

Module 2

Program Models and Components

Getting Started: A Team Model

Many factors cause managers and labor leaders to begin developing a workplace HIV/AIDS program. Whatever the immediate cause for action, successful HIV/AIDS workplace program planning is usually a team effort. SMARTWork recommends establishing a team whose members represent various aspects of the workplace, share a commitment to addressing HIV/AIDS, and have the credibility and skills to “sell” the program to others in the workplace.

Organize a Joint Management–Labor HIV/AIDS Workplace Planning Committee

Many employers and unions have used some form of planning committee to develop and implement workplace HIV/AIDS policies and programs. Identifying the appropriate persons to represent the diverse interests and needs of the employer and workforce is the first step in the planning process. It is important to keep the committee small enough to be easily managed, yet large enough to be representative. As a committee is formed, it may be helpful to keep the following points in mind:

- **Include key people who represent the various interests of the organization and workplace.**

Rationale: Most medium- to large-sized organizations have a diverse set of employees who have a range of work responsibilities, skills, and other differences that can affect the ways programs and policies in turn affect them. It is wise to include diverse representatives on the planning committee. You will need union or other labor representatives as well as management, representatives from production or service and administrative and support units. This ensures that differences will be taken into account and policies and programs can be developed that work for all areas of the workplace.

Typical members of a Workplace HIV/AIDS Planning Committee

- Human Resource Manager and/or other senior manager(s) responsible for workplace policies and benefits (e.g. health and safety officer, training department officer)
- Union stop steward or other elected labor representatives from within the organization
- Financial representative (e.g. company accountant)
- Medical Director and/or nurse
- Current or potential peer educator
- Employee living with HIV/AIDS (must be a completely voluntary decision)
- Union health and safety representative, and/or education director from the local union (optional)
- Staff member of an area NGO that provides HIV/AIDS services (optional)

To ensure success of the committee, try to have an equal number of management and non-management representatives.

- **Include representatives from all appropriate departments and levels, including workers with HIV/AIDS (if they are willing).**

Rationale: Being aware of the needs and concerns of people at all levels of the workforce helps ensure that HIV/AIDS policies and programs will serve everyone properly. The policy development process can best address the needs of all employees if the committee includes both workers and managers.

If there are HIV-infected employees who are willing to let their condition be known to others, they can be very helpful committee members. They, better than anyone else, can inform the committee of the concerns of people with HIV/AIDS.

- **Make labor representatives an integral part of the planning process.**

Rationale: Labor representatives are often a trusted source of information for other workers and have valuable experience in allaying fears in the workplace. They also have access to internal communication networks about sensitive topics and can be ongoing sources of information for other workers. Some of the HIV/AIDS workplace policies developed may become part of a collective bargaining agreement. In other workplaces, it may be the union contract language that guides the workplace policy development. It is extremely important that labor

leaders be active members of the workplace planning committee. If the workplace is not unionized, it is still important to include respected worker representatives.

- **Include men and women on the planning committee.**

Rationale: It is important that the potentially differing perspectives, interests, and concerns of women and men about HIV/AIDS be fully incorporated into the planning and program response of the organization.

- **Include people who are committed to addressing HIV/AIDS issues.**

Rationale: Just because someone represents a significant part of the workplace does not necessarily mean that s/he would be effective on the committee. A strong committee encourages participation from people who recognize the value of addressing HIV/AIDS at work.

- **Include people who are able to communicate and gain support for the committee's decisions.**

Rationale: The planning committee should include people who are liked and respected, because their credibility can build support for the committee's decisions throughout the workplace. Individuals who are effective oral communicators are also of special value in helping explain the work and decisions of the committee.

- **Keep the committee size manageable.**

Rationale: Ideally, the committee will be large enough to represent the employer and various interests within it, yet small enough to get the job done. Determine the size that is right for your workplace—usually between six and ten people.

- **Leave time for emphasizing areas of agreement and resolving differences among members of the committee.**

Rationale: For a host of reasons, committee members may have differing views about how best to address HIV/AIDS in the workplace. You can help the planning process by immediately establishing processes to resolve differences. It may also be helpful to begin by creating a shared base of understanding about HIV/AIDS by providing background information on its impact in your country and in the workplace. It is important to make participants feel comfortable expressing differing points of view and allocate sufficient time for working through differences. Where differences are substantial or difficult to resolve, use of an external facilitator will ensure that all voices are heard and that the committee is not delayed by disagreements or differences of opinion.

- **Identify leadership within the committee.**

Rationale: Good leadership is essential to creating an effective program and policy. One or two motivated individuals can provide the ongoing leadership necessary to develop a successful program. Sometimes leaders are top executives, shop stewards, or middle managers, and often they are workers. It only takes one or two champions of a workplace response to HIV/AIDS to get the process rolling. Leaders emerge as team players who will not lose sight of the program's goals and the strategies necessary to achieve them. Think carefully about how to identify and support such leadership for the committee.

The GIPA Principle: Greater Involvement of People Living with HIV/AIDS

In countries including Thailand, Burundi, and South Africa, people living with HIV/AIDS are playing an increasing role in HIV prevention and care. In South Africa, HIV-positive field workers have been trained and recruited by companies including Eskom, Imperial Transport Holdings, Lonmin Mines, and the newspaper The Sowetan to assist with HIV/AIDS prevention education and care in the workplace. They are particularly effective in addressing stigma and increasing worker awareness of HIV/AIDS.

Get support from top management and from labor leaders

For an HIV/AIDS workplace program to succeed, it must have visible support from both top union officials and top management.

Management: Ideally, you want management support from the beginning and from the most senior officer—or a business owner. If the initiative does not originate from the top, one of the first tasks is to convince senior management that an HIV/AIDS policy and prevention, care, and support program makes sound “business sense” for the employer.

Top managers are likely to be concerned about both the costs of programs and the health and safety of workers. Preparing budget estimates of the costs of various policy and program options will likely be helpful in preparing to meet with top managers.

Labor: Equally necessary to program success is labor leader support. Take the time early in the process to:

- Ensure that union shop stewards and other labor leaders are convinced of the value of the program and employer commitment to the welfare of workers.
- In a unionized workplace, review collective bargaining agreements to learn what language about HIV or STIs is included and talk to union representatives about what they see as the most critically needed worker protections and services.
- Find out whether the union or an associated labor federation has adopted its own HIV/AIDS policy or guidelines. If so, ask to review such policies.¹ They may include content and wording appropriate for your workplace policy and will help managers understand labor concerns.
- In any workplace, involve and seek the support of respected employee leaders.

Several parts of this Guide provide information on how to build a case for top management and labor support. In Module 1, the section “Why HIV/AIDS is a Workplace Issue” can help answer questions managers and labor leaders may have about why HIV/AIDS is a workplace concern. It may also be helpful to find out if other employers, business associations, and/or labor organizations in the area have developed HIV/AIDS programs and to share information about what worked, what did not work, and why.

At this preparation stage, develop a checklist of the internal approval steps that will be required to create an HIV/AIDS policy and program. In some organizations, it may be appropriate to get top management approval at various intervals as the policy and program are being developed. Include any required labor approvals. Identify a process that will work best for your workplace, and try to anticipate and receive the approvals necessary to move forward.

Key Messages to Employers

- **Get started on an HIV/AIDS policy and programs as soon as possible**—the sooner you take action, the more you can reduce the impact of HIV/AIDS on the costs of “doing business.”
- **A collaborative workplace-based team approach is the best strategy**—include key managers and labor representatives, supplemented by public or NGO representatives as needed to fill knowledge and service gaps. Include diverse representation from the workplace.
- **Effective workplace policies and programs take some time to develop**—do not expect a quick fix or depend on a one-time or *ad hoc* strategy. HIV/AIDS provides an ongoing challenge; your response needs to be similarly long-term.
- **Once you have started, monitor and regularly evaluate the effectiveness of activities and programs**—and be prepared to refine and add components based on what you learn. It may be worthwhile to establish a relationship with a university researcher or collaborate with a ministry to get help in evaluating the impact of your HIV/AIDS policies and programs.

Key Messages to Labor Leaders

- **Worker rights protections are a major benefit of workplace HIV/AIDS policies.** Labor involvement in employer planning can contribute to policies that guarantee confidentiality of information about HIV status, access to confidential and voluntary testing, elimination of mandatory testing, and protection against job discrimination related to HIV status.
- **Components of workplace policies can become part of collective bargaining agreements. However, it is not the planning committee’s responsibility to write contract language. That job belongs solely to the union and its representatives.** Where the union or a labor federation already has contract language on HIV/AIDS, it can provide a valuable foundation for both workplace policies and other local union’s contract agreements.
- **Workers often need education to address stigma.** Lack of accurate information about HIV often contributes to stigmatizing of HIV-positive individuals by their co-workers. Unions can play a key role by ensuring that accurate information and worker education is offered. Unions and their members should ensure that they are addressing stigma and discrimination by having specific anti-discrimination language in their contracts.

Preparing for Program Development

Your joint management-labor HIV/AIDS workplace planning committee can prepare for developing HIV/AIDS policy and program activities by agreeing on a process and a set of planning steps. This *Workplace Guide for Managers and Labor Leaders* provides suggested steps and procedures that can be linked and sequenced to create a comprehensive plan of action. An action plan will provide the team with a systematic approach, aid in distributing tasks among the team members, and make it easy to track the organization's progress in developing its policy and program. You can apply these steps to the entire program development process and to the design of each program component. The basic initial planning steps are:

1. **Form a planning committee as described earlier in this module.** Be sure to learn about HIV/AIDS, including recent information about HIV transmission and recent advances in prevention and care. Find out how your employees are being affected by HIV/AIDS, and what prevention, care, and/or support services they most need.
2. **Review this Guide**, which describes program models and components, and the resources and references provided in boxes throughout the Guide and in Appendix 11.
3. **Review existing workplace HIV/AIDS and/or health-related policies and prevention, care, and support programs in your organization and in the broader community.**
4. **Develop a checklist** to guide development of your program.
5. **Plan how you will work through the checklist**, agreeing on a timetable and clear assignment of responsibilities for each item.

The following box that follows provides a sample checklist to guide your planning. Revise it as needed to fit your workplace and needs. The sections below provide additional suggestions related to some of the topic areas in the checklist.

HIV/AIDS Prevention Education, Care, and Support Program Planning and Development Summary Checklist

MAJOR TASK AREA	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	APPROXIMATE TIMELINE
1. Planning Committee	<ul style="list-style-type: none"> ■ Gain initial management support and labor support to develop program ■ Organize a Joint Management–Labor HIV/AIDS Workplace Planning Committee (unless an existing workplace committee can be utilized) ■ If there is already a committee, review membership and add individuals with a program background ■ Learn about HIV/AIDS ■ Review this manual ■ Develop workplace checklists 		Weeks 1-4
2. Action Plan	Create a detailed plan of action with a timetable		Weeks 2-5
3. Working Groups	<ul style="list-style-type: none"> ■ Divide the program committee into working groups to pursue the action plan. (One approach: is to establish three subgroups, each with responsibility for one to two of the six recommended program components) ■ Identify leaders of each subgroup who are willing to be proactive ■ Define responsibilities for each group 		Weeks 2-5
4. Existing Workplace Policy	Review existing workplace policies to see if they address HIV/AIDS, and if programs are specified in them		Weeks 6-8
5. Labor Agreements	Review collective bargaining agreements to identify required activities or other provisions that may affect program structure or content		Weeks 6-8
6. Existing Programs	Identify and assess existing HIV/AIDS programs available in the workplace and in the surrounding community, and determine if and how they can be utilized by your workplace		Weeks 6-10

MAJOR TASK AREA	PURPOSE/KEY ACTIVITIES	PERSON(S) RESPONSIBLE	APPROXIMATE TIMELINE
7. Resource Materials and People	Identify internal and external resources to assist in policy/program development and/ or implementation		Weeks 6-10
8. Information Needs	Obtain any additional information needed for the planning committee about the workplace, such as employee knowledge and attitudes about HIV		Weeks 10-14
9. Policy Design and Approval	<ul style="list-style-type: none"> ■ Draft HIV/AIDS policy consistent with other company policies, international guidelines, and local laws ■ Obtain policy approval 		Weeks 10-16
10. Program Design	<ul style="list-style-type: none"> ■ Outline program components/ activities ■ Develop an implementation plan ■ Develop collaborative relationships with external entities providing quality services, such as public agencies, NGOs, or employer coalitions 		Weeks 12-16
11. Budgeting	<ul style="list-style-type: none"> ■ Estimate the costs of establishing a program, including direct, indirect, and in-kind expenses, as well as staff time ■ Draft a detailed budget for the prevention, support and care program, differentiating one-time, first-year costs from recurring annual costs 		Weeks 12-16
12. Management Approval and Labor Support	<ul style="list-style-type: none"> ■ Obtain management approval of the program and proposed expenditures ■ Obtain labor approval of the program 		Weeks 16-20
13. Implementation and Monitoring	<ul style="list-style-type: none"> ■ Announce the launch of the policies program through appropriate communications to all employees ■ Arrange for ongoing outreach to workers, partners, and family members ■ Implement program activities in manageable stages and logical sequence ■ Provide for initial monitoring and refinement and ongoing assessment 		Weeks 16-20+

Joint Management–Labor HIV/AIDS Workplace Planning Committee

A joint management–labor HIV/AIDS workplace planning committee with diverse membership provides a leadership group for crafting your organization’s HIV/AIDS policy and program. By dividing your planning committee into subgroups, you should be able to move the design and implementation process forward rapidly. Although the full group should meet regularly to discuss subgroup findings and recommendations and to make planning decisions, it is possible to have a subgroup(s) focusing on policy development issues and another subgroup(s) working on program development. In the early stages, the whole committee will need to devote time to preliminary planning, setting timetables, and assigning tasks to subgroups and individual members.

The organization will likely decide that the joint management–labor HIV/AIDS workplace program committee should be a standing committee. It can then be responsible for coordinating and monitoring the organization’s HIV/AIDS programs on an ongoing basis, and recommending or making improvements over time. To maintain vitality and broad support for the program, membership in the committee can routinely change through a process agreeable to both management and labor representatives.

Linking Program and Policy

Workplace prevention, care, and support activities should be guided and sustained by well-designed workplace HIV/AIDS policies (See Module 3). If your organization is in the initial stages of designing a HIV/AIDS program, you will probably find it most practical to complete the policy before developing program activities. This provides the program planning committee a great deal of information about HIV/AIDS. In addition, the policy should serve as the foundation for the program, specifying what activities will be provided. However, sometimes establishing a policy can be a prolonged effort. If adoption of a policy may require substantial time, the immediacy of the HIV/AIDS epidemic and the need for action may make it necessary to develop the program before a final policy is adopted. If you do this, seek top management and labor leader agreement on key policy components that are critical to program success, such as ensuring protection against discriminatory firing of employees who are living with, or are thought to have, HIV infection. When the employer HIV/AIDS policy is fully developed, make sure it is consistent with the program.

Management Support

Developing a HIV/AIDS program, like formulating policy, requires strong management support. If policy formation precedes prevention planning, this support probably already exists. If management support is uncertain, then building their investment in responding to HIV/AIDS will be a top priority. Module 3 discusses ways to gain management sup-

port for a workplace HIV/AIDS policy, which often includes identification of the prevention, care, and support activities the employer will provide. Ongoing communication with, and involvement of, senior management in prevention activities will also be important to maintain their support. This contributes to management recognition of possible needs for program revisions or expansion as the epidemic changes. In addition, senior management involvement provides leadership role models, encouraging other employees to become involved and view HIV/AIDS responses in the workplace as important.

Labor Support

Make labor representatives an integral part of the planning committee. Labor representatives are in the best position to participate in designing programs that reflect respect for workers' rights and concerns. Be sure your programs reflect an understanding of relevant components of current collective bargaining agreements. Recognize that labor leaders are likely to want guaranteed access to certain program components to become a part of future collective bargaining agreements.

Ensuring appropriate labor representation on the program committee helps ensure continuing awareness of labor concerns. So does periodic consultation with worker representatives or small groups of workers from various work areas and employee categories. Asking about employee preferences on such matters as scheduling of prevention education sessions improves program design and employee support for the program.

Seeking worker input and/or feedback also shows that workplace HIV/AIDS programs are a joint effort requiring labor, management, and individual worker support and involvement. HIV/AIDS programs should be available to every worker at every level. Without labor inputs, workplace HIV/AIDS programs may not be appropriate or successful. Seeking such input also demonstrates concern for employee well-being and respect for the role of unions and worker representatives within the organization.

Identifying Internal and External Program Resources

Internal Resources: An early step in HIV/AIDS program planning is to identify the human and financial resources available within the organization. Employers are at many different stages of HIV/AIDS awareness and program development. Some are already addressing HIV/AIDS or other STIs in the workplace. For example, some employers already distribute condoms as part of an existing family planning program, already offer STI services, and/or hold formal HIV prevention education sessions. Others may be addressing HIV/AIDS for the first time and have few or no prevention, support, or care program components in place. However, they may have a medical office. Alternatively, someone in the human resource unit may have coordinated a HIV/AIDS education program at a previous job.

To build on individual knowledge and experience and on related program activities, systematically identify existing resources. Be sure to look for at least the following existing services and capacity:

- HIV/AIDS services—prevention, support, or care focused;
- STI prevention or care services;
- Other health services—preventive or treatment focused;
- Employees with professional HIV/AIDS program experience—employees working in human resources, health services, or other workplace components; and
- Employees who are HIV/AIDS activists or serve as peer educators in other settings (e.g., religious, NGO).

In reviewing existing activities that are related to but not directly focused on HIV/AIDS, ask employees how they feel such programs could be enhanced or expanded to directly address HIV/AIDS. You may want to run informal discussions or focus groups, or even conduct an employee survey with the cooperation of supervisors and the direct involvement of labor representatives. Often, it makes sense to conduct the survey before your policies are developed to address both policy and program issues and needs.

In identifying individuals with HIV/AIDS program skills, send communications to all sectors and levels of the workforce. Ask for specific information about employee experience, skills, and interests. Some may be potential peer educators. Once you have identified such employees, engage them in the planning process or ask them to review program plans in their areas of expertise.

External Resources: In addition to identifying internal resources and capabilities, the program committee should identify and assess external resources. Focus initially on the local surrounding community and then look more broadly. Many employers find that they benefit from external expertise in HIV/AIDS. Organizations that may have experience in HIV/AIDS and can provide TA or collaborate with your workplace program include:

- Business-oriented groups, such as business coalitions and employers' federations;
- Health clinics;
- National ministries of labor and health;
- National AIDS Control Program or similar national body;
- NGOs like the Red Cross/Red Crescent—both national and local groups;
- Provincial and local public health offices; and
- Unions and other workers' associations including labor federations.

These entities often have highly skilled staff who can respond quickly to employer requests for TA in HIV/AIDS policy and program development. They may also be open to program collaboration, such as providing education sessions, offering confidential and voluntary testing on or off-site, or providing HIV/AIDS-related medical care.

Be systematic in your efforts to identify HIV/AIDS resources in the community. Try a brainstorming session with members of the program committee, at which you identify as a group the kinds of expertise and activities you are looking for and then list entities and contact people. Systematically consider various categories of organizations. Assign responsibility to follow up with these entities. Also identify “key informants”—individuals in the community you know are deeply involved in HIV/AIDS programs and well connected to other people and

Learning from and Communicating with Employees: Hai Ha-Kotobuki, Vietnam

In developing and implementing its workplace HIV/AIDS program, Hai Ha-Kotobuki in Vietnam emphasized obtaining information from employees at all levels and communication with and among employees.

When the company was developing its HIV/AIDS program, it began by conducting a KAPB survey with 924 workers. Survey results provided the information needed to develop appropriate communication messages for workplace prevention education activities. The company’s HIV/AIDS policy was designed to assist managers and staff to take initiatives in protecting themselves, their families, and the community against HIV/AIDS, as well as supporting people with HIV/AIDS. The policy also identified appropriate programming efforts.

One part of the program involved selection and training of information officers on HIV/AIDS within the management structure. HIV/AIDS human resource management sessions were held to train all supervisory staff on the policy and program implementation.

At the worker level, line staff were already divided into small workgroups. This approach was found to be effective for disseminating information on HIV/AIDS. Members within each workgroup were selected for peer education training. They were available as peer educators and ongoing sources of information for co-workers. Voluntary counseling, testing, and care were offered for HIV positive employees.

The HIV/AIDS program resulted in increased staff knowledge about HIV/AIDS as measured by a follow-up KAPB survey. An added benefit was that the small-group approach increased internal workgroup cohesion—which has value for other work-related activities.

For more information about this company’s program and other examples of workplace HIV/AIDS programs, see the Asian Business Coalition on AIDS website at: <http://abcon aids.org/vietnam.html>.

organizations. Assign committee members to contact these individuals and ask them to identify other individuals and organizations that have specific expertise or run program activities.

Be sure to document information on both internal and external resources for use as you design programs and choose partners or contractors.

Budgeting Costs

Preliminary cost estimates should be an integral part of HIV/AIDS program planning. You do not want to over-emphasize costs and thereby limit your program development too early. Often, many costs are indirect, or services can be provided free or at very low cost. However, it is useful to consider both actual expenses and the value of staff time (for example, the value of peer educator time spent on prevention education during working hours, or of volunteer time spent on community-based services outside working hours).

It is helpful to begin to budget costs early in the design process so that you can obtain preliminary feedback from management about activities and costs, including any inflexible cost parameters. If cost constraints are going to limit program options, you want to know this early, so that you can focus on finding affordable ways to include needed program components.

Information Needs

Sometimes the program committee may feel a need for more information about employee attitudes or behaviors. If so, consider conducting a knowledge, attitude, practices, and behaviors (KAPB) survey of employees. Often, you will find that such a survey has been conducted in your community or region, and tested forms and procedures exist. Public health agencies, NGOs, and universities can be useful contacts to learn more about past surveys and get help in conducting a survey in your workplace if desired. Use survey results in program development.

If you have access to trained facilitators, consider conducting focus groups with employees at various levels. The depth of discussion will provide information for program planning that is not available through quantitative surveys. Consider informal meetings or other ways to involve employees at all levels in program implementation—their direct involvement can greatly enhance support for workplace programs and successful communication of prevention education messages. In all employee consultation and research, ensure anonymity and confidentiality, and explain that results will be used for program design and improvement only.

The remaining sections of this module outline briefly the recommended components of an effective workplace response to HIV/AIDS, comprised of an appropriate set of policies and a comprehensive program. The modules that follow describe in detail how to design and implement such policies and programs.

Components of a Workplace HIV/AIDS Prevention, Care, and Support Program

Workplace HIV/AIDS programs are most effective when they include a comprehensive and coordinated set of prevention, care, and support components. Whether they are provided directly by employer or by employer-sponsored referrals to service providers in the community, such programs are more likely to be strong, cost-effective, and sustainable.

This Guide recommends workplace programs that include all seven components listed below. Smaller employers may need to contract for some of these services or may need to begin with a more limited program.

Recommended Components of a Workplace HIV/AIDS Program

1. **HIV/AIDS-related policies and practices** that are clearly defined, understood, and consistently followed.
2. **Formal and informal HIV/AIDS prevention education activities** for all employees.
3. **HIV prevention support**, including condom distribution systems that make condoms readily and consistently available, and, where appropriate, drug abuse prevention and treatment programs.
4. **Diagnosis and treatment of STIs and OIs** associated with HIV for employees and/or family members.
5. **Access to VCT** within or outside the workplace.
6. **Counseling, care, and other support programs** for HIV-positive employees and/or family members.
7. **When feasible, provision of more advanced treatment therapies** for employees and family members who are living with HIV/AIDS.

These program components are described below, along with reasons for including them in a comprehensive workplace HIV/AIDS prevention, support, and care program. (For more detail and guidance in developing specific components, see Module 4.)

1. Policies and Practices that are Clearly Defined, Understood, and Followed Consistently

Policies are the foundation of a workplace HIV/AIDS program. A HIV/AIDS policy defines an employer's position, specifies union and worker rights and responsibilities, and establishes consistent practices—including how the organization will respond when an employee is, or is believed to be, HIV-infected. Without policies that explain and guarantee appropriate organizational practices for addressing HIV/AIDS at the workplace, programs are unlikely to be effective. For example, what employee would seek diagnosis and treatment for an STI at a company clinic (oftentimes the only place offering this service) if the employer's policy and/or practice were to terminate employees with this ailment?

Policies set standards of expected behavior for all managers and employees, and for communication about HIV/AIDS. Policies let employees know where to go for assistance and instruct supervisors, managers, and the union on how to manage HIV/AIDS in their work groups. It has been the experience of SMARTWork that parts of workplace policies are often integrated into union collective bargaining agreements. The following components of the policy are particularly likely to be a part of union agreements:²

- Prevention of HIV/AIDS discrimination in the workplace with compliance to the law and health standards;
- Prevention of HIV/AIDS discrimination in the workplace even if no such law exists. Unions do not have to wait for a law to exist, or for management to write a policy, in order to write their own contract language. One of the responsibilities of the union is to negotiate contract language that reflects the needs of the workers;
- Maintaining the confidentiality of worker medical records and status; and maintaining the privacy of workers with any illness, including HIV/AIDS;
- Protection of worker benefits (e.g., health care coverage, retirement pension); and
- Promotion of a safe and healthy workplace (e.g., protections from risks of exposure to HIV, and other blood borne viruses, through exposure to blood).

Policies need periodic review by the planning committee and/or by labor leaders and managers.

2. Formal and Informal HIV/AIDS Prevention Education Activities for All Employees

Prevention education: HIV/AIDS prevention education and training activities in the workplace are designed to educate and encourage workers to change or adopt behaviors that will reduce the spread of HIV. Formal sessions may take as little as 30 minutes or as long as several hours to provide factual information about HIV/AIDS and its transmission, safer sex practices, and other behaviors that protect workers from HIV transmission. Basic sessions should be included as a part of orientation and training for new employees. Supplemental sessions should be offered to all employees regularly (e.g., once a quarter) or as a part of programs that address safety and health issues during regular working hours.

Peer educators: Peer educators can be extremely effective as an integral part of prevention education. These are coworkers who have been specially trained to conduct informal education and training activities. They use informal small-group and one-on-one interactions to discuss HIV/AIDS, teach safer sex practices, answer questions, distribute materials, and generally foster an environment of greater awareness and understanding about the disease. Peer educators who are HIV-infected can be especially effective in discussing risk behaviors.

Often, unions play an active role in recruiting and training peer educators. A union or labor federation in your country or region may already have an active peer education program and may be able to provide expertise and support in the development of a group of peer educators to provide prevention education within your workplace.³

3. HIV Prevention Support, including Condom Distribution Systems and Substance Abuse Treatment

An effective HIV/AIDS prevention program supplements education activities with prevention support services designed to make it possible and/or easier for employees to take recommended actions. In addition to such things as training sessions and IEC/BCC materials that can encourage such important strategies as abstinence and reduction in the number of sexual partners, prevention support services should include condom distribution systems and action to prevent transmission resulting from drug use.

Condoms: Include use of condoms as part of your safe sex messages and ensure that condoms are readily and consistently available to employees, including at the workplace. Condoms—along with appropriate (non-oil based) lubricants—are an essential component to an effective program for reducing transmission of HIV and other STIs. Though your educational programs and IEC/BCC materials should encourage abstinence where appropriate (for example, delayed onset of sexual relations for young workers) and

reduction in the number of sexual partners, in most cases it is unrealistic to expect that your entire workforce is either not sexually active, or sexually active with only one faithful partner (known as “zero grazing” in the highly successful Ugandan IEC/BCC approach).

Where abstinence or “zero grazing” is not being practiced, consistent use of condoms is the next most effective method of reducing the risk of sexual transmission of the HIV virus. As experience in Brazil has demonstrated, unless condoms are widely available in the community and at reasonable cost, an HIV/AIDS prevention program is likely to have only limited success.

Reflecting the reality of many workforces, when Ford South Africa made mass condom distribution a priority and put condom distribution machines in workplace toilets, “uptake” of condoms increased 25-fold. Although this practice may be a sensitive issue at first, experience shows that employees appreciate and support condom distribution in their workplaces. For example, large corporations operating in Sub-Saharan Africa, such as Daimler Chrysler and Standard Chartered Bank, have taken part in condom distribution to both employees and customers.

Addressing substance abuse: One of the most difficult questions facing business and labor leaders is how to address drug use (especially injection drug use), which has become a major source of HIV transmission in many countries. Drug use can effect decision-making abilities and lead to actions that place individuals in high-risk situations. In addition, injecting drug users are at high risk of becoming infected with HIV through needle sharing.

Studies show that HIV transmission among injection drug abusers can be prevented, slowing the epidemic and even reversing it in some areas, such as Thailand. Where injection drug use is of possible concern, an effective HIV prevention programs may include access to clean injecting equipment, counseling, and drug abuse treatment (it is important to note, however, that U.S. government funds cannot be used to purchase or distribute injection equipment for injecting illegal drugs). Whether to provide syringe and needle exchange programs is often a difficult decision for an employer, but such programs can play an important role in HIV prevention where drug use is high and/or drug abuse treatment is not available from other sources. Needle exchange programs are most beneficial when combined with other prevention programs and access to substance abuse treatment. For example, the Shell Company of Thailand provides both syringe and needle exchange and drug treatment. Some employers provide access to drug treatment provided by NGOs or other external sources. Several studies have shown that such programs decrease the risk of HIV without any increase in drug use in the communities.

4. Diagnosis and Treatment of Sexually Transmitted Infections and Opportunistic Infections

Increasingly, treatment for workers with STIs and OIs is becoming an issue for employers. Many employees suffer debilitating illnesses or infections that increase absenteeism and reduce productivity. Yet highly cost-effective therapies allow such illnesses to be prevented or successfully treated, often at very low cost. These infections include STIs other than HIV/AIDS, tuberculosis (TB), *Pneumocystis carinii pneumonia*, and dermatological (skin) infections (e.g., *Candida*). Include in your program at least some low-cost services to prevent or treat such conditions. You can support such services through employer-sponsored medical clinics or cover them as part of your employee health insurance system.

STIs: STIs are not only injurious in their own right, but also are estimated to cause a 10-fold increase in the possibility of HIV transmission during unprotected sex. Because of this, STI diagnosis and treatment, or referrals to such services, should be part of a comprehensive workplace HIV/AIDS prevention program.

Tuberculosis: TB is highly infectious and highly treatable. It is also the leading direct cause of death for people with HIV. For example, use of Isoniazid in Spain was found to increase life expectancy for HIV-infected workers by three years. Directly observed therapy (DOT)—in which the patient takes the medication under observation of a nurse or other health care provider—is highly effective in successful treatment of TB. Studies indicate that treatment of TB can cost US\$10-20 per person (often eliminating several months of illness during which an employee cannot work).[†]

Opportunistic Infections: For people diagnosed with HIV or AIDS, some common OIs can be prevented with relatively low-cost medications (e.g., antibiotics like Bactrim). Common dermatological infections such as *Candida* can also be easily managed, which will help avoid disability among HIV-infected workers.

5. Access to Voluntary Counseling and Testing

You may want to consider a variety of other services or referrals for employees, their partners, and families. Among the most important is **confidential, voluntary HIV counseling and testing** (VCT) for employees and their partners. It is important to distinguish between VCT and mandatory testing. Mandatory testing, or testing without a worker's consent, is illegal in many countries and should not be used as a condition of employment. On the other hand, studies from around the world have shown that VCT can be effective in reducing risk behaviors for both HIV-infected and HIV-negative workers. Appropriate counseling associated with voluntary testing contributes to prevention education and can encourage behavior change. Collective bargaining agreements sometimes include protections against mandatory testing and ensure access to free VCT.

Often, the best way for an enterprise to provide for VCT is to inform all employees where they can go outside of the workplace to receive VCT, and ensure that the service is conducted anonymously and at no or very low cost to employees. VCT should be offered in the workplace itself only under special circumstances, such as the following:

- Where VCT, including anonymous testing, is not readily available in the community surrounding the work site.
- Where your workplace policy ensures confidentiality and emphasizes that workplace-based testing is voluntary for employees, with informed consent.
- Where there is a benefit to knowing employees' HIV status. Possible benefits include the availability of treatment and the opportunity to prevent mother-to-child transmission of HIV.
- Where national or local laws do not violate the principles outlined above.

6. Counseling, Care, and Other Support Programs for HIV-positive Employees and Family Members

Employers often make available some form of counseling, care, and other support services for concerned workers and their families or partners. Such services not only benefit the physical and mental welfare of those affected, but also increase the probability of sustained behavior changes that will help prevent the transmission of HIV.

Even when the employer does not provide advanced HIV/AIDS treatment therapies, it can support care for HIV-positive workers and their families. For example, you might offer:

- Education and training on providing home-based and palliative care (care that makes people with HIV/AIDS more comfortable). Pain management, nutrition, and other training can help family members care for people with late-stage HIV/AIDS.
- Information on resources available in the community, how to access them, or linkages that are more extensive, such as paid referrals to community-based sources of care and support. Some employers offer staff of NGOs or public agencies offering HIV/AIDS services space in the workplace so that they can provide on-site services to workers and their families.
- Special projects in support of school- or community-based services that assist employees and their families. For example, peer educators or other workplace personnel may offer prevention education sessions in the schools or at non-governmental organizations that serve employee family members.

Strong community linkages can help employers maximize worker access to service provided by public agencies and NGOs. Such connections are especially important for smaller enterprises that are unable to provide needed services directly.

7. Provision of More Advanced Treatment Therapies where Feasible

Now that effective medications exist to treat HIV/AIDS, some employers provide such therapy for their employees. Medical advances are likely to make additional therapies more available and less expensive. Treatment can also include prevention of mother-to-child transmission of HIV, for which highly effective medications are available at low cost.

Effectiveness: ARV and highly active antiretroviral therapy (HAART) therapies should be accompanied by monitoring by a health care worker and services designed to ensure adherence to recommended therapy. Studies in developing and developed countries have shown that adherence to HAART therapy with routine monitoring is extremely effective in reducing both illness and death of people with HIV/AIDS. In Brazil, for example, antiretrovirals were found to decrease mortality by 32%.

Costs: For some employers, the costs of providing these medications are still prohibitive, but costs have been reduced significantly. Generic manufacturers are offering a combination of drugs for as low as US\$300 annually per patient. With monitoring, the cost per patient is about US\$500 a year. Drugs may also be available at low or no cost through local AIDS service organizations or through donor agencies (see box).

Companies that have significant investments in recruitment, training, and employee benefits have found provision of the new therapies to be cost-effective (see the next section of this module). The business merits occur largely because the onset of AIDS is delayed for a number of years. A combination of cost-benefit information and ethical factors have led some companies, including Botswana Diamond Company and Mumias Sugar, to offer HAART to all employees with HIV/AIDS. In the United States, some unions have joint labor/management funds that cover health and education costs, and those funds can be leveraged to help support HIV/AIDS programs. Similar labor/management cost-sharing arrangements have been used effectively in other countries and are well worth considering.

Lessons Learned and Best Practices

Lessons from around the world indicate that many employers and trade unions are addressing HIV/AIDS as an employer responsibility, through concern for employees and for the viability of their organizations. What have they learned?

Programs can make a difference. Employers can help prevent HIV/AIDS and ensure that employees with HIV/AIDS remain productive for long periods. Persons infected with HIV may have no symptoms for several years or more, depending on a number of factors, including their overall health. For more than 50% of persons infected, AIDS develops in 10-12 years. With appropriate treatment, people with HIV/AIDS can live long, productive lives. In some companies, employee recruitment, training, and other costs have been reduced by investment in HIV/AIDS programs.

Prevention works. HIV prevention programs can reduce the spread of HIV, prevent the loss of skilled employees, and reduce employer costs related to medical care and benefits for persons with HIV. For example:

- In Thailand, the Shell Company addresses prevention for people at high risk due to injection drug use. It provides counseling and drug treatment, as well as sterile syringes and needles. It does this only in areas where health clinics do not exist, or where confidentiality may be compromised if employees must seek services outside the workplace. The company's policy also provides for peer education, especially among youth, and a regularly scheduled HIV/AIDS education program for all employees.
- Studies within South African firms demonstrate that investment in routine education programs for employees has resulted in cost savings of 3.5 to 7.5 times the cost of the programs.

Workplace research providing strong employee input can help employers set priorities and establish appropriate programs. The Debswana Diamond Company's comprehensive workplace HIV/AIDS program was developed based on worker surveys and other studies. The model is being replicated by partners, including branches of the National Union of Mineworkers, Goldfield Ltd., Joel Mine, and various public health structures.

Peer education is a particularly effective component of prevention programs. In 1993 in Zimbabwe, 40 factories implemented HIV/AIDS prevention programs. In 1994, 20 of these companies added peer education to their prevention programs, while the remaining companies continued with their existing programs. Factories offering peer education had a much lower rate of new HIV infection (incidence) than factories that did not.

Debswana Diamond Company, Botswana

Background: Because such a large proportion of its skilled workforce is infected with HIV/AIDS, the Debswana Diamond Company (PTY), Ltd., in Botswana has instituted a comprehensive HIV/AIDS program. This program includes the communities surrounding its mines. Between 1996 and 1999, Debswana noted the impact of increased illness and death due to HIV/AIDS among the workforce. This included a rise in retirement due to disability from 40% in 1996 to 75% in 1999. HIV/AIDS-related deaths increased from 38% of all deaths in 1996 to 59% in 1999.

Research: The company undertook several types of research to understand better the impact of HIV/AIDS in its workforce and company. In 1999, it conducted a voluntary anonymous HIV survey to establish prevalence levels. With 75% of the workforce participating, the survey found that nearly 29% of the 5,261 employees surveyed were infected with HIV. The highest prevalence (31%) was among 30- to 34-year-olds. In 2000, the company carried out an employee-wide evaluation of current HIV policies and programs at all Debswana operations, including a KAPB survey. The results demonstrated that basic knowledge about transmission of HIV/AIDS was high (94%). However, a significant percentage of both male and female employees (ranging from 26-46%) reported that they had multiple partners and did not use condoms.

The company also conducted an institutional audit to assess future costs and liabilities due to employee illness and death from HIV/AIDS. The audit included health care costs and benefits, costs of increased demands on health care, potential consequences for productivity, and implications for staff morale.

Identification of critical jobs: One of the key outcomes of the audit was the development of guidelines for the identification and analysis of key critical posts. The analysis identified 26% of jobs as critical to the core business. These critical positions are targeted for specific risk reduction strategies including training and replacement/ succession strategies. The audit results provided major input into the company's overall epidemic and cost-containment strategies.

Corporate policy: The Company's initial policy, developed in 1995, included provisions requiring non-discrimination and no pre-employment HIV testing, and stressed the importance of education and prevention efforts for HIV/AIDS. Building on that policy, the company developed a comprehensive policy for employees and suppliers that outlines the role of all employees and supports structures, such as home-based caregivers, counselors, peer educators, and health care workers. The policy defines stakeholder engagement as a requirement for suppliers that provide goods and services to Debswana. Stakeholders must have their own HIV/AIDS policy and programs and be supportive of Debswana's community HIV/AIDS initiatives. Suppliers are audited periodically to assure that they have an HIV/AIDS workplace policy and program. The company also has a training initiative through a scholarship program for youth attending colleges.

Debswana Diamond Company, Botswana (cont.)

HIV/AIDS Strategy: In 2000, the company prepared a new strategic plan, identifying HIV/AIDS as an area of strategic importance requiring a special, ongoing focus. The new HIV/AIDS strategy includes a vision and mission statement to address HIV/AIDS in the following areas: epidemic containment, living with AIDS, cost containment, stakeholder engagement, monitoring and evaluation, and communication.

Medical care: Debswana provides medical care and antiretroviral (ARV) therapy for all affected employees and their spouses. In March 2001, the board of directors approved the provision of ARV treatment for employees living with HIV/AIDS. The company provides subsidies for ARV therapy, which includes prophylactic treatment and appropriate monitoring and laboratory testing. Debswana pays 90% of the cost for an infected employee and one legally married spouse who is HIV-positive. A nurse monitors employees using ARV therapy through a toll-free telephone line. She contacts all registered patients to discuss the importance of adherence to therapy, provides reminders to patients for blood tests, and follows up with doctors and other staff.

Collaboration: Debswana has engaged diverse stakeholders, including the Botswana Mining Workers Union, various government bodies through the multisectoral AIDS committee structures, several pharmaceutical companies, and NGOs. In the mining communities, Debswana collaborates with schools, local governmental agencies, community-based groups, and traditional and faith healers to provide HIV/AIDS education through peer education and participation in government and community efforts.

Labor often plays a major role in developing and implementing workplace programs, including recruiting and training peer educators. For example:

- At Larsen and Toubro of India, a large construction firm, labor was involved as a team member of the planning group for an HIV/AIDS prevention, care, and support program. The program has peer educators, a periodic prevention education program, VCT, and support services for persons living with HIV/AIDS. Prompting the program planning effort was a high rate of new infections among young workers, aged 18–35.
- Since early 1992, the Workers' Sole Central, a national trade union in Brazil, has collaborated with management to provide STI/HIV prevention in the workplace. Union members trained as peer educators provide workers an ongoing source of information and condoms. The union has worked to reduce tariffs on condoms and to include condoms as a subsidy for workers.

Collaboration among employers has many beneficial results. Employers can collaborate through coalitions or business service organizations to advocate for an increased response from national authorities and the international community. Small and large employers can work together to support HIV/AIDS efforts.

- Examples of such groups are the Global Business Coalition on HIV/AIDS (GBC), the Ugandan Business Council on AIDS, Confederation of Indian Industry, Asian Business Coalition on HIV/AIDS, and the Brazilian Business Council on AIDS. These coalitions are valuable means of sharing information about the implementation of comprehensive programs, engaging new employers, and advocating as a group to governments on issues related to HIV/AIDS.
- A business coalition in Vietnam supports non-discriminatory practices with regard to people with HIV/AIDS. Developed by the Vietnam Chamber of Commerce and Industry, the Vietnam Mobilization Business on AIDS works with companies to ensure corporate commitment to non-discriminatory policies and HIV prevention programs.

Collaboration with union and cross-sector entities offers access to knowledge, experience, and diverse perspectives. Examples of such collaboration, some involving particular industries and/or government and public agency workplaces, include the following:⁵

- The International Transport Workers' Federation has developed a prevention-focused project for truck drivers in Uganda. Among its innovative features: negotiating with government agencies to reduce border formalities and thereby shorten the waiting times for drivers and their crews at the border—which means less opportunity to purchase sex.
- The International Confederation of Free Trade Unions develops HIV/AIDS workplace initiatives through its regional offices. The Education International, the international union federation for teachers and other education workers, has developed a *Training and Resource Manual on School Health and HIV/AIDS Prevention* which reflects input from eight countries. Its alliance includes WHO, UNESCO, the UNAIDS secretariat, among other members.
- Family Health International and the Harmony Gold Mining Company in Free State, South Africa demonstrated how HIV transmission among miners could be prevented through STI diagnosis and treatment and other health services for sex workers and women in communities around the mines. The model is being replicated by partners, including branches of the National Union of Mineworkers, Goldfield Ltd., Joel Mine, and various public health structures.

The costs to an employer of antiretroviral therapy are often less than health care and absenteeism costs for employees not receiving those medications. When an employer provides health insurance or health care, these savings may be financially significant, despite the costs of ARV and HAART. At Volkswagen Brazil, appropriate referrals and access to antiretroviral drugs reduced employee hospitalization rates by 90% and HIV/AIDS-related medical costs by 40%. Absenteeism was reduced by more than 90% for some employees.

Research indicates that providing HIV/AIDS prevention, support, and care can be cost-effective for employers. A research study conducted in seven firms in southern Africa studied how HIV/AIDS affected costs and benefits of providing HIV/AIDS prevention, support, and care. The AIDS economics team of the Center for International Health at Boston University conducted the study. Findings were as follows:

- **AIDS costs:** In a preliminary analysis of three sectors that vary by size and industry, costs due to AIDS were estimated at 3-11% of annual salaries in 1999, 2-8% in 2000, and 5-18% by 2006.
- **Cost per infection:** As expected, costs per new HIV infection among males 35-40 were the highest. Actual costs varied by age at retirement, medical expenses, and disability and death benefit premiums.
- **Cost-benefits of treatment:** For each new HIV infection avoided due to an employer's prevention efforts, the company saves the costs associated with that infection, less the cost of prevention efforts. Treatment costs vary widely between firms, depending on who is offered care within the labor force and the type of care offered. For two of the businesses, treatment was most cost-effective for supervisors and less so for technicians. Providing treatment and care to keep employees in the workforce might be less expensive than the costs of HIV/AIDS, even for low-cost companies.⁶

These examples and others provided in Module 4 demonstrate that much has been learned about how to respond effectively to HIV/AIDS at the workplace. The remaining modules in this Guide provide direct guidance on how to design and implement workplace HIV/AIDS policies and programs.

References

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