messages on Automatic Teller Machine (ATM) screens to encourage customers to be tested for HIV. The graphic appeared on 41 branch screens in Thailand. The aim of the campaign was to raise awareness about HIV/AIDS among customers and their families and direct them to resources to obtain more information and be tested. This represents just one of the many innovative ways that companies can fight HIV/AIDS. Monitoring of the scheme revealed that an average traffic of 190 people per day used each participating ATM. Monitoring undertaken in branches (through questionnaire surveys) indicated that the initiative was perceived by customers as valuable. One user commented: "This graphic is very helpful. It serves as a reminding tool for everyone to be careful and to get to know more about HIV so that they can share the information with those who do not know" (at the Rachadipisek Branch Thailand, translated in English). As part its focus on HIV awareness, Standard Chartered Bank is on track to meet its Clinton Global Initiative commitment to educate one million people about HIV and AIDS by 2010.

Source: GBC and Standard Chartered Bank (2007)

- Place a Health Questions Box in the canteen or other convenient locations so that employees can anonymously submit questions on health and HIV/AIDS that can be subsequently addressed by peer educators and/or clinical staff.
- Take advantage of local resources by bringing in trained counselors from area hospitals and participate in government and NGO initiatives, including World AIDS Day on December 1.
- Draft an Action Plan and solicit inputs or feedback from employees.
- Consider creative ways to raise awareness. Depending on resources and opportunities for sponsorship, companies may promote awareness through participatory theater, sports events, and SMS (text) messaging.

Training

The workplace is an ideal location for raising awareness about health issues as training is often already offered within company operations. Safety or technical briefings and new employee induction programs present good opportunities to provide HIV/AIDS education for staff. To be more effective, training materials could be adapted to the audience’s culture, gender, and language. Separating male and female employees — at least at the beginning of the training — can lead to more open and productive discussions.

Peer Education

Peer education is one of the most widely used strategies for raising awareness about HIV/AIDS. Peer educators are members of a given group who are selected and trained to affect change among their peers — that is, people like themselves. Peer education typically involves intensive, in-depth training before the peer educators get involved in programmatic activities. The basis of peer educators’ work may be the results of KAPB (Knowledge, Attitude, Practice, and Behavior) surveys carried out among employees. This information will be critical for peer educators, and to inform their objectives.

The target ratio, while dependent on setting, should be at least one educator to fifty employees, with one to twenty as an ideal. An effective peer education program will consist of a retention and support plan for peer educators. This would include the provision of a plan of topics, materials, and periodic refresher training. The quality and effectiveness of HIV/AIDS peer education programs can be enhanced by compensat-
ing peer educators; involving them in the design of training curriculum and materials; and linking the education program to other services such as access to condoms, medical care, and voluntary HIV counseling and testing. Peer educators need not focus solely on HIV/AIDS, though care must be taken not to overload them or dilute their focus. Peer educators can become involved in community education activities.

Condom Distribution
An important element of any HIV/AIDS prevention program is a reliable supply of free or affordable, high-quality condoms. Ensuring availability of condoms in the workplace addresses a primary limiting factor of their use, namely the stigma or simple embarrassment associated with purchasing them. Condoms can be made readily available at a company’s clinic or through self-service dispensers in bathrooms and clinic waiting rooms. It is 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 distribute condoms to their coworkers. Companies should also offer female condoms if possible. The female condom offers women increased access to HIV/AIDS protection and has recently been made available at a lower cost.

Review Occupational Health and Safety Procedures to Lower HIV Risk
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 or “universal precautions” (see Box 13 “Measures to be incorporated into 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.
Box 12: Peer education at Ford Motor Company

Peer educators are an integral part of Ford Motor Company’s comprehensive HIV/AIDS workplace program in South Africa. Selected employees are trained not only to inform colleagues about HIV/AIDS, but also to help break down barriers of stigma that prevent employees from accessing services. This has helped to create a safe and confidential environment where employees can participate in the program without fear of discrimination. Peer educators provide employees with information on HIV/AIDS and also STI and tuberculosis treatment. They are also responsible for organizing educational events and handling employee referrals to testing and treatment facilities. They do so with the languages and methods that are most appropriate to the local cultural context and express information in a way that is optimal to their colleagues’ understanding. Ford Motor Company also employs youth peer educators to address HIV/AIDS among younger employees through age-appropriate, innovative communication methods. This focus on youth is crucial given the high rates of HIV/AIDS among youth in the region. These youth peer educators are working to raise awareness in the wider community, especially workforce feeder communities. According to Ford, peer educators are absolutely critical to the success of the company’s HIV/AIDS workplace program.


Box 13: Measures to be incorporated into an occupational health and safety checklist for occupational blood exposure include:

- Careful handling and disposal of needles and syringes
- Use of single-use or auto-disabling syringes in clinics
- Hand washing after accidents, and before and after 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 procedures and facilities to guarantee safe blood supplies, such as screening and blood banks
- Provision of post-exposure prophylactics (PEP packs) for clinical and laboratory staff; these contain antiretroviral drugs in doses to prevent infection after possible accidental exposure.

Source: Based on the universal precautions for prevention of transmission of HIV and other blood-borne infections, U.S. Centers for Disease Control and Prevention, Atlanta, GA
workers. These ‘internal champions’ can demystify testing and treatment and reach those who are too afraid to seek testing.

Associations of PLWHA can be contacted to schedule joint activities. They can also provide help to employees through psychological support and counseling, group activities, and even guidance on financial planning and legal rights. They could be a source of support not only for employees but also for their relatives.

2B. HIV Counseling and Testing or Voluntary Counseling and Testing

Knowing one’s HIV status is a crucial first step in managing the disease. In fact, HIV counseling and testing (HCT) is considered a “bridge” intervention between prevention and care that allows HIV-positive individuals to gain access to a continuum of care that may include proactive prevention of opportunistic infections, access to nutritional information and supplements, and antiretroviral therapy. Testing also creates an opportunity to reinforce prevention messages, whether the individuals test HIV positive or not. In the past, most testing was client-initiated (voluntary counseling and testing, or VCT), but now many programs actively reach out to offer testing to people and encourage them to test. Increasing availability of ARV medicines has helped make people more willing to learn their HIV status.

By providing access to HIV testing services, a company can encourage employees to take charge of their health and well being, and facilitate the company’s management of the disease in the workplace. Even if a company cannot provide HCT services through its own facilities, it can

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**Box 14: Telkom’s workplace voluntary testing and counseling program**

Telkom’s workplace testing and counseling program in South Africa is exemplary for its broad scale and its focus on de-stigmatizing HIV. Through Telkom’s workplace program, employees and their families are provided comprehensive general health screenings that include an integrated VCT component aimed at reducing the stigma of getting tested. The company’s successful campaigns have encouraged many of its employees to undergo voluntary counseling and testing, and many of those individuals who tested HIV positive have subsequently accessed treatment programs. Employees living with HIV are encouraged to share their status and experience with their colleagues to further reduce stigma. The goal of the program is to significantly reduce the risk of HIV/AIDS for Telkom’s employees and to support and care for HIV infected and affected employees — as well as their infected/affected spouses, dependents, and children. The Thuso (“help”) HIV/AIDS Workplace Program reaches all of Telkom’s more than 30,000 employees and their families — more than 70 percent of whom live in regions with HIV prevalence rates higher than 30 percent. The VCT program rotates regularly, reaching each of the company’s 1,674 sites, yards, and buildings every 12-15 months.

Since the program’s inception in 2004, 19,896 of 31,720 employees have been tested — 658 of whom were found to be HIV positive. Sixty-five percent of spouses and partners of Telkom employees have taken an HIV test and know their status. Of those HIV-positive employees, 81.1 percent participate in the Chronic Disease Management Program at Telkom or in government programs. Sixty-one spouses and four children are also registered. The Thuso program has reduced the impact of sick leave incidents from 25-40 days to 5-6 days, which has helped to significantly increase labor productivity.

*Source: GBC and Telkom (2008)*
Box 15: Newmont’s HIV/AIDS and Malaria program

Newmont Ghana Gold’s HIV/AIDS and Malaria programs in Ahafo, Akyem and Accra are excellent examples of well-designed, evidence-driven, and integrated initiatives. The interventions are targeted at a workforce of over 3,500 employees and their dependants, as well as contractors and small and medium scale enterprises working with Newmont Ghana. The HIV/AIDS program aims to prevent new infections and provide care and support to employees affected by the disease. In addition, it addresses issues of non-discrimination, gender equality, voluntary testing, confidentiality, promotion of social dialogue and healthy environment, and treatment of opportunistic infections. Condom dispensers mounted in company bathrooms dole out around 72,000 male and female condoms per year. The peer education component includes careful selection, training, and refresher training of volunteers, and the involvement of People Living With HIV/AIDS (PLWHA). Effective and strategic partnerships - with ILO for baseline data gathering and analysis, IFC for monitoring and evaluation, and financial support, several non-governmental organizations for training of peer educators, and with other private companies and business coalitions - are critical. The malaria program includes vector control, case management, bed net distribution and careful monitoring and evaluation. Key accomplishments and success factors of both programs include the establishment of a Steering Committee for HIV/AIDS, support of and involvement of senior management, the novel use of employee transit time for HIV/AIDS education, and steadily decreasing monthly malaria cases (from 8% of employee population in 2006 to 1.8% in 2009).

Source: GBC and Newmont (2010)

encourage and educate staff on the benefits of HCT and VCT, the types of tests, and provide referrals to qualified HCT services.

It is important that counseling is offered both before and after testing. The pre-test counseling should be designed to fully inform the client of the implications 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 HCT component should first ensure confidentiality and job protection in case of a positive diagnosis. Sufficient availability of trained counselors is also necessary. Fortunately, companies need not bear this responsibility alone. HCT offers a good opportunity for developing partnerships between companies and public sector health facilities, or with NGOs who may already offer these services on an ongoing basis.

2C. Wellness, Treatment, and Care

Beyond awareness and prevention activities, some companies may offer access to more comprehensive medical care, treatment, and support programs for employees living with HIV/AIDS. Proper medical care and access to antiretroviral drug treatments are vital in improving and extending the lives of people living with HIV/AIDS. Companies provide access to treatment through a variety of mechanisms: in their own clinics, through arrangements with third-party health providers or through company-provided medical insurance schemes. Corporate wellness programs that include nutritional support and ongoing counseling are easy to organize in a workplace setting, or services can be made available through referrals. Care and support programs may also include counseling on coping skills, work difficulties, and depression; and can link people to support networks. They can also significantly improve the quality of life and ability of employees to keep working.

An integrated approach to wellness helps address related health issues that increase the risk and health implications of various infections. These can include sexually transmitted infections
(STIs) and opportunistic diseases stemming from the weakened immune system of AIDS patients, such as tuberculosis, forms of pneumonia, septicemia, fungal and viral diseases, and certain cancers. Experience suggests that an integrated approach is being adopted by more companies, particularly as they deal with what is, in some contexts, the single most frequent accompanying infection, tuberculosis.

**Educate and Empower Corporate Health Care Staff**
Most managers assume that corporate health care staff know how to prevent and treat HIV/AIDS. In fact this knowledge may be limited in some environments. The lack of well-trained and informed clinical practitioners can prevent the provision of the highest quality of care to HIV/AIDS patients. Knowledge about the disease and the capacity to inform, counsel and treat patients about the infection remains a priority for all clinical settings.

Health care personnel are sometimes ill-informed about the risks of blood-borne infections like HIV/AIDS and hepatitis that they may face in their positions as health care providers. As a result, occupational health and safety procedures are not always observed, increasing the risk of disease transmission. Either lack of awareness or fear about HIV can lead clinical staff to stigmatize or discriminate against people infected (or suspected to be infected) with HIV.

Another common oversight is the risk of clinical staff burnout: doctors and nurses in high-prevalence areas, in particular, can be overwhelmed by the number of patients that they see every day. It is therefore important to ensure that clinical staff receive ongoing supervision and support to maintain their morale and effectiveness.

**Prevention and Treatment of STIs**
A strong correlation exists between sexually transmitted infections (STIs) and HIV transmission. Moreover, STIs increase both a person’s susceptibility to HIV infection and the odds of transmitting the virus through sexual intercourse. Like HIV, STIs such as gonorrhea are a very common health problem and pose a significant public health risk that companies should not neglect.

Treatment of STIs offers a prime entry point for HIV/AIDS awareness and education activities. Prevention of STIs calls for precisely the same measures: abstinence, sex with only one non-infected partner, or condom use. Preventing STIs and providing proper treatment for those suffering their effects should form integral parts of an HIV/AIDS prevention program.

Antibiotics are the most commonly prescribed means of treating STIs. STI treatment kits (which include simple diagnosis and management guidelines, short course antibiotics, and condoms) may be stocked in company clinics and local public health facilities.

**Antiretroviral Therapy (ART)**
Antiretroviral therapy has increased life expectancy considerably among people living with HIV, transforming AIDS into a manageable chronic disease. Until a few years ago, the most that developing countries could hope for was preventing new cases of HIV/AIDS through educational programs, prevention, and treatment of opportunistic infections.
Fortunately, HIV/AIDS drugs have become significantly more accessible in recent years. From 1996 to today, the price of a year’s antiretroviral therapy has dropped from US$10,000-15,000 to just $88 in low and middle-income countries. In sub-Saharan Africa at the end of 2008, 44% of adults and children needing antiretroviral therapy had access to ARVs.\(^{21}\)

Five years earlier, regional treatment coverage was less than 5%. Drug companies have acknowledged the need to charge less for their products in developing countries, while loosening of trade regulations has permitted the production of generic antiretroviral drugs. A number of companies have also included ARVs as part of the medical insurance coverage available to their employees, and many are working in partnership with specialist organizations to implement treatment policies. As a result of this massive treatment scale-up, people with HIV are staying healthier and living longer. In Kenya, for example, AIDS deaths fell by 29% from 2002 to 2009.\(^{22}\)

With the huge scale-up in ART comes major new challenges. As more people take ARVs and continue on treatment longer, an increasing number develop resistance or intolerable side effects and must change to different drugs known as second-line therapy. These second-line medicines cost eight to twelve times more than first-line treatments.\(^{23}\) Thus, as more and more people require second line drugs, the costs borne by governments, companies and patients will increase greatly. While second-line drugs are expected to come down in price, it is likely that they will remain more expensive for years to come, in part because of the complexity of their production.

\(^{21}\)AVERT, *Universal access to AIDS treatment: targets and challenges* (2010).

**Box 16: Heineken: Care and Treatment of HIV/AIDS**

From being the biggest killer of its employees in 2001, mortality linked to HIV/AIDS has practically disappeared in Heineken’s operations in Africa. Heineken’s HIV program was rolled out in 2001 with the objective of ensuring that the mortality and morbidity patterns in its African markets are similar to that in its European markets. Its prevention, care, treatment and support programs primarily benefit its employees and their families, and include retired workers and their families in some countries. To ensure the effectiveness and sustainability of the programs, Heineken has worked in close collaboration with PharmAccess International, a foundation that is responsible for training, monitoring drug supply, and quality control. Additionally, Heineken has partnered with German Technical Co-operation (GTZ), Smartwork, and National AIDS programs for prevention programs.

Prevention and awareness strategies are different depending upon target groups: employees, family members, management, discordant couples, etc. Program activities include ‘Know Your
Identifying and Treating Tuberculosis

One of the leading opportunistic infections associated with HIV/AIDS is tuberculosis. Fueled by HIV infection, TB is the most frequent cause of death in people living with HIV/AIDS in Africa. This is because HIV/AIDS contributes to increased susceptibility to new TB infection and to the reactivation of latent TB status’ campaigns, condom distribution, Voluntary Counseling and Testing (VCT) sessions, PLWHA information sessions, and peer-to-peer communication. In order to address the needs of women in particular, Heineken’s HIV/AIDS program offers free, anonymous HIV testing for pregnant women and Prevention of Mother To Child Transmission (PMTCT), and also organizes women’s health days. TB prevention is an integral part of the program and all HIV positive individuals are tested for TB. Heineken follows WHO’s recommendation (three I’s) for TB infection prevention in PLWHA: Infection Prevention, INH (Isoniazid) treatment and Intensified case finding.

Currently VCT levels are 80% in DRC and Rwanda and close to 100% in Nigeria and Burundi. Around 10,000 employees have been tested at least once with approximately 400 testing positive. Of these, 300 are part of the treatment plan. Incidence of HIV/AIDS has fallen, mortality is minimal and 89% of HIV positive individuals are alive after 4 years of treatment. In total, around 8,000 employees, 6,000 partners, and 21,000 children are benefiting from Heineken’s Sub-Saharan Africa health programs.

Source: GBC and Heineken (2010)

A doctor examines an Anglo Platinum mining employee for tuberculosis in Johannesburg, South Africa.
TB; it also 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 is contagious if left untreated. This can be addressed through a proven course of TB treatment; once people have started treatment, they are no longer infectious. 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 (for example, 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 (whether HIV-positive or not) should be encouraged to continue to work — provided that they are not too ill or debilitated. This approach offers the further advantage that the DOTS (Directly Observed Treatment Short Course) strategy can be applied, and patients can be carefully monitored in the clinic (that is, weighed regularly and observed for any side effects). DOTS is the internationally recommended strategy for TB control and has been recognized as a highly efficient and cost-effective strategy. Special scheduling considerations should be made for these employees; for example, no night shift for three months to alleviate fatigue and ensure daily compliance with TB treatment regimens.

Prevention of Mother-to-Child Transmission (PMTCT)
Children who are HIV-positive generally acquired the virus during birth or through their mother’s breast milk. Mother-to-child (or vertical) transmission remains a serious problem in developing countries. Fortunately, studies have demonstrated that short course antiretroviral therapy for the mother and the baby greatly decreases the risk of transmission. More importantly, depending on the regimens, such treatments can cost less than $5 to administer.24

Counseling and support are important to ensure adherence to antiretroviral drug treatments in PMTCT — which can involve formula feeding

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Box 17: HIV/TB Co-Infection: The Three I’s Strategy

To effectively address HIV/TB co-infection in the workplace, WHO recommends the Three I’s strategy to decrease the burden of TB in people living with HIV/AIDS. The strategy features:

**Intensified case finding:** Screening for signs and symptoms of TB among HIV-infected populations is critical for reducing transmission. Screening should be followed by prompt diagnosis and treatment.

**Isoniazid preventive therapy (IPT):** Isoniazid (INH) therapy for individuals infected with latent TB infection (LTBI) prevents progression to active disease. IPT can safely be used in patients taking antiretroviral drugs.

**Infection control:** TB transmission is more likely to occur in settings where people are crowded together (hospital wards, mines, prisons, or military barracks). Such facilities must have TB infection control plans (supported by all stakeholders) that include administrative, environmental, and personal protection measures to reduce transmission.

The Three I’s approach should be complemented by joint planning between HIV/AIDS and TB programs at every level, including the private sector. Planning should account for surveillance and monitoring and evaluation activities.

*Source:* World Health Organization

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Malaria infection in HIV-positive pregnant women can increase the risk of mother-to-child transmission, premature delivery, and low birth weight. Workplace programs can therefore extend support to include awareness and education on HIV/AIDS, malaria-prevention education, and employee access to effective diagnosis and treatment. Companies can provide insecticide-treated nets to their employees and families as a preventive measure and make available intermittent preventive treatment for pregnant women. Clinical staff should receive additional training on effective diagnosis and clinical management of malaria in HIV-positive adults, especially pregnant women, to ensure effective treatment and reduce their risk of developing anemia or transmitting HIV to others. For more information on malaria, refer to the section on “Prevention and Treatment of Malaria”.

**Benefits of Male Circumcision**

Studies have shown that male circumcision greatly reduces the risk of HIV transmission from an infected female sexual partner to her non-infected male partner. A study published in 2005 that followed infection rates in more than 3,000 heterosexual men over nearly two years found that circumcision reduced a man’s risk of acquiring HIV by 60 percent. Adrian Puren at the National Institute for Communicable Diseases in Johannesburg and a team of researchers in Paris recruited 3,274 uncircumcised volunteers from South Africa, aged 18 to 24 who were considering circumcision. Half underwent the operation. The researchers then monitored both groups for HIV infection over the next 21 months. So marked was the difference in infection between the groups that the study was halted on ethical grounds and all the men were offered circumcision. Of those who had been circumcised, 20 tested positive for HIV while 49 of the uncircumcised group had contracted the virus. The study concluded that circumcision appears to reduce a man’s risk of acquiring HIV from a female partner by 61 percent, equivalent to results achieved by a moderately effective vaccine. Since that time, many programs have been introduced to offer circumcision to adult males.
Prevention and Treatment of Malaria

Like HIV/AIDS, malaria harms company productivity and profitability. Malaria is frequently cited as the primary reason for sick leave in malaria-endemic parts of the world. Health workers should be aware that HIV infection reduces the effectiveness of anti-malarial treatment and that HIV-related immune suppression may increase rates and severity of clinical malaria disease. Companies can address this impact by providing insecticide-impregnated bed nets for all its employees and their families and by promoting screening of malaria through regular testing, as well as diagnosis on request.

2D. Community Outreach

The relationship between a company’s program on HIV/AIDS and the community is usually a two-way street. On the one hand, a company can leverage expertise that already exists in the community, such as that developed through NGO programs. On the other, it can extend the scope of its program by contributing to community efforts to address HIV/AIDS. When a company develops an HIV/AIDS workplace program, there are often resources in the wider community from which it can draw, including government programs, NGO activities, as well as initiatives launched by other businesses, employer associations, or medical organizations. The International Labour Organization (ILO) and some chambers of commerce and industry (for example, the Chamber of Mines) have championed activities that can be beneficial for companies. Likewise, a company can contribute by extending its efforts to the community, for instance, by initiating and supporting prevention and care services for at-risk populations like truckers or migrant workers. 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 work-

Box 19: Johnson & Johnson and mothers2mothers (m2m)

The partnership between Johnson & Johnson and mothers2mothers (m2m) in South Africa was born out of a mutual commitment to prevention of mother-to-child transmission (PMTCT) by enhancing the uptake of PMTCT services. m2m utilizes an innovative model of engaging HIV-positive women who are new mothers to serve as Mentor Mothers (MMs) to pregnant women. The support from peer mothers is critical to providing a stigma-free and empathetic environment that encourages them to get tested, access the health services necessary to prevent transmission to their unborn children, and disclose their status to their families. m2m hires and trains Mentor Mothers as an integral part of the health system and empowers them with education and employment tools that can be leveraged outside of m2m. Johnson & Johnson supports m2m as a financial partner but also works closely with it to enhance M&E tools and provide strategic guidance on key aspects of the m2m model.

Compared to baseline data, rates of women who agree to HIV testing have often doubled once the m2m program was introduced. At the Chris Hani Clinic in East London, South Africa, for example, testing rates increased from 40 percent to nearly 100 percent within one year of implementation. As of 2007, the Johnson & Johnson-m2m partnership has provided services to more than 7,400 pregnant women in South Africa — 77 percent of these consented to testing, and more than 1,060 HIV-positive women received psychosocial support and care throughout their pregnancy.

Source: GBC, Johnson & Johnson and m2m (2008)
Box 20: Chevron’s Approach to HIV/AIDS, TB, and Malaria

Chevron is committed to implementing workplace programs targeting HIV/AIDS, TB, and malaria. Chevron Angola’s clinic in Luanda and facilities in Cabinda and Malongo provinces educate employees and their families on HIV/AIDS and provide voluntary counseling and testing services. Malaria prevention and treatment services take the form of awareness-building in malaria prevention, distribution of long-lasting insecticide-treated nets and curtains, and access to artemisinin-based combination therapy (ACT).

In addition, insecticide-treated nets or curtains as well as intermittent preventive treatment for malaria are provided to pregnant women, including those who are HIV-positive, to reduce mother-to-child transmission of HIV. Chevron offers short-course antiretroviral therapy (ART) and counseling on breastfeeding to reduce mother-to-child transmission of HIV. Chevron’s TB policy focuses on preventing drug resistance, increasing awareness of TB/HIV co-infection, and reducing transmission. In Cabinda province, Chevron provides free TB services to employees and the community through joint programming with public health facilities and implementing partners and leaders. In addition, Chevron supports training of community health professionals in diagnosis, treatment, and drug procurement for DOTS clinics and local hospitals.

Source: GBC and Chevron (2009)

Building Alliances

Recognizing the potential benefits of cooperation, business associations around the world have mobilized against HIV/AIDS by pooling resources and sharing successes and failures. In this way, businesses can significantly broaden their sphere of influence while simultaneously improving the efficiency of their efforts. This is particularly important for small businesses that may not otherwise 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

Box 21: Apollo Tyres Mobilizes for Truckers

Truck drivers are the largest client base for Apollo Tyres Ltd., a leading Indian tire manufacturer and investment client of IFC. Truckers are not only extremely vulnerable to HIV but also serve as a bridge population through which the epidemic is spreading to the general population. Conscious of the risk that HIV/AIDS poses for a group that the company considers as a key community stakeholder, Apollo has developed a comprehensive program on STI and HIV/AIDS prevention. The company has established clinics at truck stops in mid- to high-prevalence states in India that provide health services to truckers and their communities, with a focus on STI and HIV prevention. Apollo’s program has also expanded to reach out to supply chain partners — many of whom are SMEs. With technical assistance and some seed funding support from IFC, Apollo has established more clinics around the country. By increasing its network of clinics, Apollo provides an important stakeholder group with better access to health care and mitigates the epidemic in the nation.

Source: IFC Operations (2010)
Box 22: Business Coalitions on HIV/AIDS

Business coalitions have emerged as a way for companies to share their experiences, pool resources, and collaborate more effectively in developing group solutions. Business coalitions have a variety of roles, such as advocacy, service provision, policy reform, and more general corporate engagement. They serve as facilitators between individual companies, government agencies, and other relevant national stakeholders including the National AIDS Councils in their efforts to scale up and accelerate the national response to HIV/AIDS. They help to ensure that company programs adhere to international initiatives and standards and achieve nationally and internationally defined goals and targets. A report released in 2008 by the World Economic Forum, UNAIDS, and the World Bank reviewing the scope and results of nearly 50 business coalitions worldwide suggested that coalitions are effective mechanisms for increasing private sector participation in addressing HIV/AIDS and for contributing to a more coherent and appropriately scaled national response.

The Pan African Business Coalition on HIV/AIDS (PABC) was launched in December 2005 to mobilize African businesses in the fight against HIV/AIDS. The formation of the PABC is part of a worldwide trend toward more systematic involvement of the private sector — through business coalitions — in fighting the epidemic. With almost 30 member companies from across Africa, the PABC uses its world-class web portal to disseminate information on HIV/AIDS to its members, engages in strategic partnerships with governments and international agencies, and provides forums for members to learn about latest trends and access workshops on specific issues.

The establishment of the Asia Pacific Business Coalition on AIDS (APBC) is a direct response by the Australian business community to the need for greater private sector engagement and coordination in the regional fight against HIV/AIDS. President Clinton launched the coalition in February 2006. Its key business partner is Qantas Airways. APBC’s Web site provides services on HIV/AIDS policy development, HIV risks associated with certain industry sectors, cost assessment, downloadable policy documents, sample HIV/AIDS policy, and case studies.

The Pan Caribbean Business Coalition (PCBC) on HIV/AIDS was formed in 2005 to fill gaps in national AIDS programs across the region and to provide a vehicle for companies to share experiences, expertise, and resources. The Coalition aims to address the challenges facing the private sector in the Caribbean, especially by developing workplace policies for large and medium enterprises including workplace education and HIV testing. PCBC convenes meetings, forums, and workshops and disseminates a newsletter to further its goals and create new contacts and partnerships among individuals working in the fight against HIV/AIDS in the region.

Source: World Economic Forum

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, and partner with public health prevention and care programs. In this way, the private sector in developing countries has the potential to become an important and genuine partner in the fight against HIV/AIDS.
Box 23: Levi-Strauss: Identifying Vulnerable Populations and Focusing Interventions on Female Migrant Workers

Levi Strauss & Co. has demonstrated leadership in providing HIV/AIDS education to thousands of women migrant workers in China — one of the country’s most underserved and vulnerable populations. China is home to about 200 million migrant workers, 75 percent of whom are women; most are between 18 and 25 years old and single. Levi Strauss anticipated the need to advocate and protect its workforce through collaboration with multiple stakeholders including international NGOs and foundations, local factories, community organizations, and local governments. The company’s program is unique in scale and approach, integrating outstanding HIV-prevention education into a comprehensive labor services program that covers worker rights, basic and occupational health, communication skills, legal aid, and asset building.

Targeted activities include:

- Developing an HIV/AIDS peer education model for female migrant workers (achieved through funding support from the Ford Foundation)
- Encouraging peer education and knowledge sharing through HIV/AIDS knowledge competitions; an amateur performance troupe; mass distribution of information, education, communication (IEC) materials; and HIV/AIDS-themed edition of the women workers’ newspaper
- Building social support networks for disadvantaged migrant women workers
- Empowering migrant women with financial literacy training
- Training workers and supervisors on legal rights, and providing legal aid

Results achieved include:

- Cumulatively, Levi’s labor service program has reached over 850,000 migrant women workers during the last nine years, in 1,000 factories in 72 cities.
- More than 160,000 copies of educational materials including newspapers, quizzes, and leaflets have been distributed to workers.
- More than 200,000 community members attended performances on HIV/AIDS prevention by Sanxiang Workers Amateur Performance Troupe.
- Twenty-one worker education and counseling centers in the Pearl River Delta have proved to be effective vehicles for dramatically increasing peer-led HIV/AIDS prevention activities.


Go Beyond the Workforce

Businesses can increase the effectiveness of their education and awareness efforts by extending them beyond the workplace. This includes working with their suppliers and contractors as well as the local communities in their area of operations. Vulnerable groups, particularly women and youth, can be reached through local schools and employees’ wives and local women’s organizations whereas vulnerable populations such as temporary construction workers, migrant laborers, truck drivers, or sex workers may require specifically adapted awareness messages and prevention interventions.
Box 24: The GBC report “The State of Business and HIV/AIDS, Tuberculosis and Malaria (2008)” offers nine concrete recommendations for businesses to act on:

- **Build on existing HIV/AIDS intervention platforms** to accelerate efforts to fight TB, malaria, and co-infections. As the diseases (particularly HIV/AIDS and TB) are interconnected, an integrated approach should be considered as appropriate to local disease epidemiology.

- **Fight HIV and TB stigma through word and deed.** Companies should set an example that counters discrimination by treating HIV/AIDS and TB like any other serious but treatable illnesses.

- **Invest in women and girls.** Companies must recognize that the fight against HIV/AIDS cannot be won without addressing the imbalance of social and economic power between men and women. Programs that promote education, teach life skills, or provide microfinance offer powerful tools to fight HIV infection. At the workplace level, ensuring programs are gender-responsive and gender-sensitive goes a long way.

- **Develop a comprehensive wellness approach.** The benefits of shifting perspectives and programs to focus on general wellness — or on a variety of chronic and serious diseases — can increase program sustainability, while helping de-stigmatize HIV/AIDS and TB.

- **Measure results.** Managers should invest in monitoring and evaluating the program’s achievements and share the results internally and externally.

- **Leverage the company’s supply chain.** Engaging the supply chain generates a huge multiplier effect; any company with the resources to support and monitor its suppliers’ interventions should do so.

- **Do not neglect lower prevalence settings when fighting HIV/AIDS.** In lower prevalence settings companies are not impervious to the disease. Well-designed awareness and prevention programs can help stop the virus from spreading from key groups (such as sex workers and their clients) into the general population. Private enterprise education initiatives can provide adequate information to their employees on HIV/AIDS.

- **Co-invest with partners to pursue collective action that multiplies coverage and impact.** At present, bilateral and multilateral aid organizations are especially interested in collaborating with the private sector and in supporting company programs. Such public-private partnerships enable businesses to greatly expand the reach of their interventions.

- **Align business action with existing global initiatives** such as the Millennium Development Goals, the Stop TB Partnership, and the Global Malaria Action Plan.

*Source: GBC*
APPENDIX:
WORKPLACE POLICIES
1. *HIV/AIDS in the Workplace: A Sample Human Resources Policy Statement*

An HIV/AIDS workplace policy provides the basic framework for company action to reduce the spread of HIV/AIDS and to manage its impacts. The policy should serve as a guide for present and future situations regarding HIV/AIDS and clarify this topic to employees and managers. Workplace HIV/AIDS policies should:

- Make an explicit promise for corporate action;
- Commit to confidentiality and non-discrimination for all employees;
- Assure consistency with appropriate national laws;
- Lay out a standard of behavior for all employees (whether HIV-infected or not);
- Provide guidance to supervisors and managers;
- Explain to employees living with HIV/AIDS the type of support and care they will receive, so they are more likely to come forward for counseling and testing;
- Help stop the spread of the virus through prevention programs;
- Be made available to all employees, in a format that is easily understood; and,
- Manage the impact of HIVAIDS with the ultimate aim of cutting business costs.

Here are several examples that can be used and adapted.

**Box 25: Sample Workplace Policy**

YOUR COMPANY NAME will treat HIV/AIDS in the same manner as other life-threatening illnesses and handicaps in terms of our policies and benefits, where they apply, and will 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 with as many of his or her normal pursuits as the 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 or 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 coworkers’ 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.

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 employees’ medical insurance information. To prevent work disruption and rejection by coworkers of an employee with HIV/AIDS, 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.


2. Merck & Co., Inc.: HIV/AIDS, Tuberculosis, and Malaria Workplace Policy (Executive Summary)

Merck & Co., Inc. is a leading research-driven pharmaceutical company with over 60,000 employees operating in more than 90 countries worldwide. Merck recognizes that infectious diseases, in particular HIV/AIDS, TB, and malaria represent major health care burdens worldwide and pose a critical challenge to nations, communities, and people across the globe, including Merck employees and their families.

Consistent with the company’s longstanding commitment to its employees and to improving human health and expanding access to medicines and quality care, Merck has an HIV/AIDS, Tuberculosis and Malaria Workplace policy that ensures that our employees and their dependents have access to appropriate prevention programs and access to a minimum standard of medical care and treatment. The workplace policy formalizes and extends existing practices and applies to all Merck employees and dependents globally to lessen the social, economic, and health burdens that accompany HIV/AIDS, TB, and malaria.

Policy Principles:

The following principles guided the development of the HIV/AIDS, TB, and Malaria Workplace Policy:

- Ensure that all employees and their dependents have access to prevention, care, and treatment for HIV/AIDS, TB, and malaria.
- Ensure that HIV/AIDS, TB, and malaria care and treatment programs for all Merck employees and their dependents meet a minimum standard of care, and that prevention programs are locally appropriate.
- Promote confidentiality, equal opportunity, nondiscrimination, and reasonable accommodation of employees, including those with HIV/AIDS, TB, or malaria.
- Supplement and support local governmental health care responsibilities.
- Provide company-sponsored benefits where local access to appropriate prevention, care,
and treatment is inadequate.

**Policy Elements include:**

1. **Nondiscrimination.** Equal opportunity for all people without regard to race, color, national origin, sex, sexual orientation, age, marital status, religion, veteran status, health status, or disability with respect to employment. HIV screening for employment purposes is not conducted unless explicitly required by law.

2. **Confidentiality.** Information about an employee’s medical condition is private and is treated in a confidential manner.

3. **Accommodation of Employees with HIV/AIDS, TB, or Malaria.** As a matter of policy, Merck assigns employees to jobs that they are physically able to perform. Employees with HIV/AIDS, TB, or malaria, as with any other disease, will be treated the same as other employees with regard to absenteeism, assessment, and consideration for reasonable accommodations. Moreover, HIV/AIDS, TB, or malaria infection is not a cause for termination of employment.

4. **Prevention.** Prevention is a key component of a workplace policy. Geographically appropriate prevention initiatives will be a cornerstone of each subsidiary’s program. Where the nature of work assignments may pose a known risk of infection to employees, appropriate safety education, training, and prophylactic treatment will be provided and will be based on locally appropriate norms.

5. **Treatment and Care.** The policy provides access to a minimum standard of treatment and care for Merck employees and eligible dependents with HIV/AIDS, TB, or malaria, respectively. Access includes voluntary counseling and testing, quality medical services and facilities (evaluation, education, monitoring, prevention, and treatment advice), reliable laboratory services, ongoing access to appropriate, quality disease-related medications, and medical evacuation to a regional facility if local facilities and care are inadequate.

6. **Continuation of Treatment Coverage.** The policy provides for continued treatment of eligible participants subsequent to the employee’s end of employment with the company until he or she is covered by a new employer. The continued coverage provided shall be secondary to any government-provided coverage.

This workplace policy will be monitored and evaluated on an ongoing basis to ensure that programs are appropriate and effective.

*Source: GBC and Merck & Co., Inc. 2005.*

**2. Chevron Corporation: Policy 260 on HIV/AIDS**

HIV/AIDS is a substantial worldwide threat with enormous human impact and attendant social, economic, and political risks that directly affect our employees and our business. Consistent with our values, Chevron will strive to meet the challenge this threat presents to our business through strategic leadership in our industry and in the communities where our employees live and work.

**Scope**

This policy applies to all Chevron employees worldwide.

**Nondiscrimination**

Employees with HIV/AIDS are fully protected by the company’s existing harassment and discrimination policies (e.g., Policy 200 — Employment, and Policy 202 — Harassment).
Pre-employment HIV Testing
The company will not conduct pre-employment HIV testing except as required by national and/or local laws. If pre-employment HIV testing is required by national or local laws, employment decisions will not be based on the results of the HIV testing. Applicants will not be asked about their HIV status when applying for a job.

Employment Benefits
Employees who become ill with HIV/AIDS will be treated like any other employee with a life-threatening illness and will be administered under the terms of the rules of their respective benefit plans.

Confidentiality
Confidentiality regarding the HIV/AIDS status of an employee shall be maintained at all times consistent with company policies as described in the Business Conduct and Ethics Manual.

Treatment and Support
The company’s intent and long-term goal is to secure treatment for employees and covered dependents, in the presence of accepted medical practice, appropriate medical expertise and infrastructure, pharmaceutical logistics, and national laws in their country or region of employment.

Partnerships
The company will strive to engage and work with national and local governments, public and non-governmental organizations, and multilateral agencies to deploy best practices in the prevention, care, treatment, and support of HIV/AIDS in areas where the company operates.

Workplace and Community Programs
Consistent with need, workplace and community programs of education, awareness, prevention, and treatment will be promoted in areas where the company operates.

Policy Review
This policy will be reviewed on a regular basis and amended as deemed appropriate.

Responsibility
The Director, Health and Medical Services, will:
- Provide advice and counsel on matters pertaining to HIV/AIDS prevention and treatment;
- Recommend HIV/AIDS policy changes;
- Represent the corporation on HIV/AIDS policy externally.

Individual business units will determine the required extent of policy implementation, consistent with local need.

Employees who believe they have been subjected to harassment based on their HIV/AIDS status should immediately report the incident to their supervisor, a higher level of management, their local/designated Human Resources contact, their local Ombudsman, or the Company Hotline. All complaints will be promptly and thoroughly investigated. The company will treat such complaints as confidentially as possible, releasing information only to those with a need or right to know.

Source: GBC and Chevron.
ABOUT THE PARTNERS

THE INTERNATIONAL FINANCE CORPORATION

The International Finance Corporation (IFC) is the private investment arm of the World Bank Group. The Corporation fosters sustainable economic growth in developing countries by supporting private sector development, mobilizing capital, and providing advisory and risk mitigation services to businesses and governments.

In alignment with the mission of IFC to create opportunity for people to escape poverty and improve their lives, the IFC Against AIDS program was launched in 2001 to accelerate the involvement of the private sector in the fight against AIDS. The program has worked with IFC investment clients in Sub-Saharan Africa as well as in India to tailor appropriate workplace and community programs that seek to limit the number of new HIV and other infections, mitigate the impact on operations, and manage those infections among staff and communities. The program has provided technical assistance and matching grants to IFC clients to design, manage, and evaluate cost effective and sustainable workplace and community programs related to HIV/AIDS and other key health issues. Over the years, the program has worked and consulted with approximately 70 companies in total in Sub-Saharan Africa, South Asia, the Caribbean, Russia, and China. As of June 2009, IFC Against AIDS was actively engaged with 33 investment clients across Africa and India.

Starting in fiscal year 2010, IFC Against AIDS will pursue a greater development impact of its experiences and programmatic presence through partnership, knowledge, and communication opportunities and will move away from its direct implementation role. The program will seek to share lessons learned and tools with an audience beyond its clients to increase the scale, recognition, and legitimacy of private sector-led efforts on HIV/AIDS and other health issues by:

- Sharing knowledge of IFC Against AIDS tools, experiences, and lessons learned through specifically designed knowledge management tools and platforms
- Evaluating a wide share of its projects and sharing lessons learned from those experiences by sector and country
- Actively enhancing its communication with donors and partners

LEARN MORE
www.ifc.org/ifcagainstaids
GBC is a movement of businesses that are joining forces with governments and civil society to end the ravages of disease faster. By working together across sectors and getting business actively engaged in turning corporate assets into disease-fighting assets in a coordinated way, we can hasten the arrival of the day when HIV/AIDS, tuberculosis and malaria no longer wreak havoc on people, communities and nations.

The Coalition was created in 2001 after Kofi Annan, then Secretary-General of the United Nations, called for more business involvement in fighting AIDS and identified the need for a coordinating mechanism—which became GBC. The Coalition grew out of a smaller organization whose creation was spurred by Nelson Mandela in 1997.

Today, under CEO John Tedstrom, GBC has an expanded mandate, more than 200 corporate members and a strong and engaged network of government and civil society partners. Tedstrom has sharpened the strategic focus of GBC and has built up capacity to conceive and manage strategic collaborations that leverage the corporate and non-corporate reach of the Coalition.

The Coca-Cola Company chairman Muhtar Kent and Sir Mark Moody-Stuart, a corporate social responsibility pioneer and former chairman of Anglo American, serve as co-chairs of GBC.

Corporate members also include businesses like Accor from France, Levi Strauss & Co. from the U.S. and South Africa’s Standard Bank. The GBC network includes such critical partners as the UN; government officials in China, Kenya and Russia; and amfAR. GBC also manages the private sector delegation to the Global Fund, the world’s largest source of funding to fight disease.

LEARN MORE
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