



Challenging Partnerships

**GTZ and Private Sector Commitment to the Fight
Against HIV/AIDS at the Workplace in Africa**



Deutsche Gesellschaft für
Technische Zusammenarbeit (GTZ) GmbH

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Preface

The business response to the HIV/AIDS epidemic has been mainstreamed in recent years with the GTZ becoming an active player in the worldwide network of businesses, organisations, governments and universities exchanging their knowledge and experiences. In Berlin in 2003 and Dar es Salaam in 2004, GTZ and its partners, the International Labour Organization (ILO), the World Bank and Georgetown University, organized international meetings on HIV/AIDS workplace programs. During the course of these meetings we realised that we still need case studies in order to learn from each other and to promote international knowledge management. We need to identify useful activities and avoid dead-ends in our workplace activities which operate on the fragile basis of corporate social responsibility. The GTZ BACKUP Initiative has therefore supported the promotion of various documents on the GTZ's ongoing efforts to combat HIV/AIDS, such as this analysis of HIV/AIDS workplace programs in southern and eastern Africa.

GTZ started working with private businesses in the field of HIV/AIDS prevention, treatment and care five years ago. In Public Private Partnerships, GTZ contributes its know-how with financial backing from the German Ministry of Economic Cooperation and Development (BMZ) whilst the companies provide the program budget and draw on their everyday working relationships with their employees. GTZ has gained valuable experience from these partnerships. One key insight was that although development work and private business management may have common interests, they remain very different in many ways.

We would be delighted if this publication were to help intensify relations between the business world and the world of development cooperation. All challenges aside, however, the case studies show that, hidden in these partnerships, workplace interventions against HIV/AIDS are both manageable and worthwhile.

Most of our partnerships operate within a time frame of three years at the most, and two of them have already ended. We therefore felt the time was right to analyse experiences, draw conclusions and reflect on the way forward. We hope this analysis will facilitate decision-making in the public and private sectors. GTZ acknowledges the private sector's unique potential and its efforts so far to contribute to the global rollback of the HIV/AIDS epidemic. However, the business world needs sustainable service and support structures, if HIV/AIDS workplace interventions are to become a long-lasting commitment that smaller and financially weaker companies can also afford. HIV/AIDS interventions at the workplace are an important means of scaling-up national efforts and they will be increasingly supported by global funding. With this vision in mind, we see that a lot remains to be done.

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Development Cooperation and Private Business

Unusual Partners in Social Affairs

Development cooperation and private businesses usually do not have a lot in common. However, HIV/AIDS is one of the issues that unite them. In southern Africa, which is hit hardest by the epidemic, HIV/AIDS weighs heavily on national economies, paralyzes economic growth and endangers social balance. Three-quarters of the 40 million HIV/AIDS-infected people worldwide live in Africa. Since most of them are in the productive age group of 15 to 49 years, there are disturbing economic implications. The gross domestic product (GDP) of high-prevalence countries in Africa is steadily decreasing, with all of the consequences that this implies for markets, investments and progress. World Bank research shows that per capita income and life expectancy in African countries have fallen to the level of the 1960s. Those wishing to do business in Africa cannot ignore these facts. African countries are mobilizing all of their various elements to respond to these threats, including the private sector. What is involved here is not yet understood in all companies in the private sector, but this understanding is growing.

HIV/AIDS workplace programs are the most prominent instruments for dealing with the epidemic where people work. These long-term interventions target behavior change, medical care and social, financial and legal support; they are largely inspired by experience gathered in HIV/AIDS prevention and control and concepts from other societal fields. The international promotion of workplace programs started less than a decade ago. In 1996, UNAIDS began to integrate the previously neglected areas of civil society and the private sector into its „expanded response” to the HIV/AIDS epidemic at the country and regional level. At the same time, multinational companies began discussing the economic impact of HIV/AIDS, the most active among them forming the Global Business Coalition on HIV/AIDS in 1997. Two years later, UN Secretary-General Kofi Annan urged enterprises worldwide to live up to their corporate social responsibility. He initiated the UN Global Compact as a network of predominantly international companies, actively promoting HIV/AIDS workplace programs among other topics. The United Nations announced the struggle against AIDS as objective no. 6 of the Millennium Development Goals. Another network – the World Economic Forum – also took up the struggle against HIV/AIDS, malaria and tuberculosis and, together with the World Health Organization and UNAIDS, created the Global Health Initiative. By formulating its Code of Practice on HIV/AIDS and the World of Work, the International Labour Organization (ILO) joined in recognizing the role and importance of workers, employers and governments in the fight against AIDS.

These activities to counter HIV/AIDS picked up considerable momentum when anti-retroviral drugs (ARVs) made treatment of AIDS possible in the developing world as well. This development triggered a far-reaching, on-going international discussion and a probing examination of global ethics regarding equal access to the highly potent AIDS drugs. In 2000, the major pharmaceutical companies agreed either to relinquish their patent rights or to accept





price reductions of up to 90 percent for sales of HIV/AIDS drugs in developing countries. For millions of persons living with HIV/AIDS in the developing world, the perspective of virtually certain death gave way to new hope. A powerful new weapon was put into the hands of AIDS programs.

The private sector is rather a new partner for development cooperation when it comes to social issues. The German federal government and its Ministry of Economic Cooperation and Development (BMZ) decided a few years ago to promote development issues in cooperation with the private sector through public private partnerships (PPPs). Through this program, public-private cooperation was stimulated in many fields, especially in environmental and social areas. The ratio of funding for the PPP projects was generally 20 percent public and 80 percent private and was limited to three years of cooperation. The philosophy behind the public private partnerships is incorporated in initiatives like the Global Compact or the Global Health Initiative of the World Economic Forum.

The main business of companies is not generally to introduce medical and behavioral change programs, which is why know-how and assistance were offered by development organizations. GTZ has been supporting the development and implementation of workplace programs on HIV/AIDS in private companies in eastern and southern Africa since 2000. Collaboration started with a public private partnership between DaimlerChrysler South Africa and the German government. It was extended to the South African subsidiaries of Robert Bosch, T-Systems, Roche and Volkswagen. At the same

time, another public private partnership began with Heineken/Bralima in the Democratic Republic of Congo. In 2002, the regional project AIDS Control in Companies in Africa (ACCA) was created at GTZ head office in Eschborn. This project established cooperation with national companies in Namibia, Zambia and Tanzania and is now responsible for the technical aspects of all workplace programs supported by GTZ. It has extended its support from individual companies to business-interest groups such as Business Coalitions Against AIDS or branch-specific associations. In this way the project intensifies its influence on the African business community.

All of the companies cooperating with GTZ were obliged to develop their own individual designs for HIV/AIDS workplace interventions. The companies have diverse preconditions, understandings and priorities. Some are large multinationals, others are small, medium-sized or large African businesses. The range of GTZ experience is therefore quite broad. The research for this documentation, which was conducted between September and December, 2003, is intended to assist development cooperation organizations to a better understanding of private sector efforts to fight AIDS. It is meant to bridge the gap between private enterprises, which are sometimes reluctant to put their significant weight behind national social efforts, and developing cooperation, which may expect too much social engagement from a sector whose main interest is business.

The DaimlerChrysler Group in South Africa

CASE STUDY Commitment, Investment and

The Company

DaimlerChrysler South Africa (Pty) Ltd, a subsidiary of the German DaimlerChrysler AG, manufactures and markets motor vehicles and automotive parts at three production and administrative sites. In 2002, the company had around 5,000 employees in South Africa. In 1991, DaimlerChrysler South Africa adopted a workplace policy focusing on AIDS education and non-discrimination. Eight years later treatment with anti-retroviral drugs was added. Condom promotion and treatment of sexually transmitted diseases and tuberculosis were already features of the program.



The cooperation between DaimlerChrysler South Africa and GTZ was established in July 2000 as a public private partnership funded by the German Federal Ministry for Economic Cooperation and Development (BMZ). The German government contributed the technical assistance; DaimlerChrysler South Africa assumed the implementation costs. The cooperation covered a three-year period, until December 2003.

DaimlerChrysler South Africa wanted to shift existing activities into a long-term, sustainable program. It was motivated more by its corporate social responsibility (CSR) commitment than by the actual impact of HIV/AIDS on the company in terms of increased morbidity and mortality, although these were indeed being felt. Management maintained that these costs – even if they increased – would still be marginal in terms of the company's overall expenditure.

Activities

The project started with the construction of a capacity-building structure for implementation of the workplace program. An HIV/AIDS task force and a coordinator were designated to run the program. One of their first tasks was to assess the HIV/AIDS knowledge, attitudes, practices and behavior of the staff (KAPB study) and to identify and train 260 peer educators. Confidentiality, non-compulsory testing and the reduction of stigma and discrimination were part of the existing company policy. In addition to peer education, further awareness activities were launched, such as a website, a video library and HIV/AIDS training courses for managers and new staff. Campaigns raised awareness on World AIDS Day and advertised in-house services such as tuberculosis treatment, free condom distribution and voluntary testing and counseling.

At the same time, management made a major effort to assess and limit the company's HIV/AIDS risk. A comprehensive cost-benefit analysis looked at the medium- and long-term impact of the HIV epidemic and the benefits of the workplace program. The benefits scheme was adjusted, extending services to retrenched workers and their spouses for one year following retrenchment. A prevalence survey added essential data. The survey was so well prepared that nearly 80 percent of the workforce took part. HIV prevalence turned out to be 8.8 percent, a figure below national surveillance data.

In 2003, 82 of an estimated 400 infected employees were on anti-retroviral treatment; however, few spouses of staff members showed up for treatment. Four women underwent treatment for prevention of mother-to-child transmission (PMTCT). Only 188 workers – less than half of the employees presumably infected – registered for the Aid for AIDS (AfA) benefit scheme. This rather low percentage showed that the workers were still reluctant to learn their individual HIV status despite all awareness efforts.

On the other hand, the medical services recorded considerable success for the program as a whole. The tuberculosis cure rate improved from 40 percent to 100 percent among patients taking part in on-site directly observed treatment (DOTS). The death rate of employees from AIDS decreased by 56 percent. Among employees using the plant



International Publicity

health facility, the incidence of sexually transmitted diseases was halved.

As soon as the program was up and running, DaimlerChrysler South Africa reached out to the communities. It organized training sessions for general practitioners, contacted traditional healers and trained peer educators for schools. At the production site in East London, DaimlerChrysler South Africa helped local health services to improve the management of sexually transmitted diseases (STDs) and tuberculosis. The company set up referral and reporting procedures at a number of private and public clinics as well as quality-of-care audits.



DaimlerChrysler, a high profile company, does not shy from visibility. It became an outspoken advocate at numerous international and national meetings and with well-known institutions like the Global Business Coalition against HIV/AIDS, the Global Health Initiative of the World Economic Forum, UNAIDS and WHO. DaimlerChrysler decided to use the project widely in its international public relations strategies. The company received the Annual Award 2002 of the Global Business Coalition for its HIV/AIDS workplace program from UN Secretary General Kofi Annan personally.

The final evaluation of October 2003 indicated some challenges for the future. The program could enhance its impact by directing activities towards the families of employees. It will also be necessary to step up voluntary testing and counseling so that more persons enrol for AIDS care and treatment. Addressing stigma and fears of potential breaches of confidentiality will be permanent issues.



Lessons learned

For GTZ, DaimlerChrysler South Africa was the first partner who was willing to invest in HIV/AIDS prevention, care and mitigation. After three years, this investment showed encouraging and measurable results. It proved that private companies can play an important role in strengthening the national response to HIV/AIDS. It also demonstrated that the private sector can and should cooperate with the public sector and civil society. Other companies have been inspired by this example.

As a development organization, GTZ learned to adapt HIV/AIDS work to a private company setting. For three years, DaimlerChrysler South Africa provided a fertile ground for many ideas and efforts. Not all of them succeeded, and many had to be corrected or even abandoned. Nevertheless, a concept for HIV/AIDS workplace programs was developed and has since been adapted to many other corporate settings.

The common project revealed the advantages of a public private partnership for both parties. GTZ contributed its project management to the undertaking – planning, monitoring and evaluation, aspects often neglected in the private sector. Professional contacts, i.e., with the Medical Research Council South Africa or Boston University, assured credibility and the highest professional standards. GTZ linked the company to the public health infrastructure through its National AIDS Program and the prevailing national and international guidelines in AIDS work. Since GTZ is a member of the international HIV/AIDS network of UNAIDS, WHO and many other organizations, it was able to open doors for DaimlerChrysler and to facilitate its very successful public relations strategy.

By going public with its HIV/AIDS program, DaimlerChrysler paved the way for HIV/AIDS interventions at the workplace. As peers, DaimlerChrysler representatives were convincing to other managers. DaimlerChrysler has made its appreciation of GTZ's role in the joint development project clear: the company hired the GTZ advisor for the world-wide introduction of HIV/AIDS workplace programs at its production sites in Russia, India, China and South Africa starting in January 2004.

Components of HIV/AIDS Workplace Programs

Under the umbrella of public private partnerships, the first workplace programs on HIV/AIDS were initiated by German development cooperation. GTZ promoted HIV/AIDS workplace programs that adhere to the comprehensive approach of AIDS work in communities. GTZ encourages companies to seek opportunities for prevention, to improve medical care and treatment wherever possible and to establish a non-discriminatory and supportive environment for HIV-positive employees. The programs stress quality control, sustainability and a long-term perspective – the main quality features of development projects in general and HIV/AIDS programs in particular.

Society in a Nutshell

Prevention Activities: First Choice

Preventing new HIV infections will always be one of the main objectives of HIV/AIDS workplace programs. Prevention involves social change – more precisely, changing behavior and perceptions. Companies cooperating with GTZ make use of educational materials developed for their specific target groups, utilizing existing communication channels and, where appropriate, new means of communication. Education offered by peers, from colleague to colleague, has proved to be a very successful training method. Trained peer educators explain how the HI-virus is transmitted and how one can protect oneself. The peer education approach can be extended and strengthened and the message put across in presentations by storytellers, drama groups or singers.

One of the key messages of HIV prevention is the promotion of female and male condoms. These are not appropriate for every person in every situation, but for sexually active people condoms are still the best means of preventing infection. The social marketing of condoms combines modern product positioning and advertising with behavior change messages.

Apart from promoting condoms, prevention efforts try to convince employees to use voluntary counseling and testing (VCT). Knowing one's own HIV status has been proved to increase people's willingness to behave responsibly and thus prevent the spread of HIV/AIDS. HIV testing services must be accompanied by intensive pre-test and post-test counseling. It is vital that the confidentiality of a VCT service is ensured and that the HIV tests meet the quality standards of the World Health Organization. A current debate raises the question of whether or not VCT services succeed in making HIV-positive persons aware of their situation. Critics state that VCT services are usually used by persons less at risk of having HIV. Managers, as well as public and occupational health specialists, have started to discuss regular mandatory testing as a more successful means of containing the unrestricted transmission of the virus. To protect human and workers' rights, any interventions in this respect must be supplemented by national regulations and a strong legal structure to prevent abuse and discrimination.





Prevention should not only relate to HIV/AIDS, as people get bored listening to the same content over and over again. In order to react to changing workforce trends, information campaigns must be monitored continuously. As a result, most companies have started to broaden the content of their messages, moving away from solely addressing HIV/AIDS, tuberculosis and sexually transmitted diseases towards providing more information on wellness in general, including such elements as family planning, nutrition, alcohol and drug abuse, exercise and medical benefit schemes.

Medical Care and Treatment: Relief and Hope for People Living With AIDS

Combating HIV/AIDS means supplying medical services at an early stage. The variety of corporate medical services is significant. Some companies have set up in-house treatment services with a doctor, while others offer only first aid in their health facility. Some enterprises rely on private or public health facilities nearby.

One of the focal areas in health care is risk reduction through treatment of sexually transmitted diseases (STDs). There is a strong link between STDs and HIV. The presence of an untreated STD – such as herpes or gonorrhea – increases the risk of HIV transmission. Unprotected sexual practices that expose a partner to the risk of STD transmission also put that partner at risk of contracting HIV.

The immune system of people living with HIV/AIDS is usually impaired and thus particularly susceptible to opportunistic infections and diseases, such as flu-like illnesses, pneumonia, skin diseases or tuberculosis. To improve the quality of life of HIV-positive people, workplace programs stress the treatment of these opportunistic diseases. Providing HIV-positive persons with nutritional supplements is another supportive and relatively affordable medical intervention.

Effective HIV/AIDS care requires anti-retroviral therapy as a treatment option. People living with HIV/AIDS benefit by having restored health, are more economically productive, and function better socially. Anti-retroviral treatment (ART) helps make AIDS less stigmatized and boosts prevention efforts. HIV-positive pregnant women and their babies receive special ARV treatment to inhibit the transmission of the virus during labor and breastfeeding.

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Heineken/Bralima in the Democratic Republic of Congo

CASE STUDY An HIV/AIDS Workplace Program

The company

Heineken Breweries is a Dutch company with operations in more than 170 countries. In the Democratic Republic of Congo, which has only in recent years overcome dictatorship and civil war, the total Heineken/Bralima workforce is above 1,000. All Heineken/Bralima operations in Congo have on-site medical services which offer primary health care, including education and promotion of good health.

Two confidential, anonymous and alarming HIV tests of workers and family members in the company clinics in 1997 and 2000 made Heineken/Bralima well aware early on of the impact of HIV/AIDS on its workforce. Early prevention activities resulted in a cooperation agreement with GTZ in March 2001 which lasted until March 2003.

In November 2001, drastic price reductions for anti-retroviral drugs led Heineken to opt for free, lifelong anti-retroviral treatment for its workers and eligible family members even after they had left the company. This decision by a private company was a milestone in the corporate social responsibility of multinational companies in Africa.

Activities

Although the provision of anti-retroviral drugs is the keystone of the Heineken/Bralima workplace program, it nevertheless contains many more elements, some of which were already partially implemented before the access to anti-retrovirals gained prominence.

An HIV/AIDS committee is the driving force of HIV/AIDS issues in the company. It is chaired by the general manager or his representative on the executive committee. The chief medical officer acts as technical advisor to the committee. Over 20 peer educators have been selected and trained. They organize plays and special events around HIV/AIDS topics: e.g., questionnaires and voluntary AIDS knowledge and behavior tests on World AIDS Day. A knowledge, attitude, behaviour and practice (KABP) questionnaire distributed to staff on December 1, 2002 showed satisfactory results with regard to general knowledge. Apart from peer education, the workforce is informed through the in-house computer network, staff meetings, posters and other types of educational materials, which are also available to family members.

Heineken/Bralima purchases condoms from a social marketing program. It provides voluntary counseling and HIV testing (VCT) on its premises. The annual medical check-up of workers and family members was used to promote testing, but less than 10 percent of the workforce has so far accepted this VCT offer. Yet 99 percent of pregnant women accept counseling and testing for HIV as part of a program to prevent mother-to-child transmission of HIV (PMTCT).



Under Post-War Conditions

The company clinics are well equipped and function well. They treat sexually transmitted infections, tuberculosis and other opportunistic infections. Post-exposure prophylaxis is available to staff, as are safe blood supplies for medical interventions. Trained counselors give psycho-social support to persons living with HIV/AIDS and maintain contacts with reliable non-governmental organizations and support groups.

Heineken/Bralima has established a fund to alleviate the suffering caused by HIV infection and to reduce poverty among persons too sick to work. The fund helps employees and their families to start up some small income-generating business, such as selling Bralima products. If this is not possible, an allowance is paid when the contract is terminated.

The main product of Heineken/Bralima, beer, poses a particular challenge to the HIV/AIDS activities. Excessive alcohol consumption promotes uncontrolled and unprotected sexual activities including sexual violence. While the company has made progress in reducing or even eliminating jobs with increased vulnerability, such as the “promotion girls”, excessive drinking remains a problem. It cannot be tackled by Heineken/Bralima alone, but calls for a kind of voluntary code of conduct for all companies in this particular market to reduce the negative effects of advertising alcoholic beverages and thus promoting alcohol consumption.

Lessons learned

The collaboration with Heineken/Bralima was GTZ's second major experience with developing an HIV/AIDS workplace program in a private company in Africa. Conditions in the Democratic Republic of Congo were far less favorable than in South Africa. In Congo, which has suffered from decades of civil war, AIDS is just one more disaster people have to face. Yet it proved possible to launch a comprehensive and long-lasting workplace program even under these adverse conditions. The well-established medical services within Heineken/Bralima paved the way for the HIV/AIDS program. Even more important, the strengths and interests of the Netherlands headquarters and the local Congo management were combined.



One of the major challenges for the future will be to monitor and evaluate the measures and their impact on the well-being of the workforce and workforce dependents. The relatively low response to voluntary counseling and testing and anti-retroviral drugs needs further analysis.

The program sparked a series of workplace programs: first in Kinshasa, then in other cities within the country, and eventually even in neighboring countries. With GTZ support, Heineken/Bralima convinced other companies to form a coalition against AIDS called CIELS. Since its start in 2002, CIELS has secured international funding and now promotes workplace activities among its members. The partnership between Heineken/Bralima and GTZ proved advantageous for both parties: Heineken/Bralima could consolidate and systematize its own workplace program, while GTZ could register a development impact for the entire private and public business sector in a country deep in crisis.



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Human Resource Management: Responsible for Trust and Transparency

In most cases, a company's human resources department is closely involved in implementing an HIV/AIDS workplace program. It usually hosts the HIV coordinator and forms the interface between workforce and management.

It is vital to an HIV/AIDS workplace program that the company appoints someone to be in charge of the program. This HIV Coordinator is responsible for the project team, for advancing the process, and for maintaining contact between management and the project team. An HIV/AIDS task force, to consist of union members, representatives of management and the human resources department, medical personnel and peer educators, supports decision-making and project implementation.

At the start of a program, the AIDS team usually drafts an HIV/AIDS workplace policy that clarifies the rights and duties of employees and management concerning HIV/AIDS, thus laying the ground for trust and transparency. In general, the policy affirms non-discrimination and confidentiality to HIV-positive employees and defines the components of an HIV/AIDS prevention and care program. It is of the utmost importance that this central document be widely accepted by all stakeholders – management, trade unions, the human resources department and people working on the shop floor. The policy should be reviewed biannually and modified to accommodate changing circumstances.

One of the consequences of the HIV/AIDS epidemic in southern Africa is that human resources departments must deal with rising costs. It is difficult to optimize social benefit schemes without increasing labor costs substantially; however, initiatives can still make some contribution. A number of companies have joined an AIDS fund that pays for anti-retroviral treatment. Some companies promote income-generating activities for families of employees suffering from AIDS. Others create special light jobs for HIV-infected employees who can no longer perform their normal duties. There is a widespread need for innovative ideas for adapting benefit schemes. The struggle against AIDS will always involve balancing support for employees with a realistic use of available resources and creating transparency while preserving confidentiality and an atmosphere of trust.

Community Outreach: “Don't Run before You Can Walk”

Since companies are involved in their communities in a number of ways, activities within the community and partnerships with other stakeholders and institutions are a natural option for comprehensive HIV/AIDS strategies. Such involvement makes a contribution to equity in societies where being employed is a privilege and an advantage. The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the International Labour Organization (ILO) have developed a co-investment concept for funding private companies willing to extend their HIV/AIDS workplace interventions to the community. Other donors like the World Bank are equally open to supporting company outreach to communities.

A prerequisite for initiating activities and interventions at the community level is that project components be in place at the workplace level. However, both the target groups and the strategic goals of community outreach must be clearly identified, keeping in mind that extending activities to communities might overload the company AIDS team. To avoid duplicating activities, it is imperative to “screen” the communities to establish which activities are already being carried out by other institutions (governmental or non-governmental) and to try to collaborate with these initiatives. The motto of any successful community involvement should be: “Don’t run before you can walk.”

Baseline Data: The Foundation for Planning and Monitoring

Baseline surveys provide specific data on the corporate environment in which an HIV/AIDS workplace program is to be implemented. They contain not only hard facts such as infection rates, but also soft facts concerning behavior and social structures. Baseline data allow reasonably accurate estimates to be made of the impact of HIV/AIDS on company operations. They also help identify the specific needs of a given company, which will determine the design of an effective HIV/AIDS workplace program. In the course of implementation, the consolidated information will be used as a benchmark against which any change is measured.

A situational analysis provides data on a business's corporate profile and national setting. A KAPB survey contributes data on the knowledge, attitudes, practices and behavior of workers and management vis-à-vis HIV/AIDS. Questions tackle sensitive areas like sexual life and partnership. Prevalence surveys are a helpful instrument for management attempting to budget workplace programs. Experience shows that such surveys are also very convincing. Prevalence surveys not only help management understand the importance of HIV/AIDS intervention in the company but also engage the personal involvement of every employee. However, since prevalence surveys can also be misused as instruments for corporate discrimination and injustice, they must meet high quality standards including voluntary participation and anonymity.

It is natural for a company as an economic entity to be concerned with costs – of HIV/AIDS as well as of workplace programs responding to the disease. The GTZ/ACCA regional project has developed a specific costing model in cooperation with the Swiss Tropical Institute. This model allows companies to assess their human resource data pools on the basis of quality and completeness. In a second step, this tool quantifies the costs and benefits of an HIV/AIDS workplace program.



Monitoring and Evaluation: A Home Run for Development Cooperation

Monitoring and evaluation are vital for managing HIV/AIDS workplace programs. The team members responsible must proactively check whether planned project inputs and outputs are being achieved and identify both the barriers and supportive factors affecting the program's success. They also check the quality of interventions to ensure that best practice standards are maintained. One dimension of monitoring and evaluation is the process of implementation of HIV/AIDS activities. Aside from routine recording of all activities, it is important to know how many persons have been reached by the measures. Monitoring the impact of a workplace program requires regular evaluation. Data on impacts are compiled and analyzed at longer intervals.

Five Years of Experience

Different Business Settings, Different

The preparation, negotiation and implementation of workplace programs have generated a wealth of experience and raised many issues. It will be at least a decade before these programs can show results in terms of HIV prevalence rates; however, other positive effects of the workplace program are visible sooner. In addition, the process turns up difficult aspects, ones that may have to be addressed through a public private partnership. To be aware of these issues will help both parties – companies and advisors – to implement HIV interventions at the workplace successfully.

Motivating Management: A Constant Task

Although the HIV/AIDS epidemic is already in its second decade, and infection rates have reached crisis levels in many if not all eastern and southern African countries, it is by no means a foregone conclusion that private companies readily become involved in the fight against AIDS. The issue of the economic costs of the epidemic to private companies remains controversial. While authors like Gilbert (2002) and Cohen (2002) argue that the approaching loss of human capital is plain, and that corporate profitability is sure to suffer, not all of the managers



Workplace Programs

and human resources directors cooperating with GTZ seemed alarmed.

In South Africa, which has one of the highest infection rates in the general adult population, some companies like T-Systems or Roche have yet to feel the impact of AIDS in terms of increased absenteeism, morbidity or even mortality. An economic analysis by Seitz et al. (2002) on the effects of HIV/AIDS on the human and social capital of DaimlerChrysler South Africa concludes that labor costs are less than five percent of all costs, so that a rise in such costs would not threaten profitability. The motivation of many managers to start a workplace program is therefore not necessarily founded on micro-economic reasoning.

It is hard to measure the impact of social and behavioral change, especially with AIDS, which spans such a long period between infection and loss of productivity and ultimately death. With the support of the Swiss Tropical Institute, GTZ has developed a costing model that estimates all of the direct and indirect costs that HIV/AIDS imposes on a company. The first applications of the model indicate that in the long term the epidemic will be a cost factor of proportions that cannot be ignored. With the introduction of anti-retroviral drugs at constantly lowering prices, the prevention movement has yet another strong argument in support of workplace programs.

Even where companies feel the impact of AIDS, managers do not necessarily conclude that something needs to be done. Unskilled workers – seasonal agricultural workers, for example – can be easily replaced. The army of unemployed or persons working in the informal sector constitutes an enormous reservoir of cheap labor. Cohen (2002) would argue that this is a fallacy and that even unskilled labor exists in a given location and has task-specific skills that are very hard to replace. However, his view is not shared by all managers on the ground.

In many cases, motivation or even pressure on companies in southern Africa to start a workplace program comes from their head offices. These, often European offices may themselves have developed their international policy on HIV/AIDS with their African operations in mind, as was the case with



Heineken/Bralima in the Democratic Republic of Congo or Lafarge and Mbeya Cement Company in Tanzania. These international companies often feel a corporate social responsibility which their African affiliates lack. Though sometimes the European or American head offices may support HIV/AIDS activities through special funds, as was the case in Volkswagen or Robert Bosch South Africa, many international companies ask their African operations to shoulder the costs of AIDS programs themselves.

Most companies must be very cost conscious. Many are subject to volatile markets and must struggle to make a profit. Regular budgets for human resource development rarely exist. A number of funds which were set aside for HIV/AIDS activities were temporarily curtailed when more important production requirements had to be satisfied first. Having top management on board is therefore even more important. The greater the involvement of a top manager in a workplace program, the harder it is for the company to withdraw once a commitment has been made.

In all of the companies that participated in the cooperation, convincing local management of the importance and feasibility of an HIV/AIDS workplace program was a major effort. Numerous representations of the relationship between the epidemic and development in general and business in particular were elaborated and used to convince managers. Involving management in the workplace programs is an ongoing process. The AIDS team must outline a

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Volkswagen AG, Robert Bosch, T-Systems and Roche in the Republic of

CASE STUDY Programs Adapted to

The companies

The cooperation between GTZ and DaimlerChrysler has attracted the attention of other companies as well. The South African subsidiaries of T-Systems, Robert Bosch, Volkswagen and the pharmaceutical company Roche have formed public private partnerships (PPPs) with GTZ along the lines of the Daimler-Chrysler agreement. The initial PPP project was to run from 2001 to 2003, but it was extended for another year to ensure a smooth transfer of the programs. All company-based activities were financed by the enterprises themselves.

T- Systems South Africa (Pty) Ltd

T- Systems, a subsidiary of Deutsche Telekom, was founded in 1997. Its main office is in Midrand, Gauteng Province, with sites in East London and Cape Town. The workforce in 2003 was made up of 900 mostly male, highly skilled employees. It is a young workforce, with 34 the average age.



Robert Bosch South Africa

Robert Bosch South Africa belongs to the German Robert Bosch AG. Around 900 semi-skilled and skilled employees work for Robert Bosch in Brits, near Pretoria, producing original equipment automotive parts for the local market and export market. An aftermarket office is situated in Midrand for the sales and marketing of power tools, automotive parts and security systems. Most workers belong to the powerful National Union of Metal Workers South Africa (NUMSA).

Roche Products (Pty) Ltd

Roche SA is a subsidiary of the Swiss pharmaceutical company, F. Hoffman La Roche. About 100 of the 500 employees work in pharmaceutical production; the remainder are involved in diagnostics, distribution, sales, marketing and administration. The company's head office is based in Johannesburg area, with small offices in Cape Town, Bloemfontein, Port Elisabeth and Durban. All staff are covered by a health insurance plan.

Volkswagen of South Africa (Pty) Ltd

More than 5,200 employees make up the workforce of Volkswagen South Africa, a branch of the German car manufacturer. The main production site is in Uitenhage, 30 kilometers outside Port Elisabeth. The company runs a number of cooperate social responsibility projects in the Uitenhage area. All staff are covered by a health insurance plan.

Activities

The four companies differ markedly from one another and cannot easily be compared. The commitment of their respective managements to the workplace program varies, as does the impact of HIV/AIDS on their workforces. However, under the umbrella of the public private partnership with GTZ, all are launching a workplace program along similar lines.

From the very beginning, all companies agreed to establish an HIV/AIDS task force with the participation of management, unions where they exist, medical staff and the workforce. They all nominated an HIV/AIDS Coordinator and developed a company-specific HIV/AIDS workplace policy. Especially the policy discussions proved to be a major element in sensitizing management and staff alike on issues of workers' rights. Relations between management and workers were by no means harmonious in all of the companies. Where the unions were strong, as at Volkswagen and Robert Bosch, it was hard work tackling a sensitive issue like HIV at the workplace. Even after the formal agreement and signing of a workplace policy by management, unions and staff alike, the rationale for such a policy continues to be questioned.

South Africa

Company Profiles



Each company has developed specific methods for modifying the standard components of prevention, improvement of medical care, human resources management and community outreach in order to adjust them to its particular needs. In the area of education and awareness, the project focuses in all companies on the training of peer educators at the workplace level and on the launching of information, education and communication (IEC) campaigns. Robert Bosch South Africa has established a peer education network and is providing a well-equipped office that can be used by all peer educators and their co-workers. In addition to the peer education approach, Volkswagen South Africa has trained peer educators to become storytellers.

In their IEC campaigns, all of the companies have not only used existing modes of communication but have also developed new and innovative communication channels. Outstanding examples of this are T-Systems and Roche, with their stylish electronic and hard-copy pamphlets and manuals, and which use interactive and animated e-mails

and SMS messages to inform their target audience about current project interventions.

The results of anonymous, voluntary HIV prevalence surveys helped all companies to accept the urgent need for a workplace program. All conducted prevalence surveys with participation rates between 70 and 99 percent. T-Systems and Roche, with their relatively well-educated, highly skilled and overwhelmingly white workforces, were shocked by the results. While Roche had opted from the beginning not to go public with their results, T-Systems published a prevalence rate of 7.2 percent. At Volkswagen, the figure was similar, with variations between the predominantly black blue-collar workers and the predominantly white administrative staff.

The companies were unequally prepared to deal with the “day-after” effects. Volkswagen had already prepared for educational and emotionally-based activities to deal with the results. Storytellers and peer educators talked to their colleagues and promoted voluntary counseling and testing. In other companies, where HIV was less accepted as a

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company problem, the preparation of appropriate educational and counseling structures was slower. Following the prevalence survey, all companies reported a change of atmosphere. Speaking about HIV/AIDS issues has become easier and company communication is more personal and open even across divisions and departments. All of the companies are providing their employees with access to anti-retroviral treatment.

Community involvement was started as a second step, once in-house structures were functioning. As part of this component, Volkswagen South Africa developed peer education materials for a senior primary school and is providing training courses for general medical practitioners in the neighboring communities. These and many more processes in the four companies have been monitored over the last three years. The 2004 work plan at all of the companies will largely concentrate on monitoring and evaluation. For all of them, too, an external evaluation is planned for 2004 in order to examine progress and remaining challenges.

The HIV/AIDS coordinators, the peer education coordinators and other company staff, including that of DaimlerChrysler, meet quarterly to exchange ideas, knowledge and experience. These meetings are highly appreciated by the employees and serve as a major forum for collective learning. GTZ has also organized a meeting of all general managers and chief executive officers of the companies to discuss a common promotion and advocacy plan for HIV/AIDS at the workplace for the local private business community at national and international levels.

Lessons learned

Although the HIV/AIDS epidemic is a national crisis in South Africa, originally the managers of the four companies were not actively involved in this issue. While many became interested through workplace programs in other companies, few had an understanding of what was required to establish a comprehensive and sustainable program. Many company representatives assumed that GTZ would implement their workplace program. Much time and discussion were needed to make the company understand that it would have to plan and conduct the workplace program itself, with GTZ only contributing external advice and facilitating the process. Advocacy and promotion work among the top company management remained a major advisory task.

During the process of advising four companies with very different profiles in one project setting, it became clear that each workplace program will have its own individual characteristics and will depend very much on the structures and climate of a given company. For all, however, the hard data gathered in a prevalence survey are essential to strengthen the commitment of managers and to engage the emotional support of employees. Equally effective for support is an exchange among peers. The regular meetings of company staff involved in the workplace programs stimulate motivation and ideas.

GTZ support will end in 2004 with a final evaluation of the four programs. An important challenge, therefore, still lies ahead: Will T-Systems, Roche, Bosch and Volkswagen continue to run strong and consistent workplace programs without external motivation? Will the programs make a noticeable and measurable contribution to the national response to the HIV/AIDS epidemic at company and community levels? It will make sense for GTZ to maintain contact with the companies through the international network on workplace interventions to see if, five years from now, the expectations and investments in comprehensive workplace programs on HIV/AIDS in South Africa have met with success.

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communication strategy that targets management as much as the shop floor. All workplace programs are management driven: unflagging commitment and a good understanding of the complexities and challenges of a workplace program by the company's top management are the sine qua non of any success and must be continuously nurtured.

Satisfying Management: Long-term Commitment Versus Quick Solutions

It is not yet clear to most managers that dealing with the HIV/AIDS issue will require a comprehensive, long-term effort. Many still believe in quick solutions to the HIV/AIDS problem. Managers in general, and heads of human resources departments, too, have never before been confronted with the intransigence that now faces social change programs. They are convinced that a little information and education for the workforce will do the trick. There are a number of examples of workplace programs, especially for information and peer education, that ran for a while but then totally collapsed. This happened with Lafarge/Mbeya Cement in Tanzania and Agriflora in Zambia before they decided on a second, more systematic effort with GTZ. Other companies abandoned their efforts completely because the managers responsible did not recognize the need for long-lasting sustainable commitment.

Convincing managers to cooperate on workplace programs has been a major challenge for GTZ. A comprehensive, company-based workplace program, by its very nature, requires a good understanding of the forces behind the HIV/AIDS epidemic and the potential for intervention. Many managers readily agreed to organize some activities while going on with business as usual, but few were ready to accept from the start that they had to integrate a workplace program into their own corporate structures. The competition in the market for HIV/AIDS interventions at the workplace is brisk. Many non-governmental organizations offer limited activities such as edutainment events or peer education without any involvement on the part of the company itself.



The advisors needed considerable skills to promote a really comprehensive approach. Confronting managers with the complexities of prevention, treatment and care activities, not only for employees but also for communities, often scared them away at the beginning. For reasons of cost, many companies were not ready to accept this degree of comprehensiveness as necessary. It made more sense to start with tangible activities and at the same time to keep the dialogue open for building up commitment and a feeling of ownership. Nevertheless, a vision of corporate potential as a whole was put forth in a project proposal.

Eventually all GTZ cooperation partners agreed on the amount of company involvement necessary for a workplace program. The next trip-wire appeared in the planning phase. Top managers wanted to see activities materialize quickly and grew impatient with the extensive preparation the program required. Building up company capacities and conducting baseline surveys were not appreciated as necessary prerequisites for a successful program. It appeared more advisable to private businesses to combine long-lasting commitment with quick solutions: first create some smoke, then plan the meal. Edutainment events, for example, do not need extensive preparation and can be conducted as a vanguard for sound planning.

As a larger number of practical positive experiences with workplace programs can be cited as proof, arguing for more comprehensive solutions will become easier and more convincing. Nothing convinces managers more certainly than the success of their peers or competitors.

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Lafarge/Mbeya Cement Company in Tanzania

CASE STUDY

Well Embedded in Public Structures

The company

Mbeya Cement Company belongs to Lafarge International Corporation, which produces mainly building materials and has operations in a number of African countries. In recent years, Mbeya Cement was restructured: it introduced new technology and reduced the number of workers from over 600 to 250 permanent employees by outsourcing several services. Ninety-five percent of the workforce is well trained. After these profound changes, the company is now on its way to greater profits. Mbeya Cement is the most important company in the Mbeya region. It contributes to safe drinking water for the nearby community and has built and equipped a school and a dispensary close to the factory.

The Mbeya Cement management is well aware of the significant impacts that AIDS has on their skilled labor force. Apart from this, many if not all Lafarge operations in eastern and southern Africa have some sort of workplace program. Lafarge International developed, mainly for its African operations, an HIV/AIDS policy guideline which was amended in 2003 to include the provision of anti-retroviral treatment (ART) for workers and their families.

Activities

In the past, Mbeya Cement has conducted campaigns and prevention activities on professional safety and malaria. In past years a few events were also conducted on HIV/AIDS. There are company committees on quality, health and safety, and collective bargaining. Shortly after initial contacts with GTZ, the management selected 11 members of



different departments to serve as an AIDS task force. When the contract with GTZ was signed in March 2003, planning could begin. Cooperation with GTZ was recently extended until March 2006.

The task force and the HIV/AIDS coordinator from the human resources department are the program's driving forces. In compliance with national legislation and the corporate HIV/AIDS policy guideline of Lafarge, they drafted an HIV/AIDS policy for Mbeya Cement which was approved by both management and the board.

Together with the human resource manager, GTZ conducted a cost analysis of sensitizing people to the financial implications of AIDS and the benefits of a workplace program. The analysis uncovered important data gaps, i. e., on absenteeism and medical costs. It became clear that these gaps had to be filled to make financial monitoring of the program possible.

In September 2003, 28 persons, all of them selected by the management, were trained as peer educators by the district AIDS coordinator, an experienced trainer with materials developed in the region. The course took a week, with an additional week of observing and participating in practical peer education at other companies. It focused on the promotion of condoms and voluntary counseling and testing (VCT). On 29th of November 2003, the workplace program was officially launched with intensive coverage by the Tanzanian press.

Mbeya Cement has contracts with nearby health care structures which permit staff to seek treatment there. The company has already designed a procedure for counseling and the treatment with anti-retroviral drugs which will be applied when the medication is available. A referral system secures confidentiality for staff and employees. Another topic is health care financing improvement: together with a non-governmental organization, Mbeya Cement and the GTZ Health Financing Component of the Tanzanian German Program to support Health (TGPSH) as well as the GTZ/ACCA-Project are investigating the financial feasibility of cost reduction for Mbeya Cement Company and insurance for all employees.

As part of cooperation with GTZ, important studies were conducted at Mbeya Cement. A KAPB



survey provided important information for the design of the program. A simplification of the KAPB study design is currently being developed to provide the company with a tool it can use on its own. A survey of utilization of VCT services at Mbeya Cement indicated a persistent need to build trust in the company HIV/AIDS policy. Many employees refused to be tested because of fears of retrenchment. As a consequence, an internal and external communication strategy will be developed by the end of 2004 to also prepare the ground for a voluntary and anonymous prevalence testing.

Lessons learned

The solid and systematic foundation of the Mbeya Cement workplace program was strongly management driven, as all assignments were the result of management, not worker, nominations. This was certainly at least in part a consequence of the strong input from the mother corporation, Lafarge. But workers on all levels strongly support the program just the same.

It proved very useful to start a systematic and comprehensive workplace program with a company of regional standing and importance. Mbeya Cement is interested in assuming the leadership in the development of workplace programs in the region. This will strengthen the private sector response to HIV/AIDS in Mbeya, thereby adding an important dimension to the strong regional program.

There are obvious advantages to situating the workplace program in an environment where systematic HIV/AIDS work has been organized by the public sector for over a decade. Mbeya Cement can draw on functioning district structures – the District Medical Officer, the District AIDS Coordinator, the District Training Officers, etc. This will also enhance the sustainability of the workplace program once GTZ technical assistance has been withdrawn.



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Strengthening AIDS Teams: Capacity Building at All Levels

The success of a workplace program is closely related to the human resources capacities of each company. The quality of corporate management and in-company HIV/AIDS teams is a crucial factor in the development of a program. Companies like Heineken/Bralima, or Volkswagen, which have already embarked on services for staff welfare, find it much easier to come to terms with the challenges of HIV/AIDS. Here, HIV/AIDS is a core element within the context of staff wellness. Other elements relate to work safety, stress, violence, drug addiction, substance abuse and employee relations in general. GTZ's experience with sexual and reproductive health, as well as in other health fields, can be incorporated within a workplace program if companies request it. There is also untapped potential for working with organizations like the International Labour Organization on comprehensive programs to optimize conditions in the working world. The HIV/AIDS issue will often be the entry point for such larger programs.

Other companies, which have only recently started to become engaged in the social aspects of the workplace, must first establish competencies and capacities. In GTZ cooperative arrangements, needs ranged from general knowledge-building about HIV/AIDS to basic project management skills like computer skills or presentations to groups. For

the HIV/AIDS task forces and coordinators, whose background usually includes no experience with social or medical science, interpreting survey data or developing a project work plan poses quite a challenge. GTZ has therefore supported a great number of training measures for company team members. This alone, however, is not enough. Capacity-building among employees requires strong promotion by management. Many human resources managers in African companies concentrate their efforts on reducing absenteeism and costs related to the workforce. Few have a medium to long-term view of caring for the workforce. And even if they do, their views are not shared by senior management, or they are not given the authority they need to act on their views. Only a few human resources departments have had their own budgets for staff welfare and training.

Training only makes sense when it can be applied in the HIV/AIDS work in the company. The newly won knowledge of the trained HIV/AIDS team member must be appreciated. Experience has also shown that many companies in southern Africa are run very traditionally, with set hierarchies. There is little transparency of the management process, and employee opinion is not sufficiently canvassed. Human resources departments lack influence, and staff welfare is in many cases viewed exclusively from a cost angle. The workforce is seldom seen as the company's major strength, a body of potential that needs protection and development. For this

reason, the consultancy on change management for the human resources department beyond the HIV/AIDS issue is a hidden “second agenda” in some HIV/AIDS workplace programs. Here, advisors have to concentrate on the transparency of processes, on workplace ethics, on the integration of employees’ capacities and strengths.

Targeting Migrant Workers: Some Business Sectors Require Special Programs

A number of companies rely strongly on migrant workers, both female and male, for example in agriculture. With respect to HIV/AIDS transmission as well as prevention, care and treatment, this group of workers is very vulnerable. Migrant workers have a high risk of contracting the HI-virus. They live far from their families, which means that the social bonds that usually prevent risky sexual behavior are loosened. With the loss of traditional values and social regulation, changing sexual partners becomes easier and more common. As in the case of Agriflora, the GTZ/ACCA partner company in Zambia, migrant or seasonal workers often live in settlements without infrastructure and only limited access to education and proper health care. Farms are generally located in remote areas. Housing, clinics, water and schools are provided by many farm owners, sometimes as part of a patriarchal farm structure. The income of migrant workers is usually low. They heavily depend on the contracting company, so that they are vulnerable to exploitation. Sexual favors for permission to work were reported by farm managers as a common form of payment, especially for women.

Migrant workers spend a limited number of weeks per year on the company site or farm. HIV/AIDS workplace interventions must be designed with this fact in mind. Since the workers often live in compounds close to or on the company premises, community outreach is a very important component in sectors employing migrant workers. An analysis of the interaction between the workplace and the community reveals hot spots, where HIV transmission occurs frequently. On Zambian farms, monthly or weekly paydays were described as hot spots characterized by an explosive mixture of alcohol abuse and prostitution. Since migrant workers are

generally not well educated, and are sometimes even illiterate, any information and education on HIV/AIDS should be formulated accordingly. In rural areas, educational materials and campaigns must target women and adolescents especially, taking into account the strong influence of traditions and norms. It is essential that existing community projects and activities be integrated into workplace efforts.

In all industries, contracting workers for a short time, without the social and fringe benefits offered to the permanently employed, reduces labor costs substantially. Many employers do not regard migrant workers as a part of the workforce eligible for services and benefits. A financial investment in an HIV/AIDS workplace program for migrant workers is therefore premised on high levels of corporate social responsibility. If a company is in a fragile economic situation, as is often the case in agriculture, employers might not be able to make such an



investment even if they were willing. They need co-financing from international donors or within the framework of public private partnerships. Since the outreach to migrant workers often implies an outreach to communities, there are a number of funding options from the World Bank and the Global Fund to Fight AIDS, Malaria and Tuberculosis.

Ohlthaver & List Group in Namibia

CASE STUDY A Shift toward Staff Wellness

The Company

Ohlthaver & List Group is well established in Namibia. It is active in beverages, food, leisure, retail and information technology, and in property and services. It is made up of more than 17 distinct companies throughout the country with a workforce of more than 4,500 people. Ohlthaver & List is among the major Namibian employers and economic players.

The group was a family type of business until the death of its founder, Mr. List, in 2002. Now it is in the process of reshaping many of its business operations. While in the past most of the individual companies operated on a more or less decentralized basis, attempts are now being made, as part of a change management process, to streamline business activities and develop a more unified, centralized approach to procurement and payroll procedures, along with a coherent social and health program. Ohlthaver & List wants to develop a comprehensive and long-term commitment to staff welfare in the form of a "Wellness Plan".

Ohlthaver & List is very much aware of the problems associated with HIV/AIDS in Namibia. On the company level, the impact is clearly felt in terms of morbidity and mortality, absenteeism due to increased sick-leave, participation in funerals, etc. The Group is also conscious of the government expectations that industry add its share to the public sector response to the national AIDS emergency. The chairman of Ohlthaver & List is also chairman of the Namibia Business Coalition on AIDS, which was founded in 2002.

Some of its companies, such as Namibia Brewery and Hansa Brewery, have introduced components of HIV-prevention activities in the past. Namibia Brewery had also started to develop a more systematic approach, creating an HIV/AIDS task force in Windhoek and developing an initial HIV/AIDS company policy with the support of the local GTZ/ACCA advisor. These efforts, however, were put on the back burner when the Group decided to move the health, social and HIV/AIDS issues to a new level and work on an approach for the entire Group. The Group suggested that GTZ/ACCA expand the workplace program to include the entire group. The newly created HIV/AIDS coordinator posts will in future be focal points for the Group Wellness Program.

Activities

A cooperative agreement with GTZ was signed in September 2003 and extended in March 2004 for another two years. Ohlthaver & List has made a substantial investment in its workplace program: a full-time position as an HIV/AIDS program coordinator at the group level was created, as were regional positions for the northern, coastal and central parts of the country.

A national HIV/AIDS task force has adopted an HIV/AIDS policy. A touring campaign – facilitated by a non-governmental organization – visited member companies all over the country to make the workplace program well known to everybody. It also advertised the positions of peer educators, with the result that an overwhelming 80 percent of the workforce applied for the training. From these applicants, 150 women and men were selected and trained from May to July 2004.





A baseline KABP study showed a number of misconceptions and information gaps among white-collar as well as blue-collar workers and gave specific insights into the topics to be addressed by the peer educators.

The characteristics and challenges of the Ohlthaver & List workplace program differ from other companies: it involves 17 distinct companies of various sizes working in different economic fields, with different staff profiles and different locations in various parts of the country. To tailor the interventions to the needs of all of these companies while maintaining a common group approach constitutes a major organizational and programmatic challenge.

Lessons learned

Ohlthaver & List has planned from the beginning a broad, medium-to-long-term approach. This coincides very closely with the workplace orientation of GTZ's own HIV/AIDS program, so that Ohlthaver & List makes an ideal partner. Since advocacy of a comprehensive approach is not necessary, all efforts can be concentrated on implementation and gathering experience. The cooperation with Ohlthaver & List opens the door for additional health and social elements, which GTZ can contribute through its support of the national reproductive and sexual health program. Collaboration with organiza-

tions like the International Labour Organization to include elements like drug-addiction, violence, stress and other workplace-related issues will also be helpful.

Furthermore, the cooperation with Ohlthaver & List provides an opportunity for experimenting with demand-driven workplace program structures. A group is in this respect a perfect setting, since the cooperating companies are much more closely bound to the program than companies in voluntary associations or chambers are.

As many companies in Africa come to feel the impact of the epidemic, they may increasingly opt for HIV/AIDS workplace programs; but they might like to restrict these programs to the absolute minimum. But there are other companies in economically and socially more developed areas, like Namibia, South Africa or Botswana, which are ready to use HIV/AIDS as an entry point to strengthen their whole approach to the social welfare of their workforce.

Development cooperation must be ready with the technology and programs needed to respond to the demand created by these leading companies as they provide an opportunity for positioning HIV/AIDS challenges within the wider context of development and social security.

Agriflora Ltd. in Zambia

CASE STUDY

Investing in the Agricultural Sector

The Company

Until recently, Agriflora Ltd. produced vegetables, fruits and flowers almost exclusively for export to super-market chains in Europe. The company employed nearly 8000 permanent and seasonal workers in Lusaka and other parts of the country, so that it was one of the largest employers in the farming sector. Since May 2004, Agriflora has been in the process of reorganization.

The Social Service Department of Agriflora was created in 2000, at the same time as the installation of medical services on various farm sites and the hiring of a full-time professional safety and health officer. The company became increasingly involved in social and health issues. Nevertheless, the company's social component was still subject to ad hoc

interventions and cutbacks. The Social Services Department had no regular budget, and when urgent needs arose in production, the funds for social activities were immediately reduced. Some customers in Europe, however, insisted on specific environmental and social requirements and also made funds available for social support – not, however, for HIV/AIDS activities.

After earlier attempts to engage in HIV prevention through peer education, Agriflora signed a co-operation agreement in May 2003 that was extended to March 2006. The project proposal covered the farms in Lusaka, and it was planned after successful implementation there to extend the program to the other farms throughout the country. However, the company has since gone into receivership, so that the contract with GTZ will be at a standstill until the company has been sold.





Activities

Agriflora's project team consisted of an AIDS task force and an HIV/AIDS coordinator. It drafted a comprehensive HIV/AIDS policy, which was circulated and approved but never signed by senior management. Attempts were made to conduct a cost analysis using the model developed by GTZ/ACCA. Unfortunately, due to the poor quality of the human resources department's data base, the results were inconclusive. On the other hand, a KAPB survey provided important results for the direction of future prevention activities: condom use was shown to be relatively low and inconsistent among the employees; management staff showed an astonishing lack of basic knowledge about HIV/AIDS; and the stigma associated with infected persons was high. The results of the KAPB survey were released to the employees and provide good input for a future peer education program.

On December 1, 2003, the Agriflora workplace program was officially launched, but without representation of the top management. The lack of management commitment was also felt in the lack of financing for planned activities, such as training for the peer educators. To secure consistent participation in team meetings and exemplary team member behavior, the HIV team had adopted a code of conduct for both the task force members and the peer educators. A monitoring system with specific data forms and sheets was developed for the entire workplace program.

Discussions began with a review of the existing health infrastructure at the Lusaka farms and their environs. Company health services were found to be very rudimentary, with no certified structure. There was no supervision on the part of the public sector. All activities have come to a halt due to the receivership. The future of the company and its employees is unclear.

Lessons learned

Compared to companies in a largely urban setting with greater control of production and demand for their products, export-oriented industrial agriculture with a low degree of mechanization must face a number of complexities. The sector does indeed feel the impact of AIDS. However, due to a workforce

that is preponderantly unskilled and high unemployment rates, companies like Agriflora are unlikely to encounter severe shortages in the labor market in the near future. Therefore, its commitment will not be based on strictly economic terms. The situation may differ for supervisory and management staff, who are equally affected by the epidemic. With regard to them, there is an economic rationale for embarking on a longer-term HIV/AIDS program. In the absence of strong economic incentives, it will be necessary to provide the agricultural sector with support to facilitate the introduction of workplace interventions against HIV/AIDS.

Agriflora lacked experience in social and health-related matters. The social awareness and responsibility of the top management appeared rather to be imposed by the demands of European clients, and referring to European standards, than to have been rooted in any firm management commitment. This pressure is very welcome nevertheless, however, if it will convince farm management to assume greater social responsibility. It will be GTZ/ACCA's responsibility to present the idea of HIV/AIDS workplace programs to European companies, thereby eliciting their support of the African farm sector in its fight against AIDS.

Like many other farms in Zambia, Agriflora had at times no clear knowledge of how many people were actually working on its farms. There is no system for registering, especially, the large numbers of seasonal workers, and it is this group of workers that is most vulnerable to HIV transmission. Most are migrants and singles, living in extremely precarious or squalid conditions, often without infrastructure or sanitary facilities. And as seasonal workers are only marginally less impoverished than unemployed or informal sector workers, there are very few resources left over for care for individuals or families and alleviation of suffering. The socio-cultural situation of Agriflora in the rural parts of the country poses additional challenges as well. Local, traditional customs and influences combined with a lower than average educational level add complexities which must be taken into account from the very beginning. Cultural-anthropology-oriented community work must therefore be part of a comprehensive workplace program for the labor-intensive farming sector.

Challenges and Perspectives

Mobilizing Business Communities

Some GTZ partners have been pioneers in the field of HIV/AIDS interventions at the workplace. The programs of DaimlerChrysler and Heineken/Bralima ran consistently for nearly five years. For the private sector, such an engagement might be considered long. But five years are a short period in light of the medium- and long-term perspective necessary for successful HIV/AIDS work. Now cooperation with GTZ has ended in these two companies. The ultimate sustainability of the established workplace programs therefore remains to be seen. GTZ will maintain continuous links to all programs beyond the negotiated contracts. The GTZ regional project AIDS Control in Companies in Africa (ACCA) has established a network for information, exchange and deliberation with the private sector. Providing support on monitoring and evaluation of workplace interventions is an appropriate service for a development organization to offer to the private sector. In its own interests GTZ needs to verify the appropriateness and success of its advisory services, especially concerning the impact of the interventions.

away. They need technical support, time and models for introducing activities step by step, and to develop an understanding of corporate social responsibility.

The GTZ/ACCA project has started to support business interest groups with the objective of creating service structures for companies. The project works with Business Coalitions against AIDS and branch-specific associations. These institutions must be empowered to provide advice, to offer price-reduced services and to refer interested parties to consultants and external service providers. For companies, the offering of demand-driven services will be warmly welcomed. Such a structure can adjust to financial constraints and the ongoing process of developing corporate social responsibility. Nevertheless, development cooperation must also continue to assist companies that opt for a comprehensive approach. They are the draught-horses for their peers. With them as a model, it will be difficult for less ambitious enterprises to relax their efforts after having introduced only isolated activities meant mostly to ease people's consciences.

From a technical perspective, a major task of future cooperation will be to facilitate the access of the private sector to antiretroviral drugs. Private businesses are important stakeholders in scaling up the treatment of persons living with AIDS. Many companies run their own occupational health services, thus contributing to the relief of desperately inadequate national health capacities. Others link up with the public and private health sectors. In the Democratic Republic of Congo, GTZ has helped to establish national treatment guidelines for persons in advanced stages of AIDS. The private sector needs these public regulations, so that neither the private nor the public health system can exploit employees and employers. On the other hand, investments by private businesses can contribute to national capacity-building in the health sector, as GTZ's multinational partners in South Africa are doing.

Within the health system, the private sector has the potential to improve the social protection of parts of the population. AIDS-related and anti-retroviral treatment are currently only included in the expensive packages of private health insurance providers. On the other hand, the financing of AIDS will

Another challenge is, of course, to extend promising workplace programs beyond the companies now participating in the network. New companies have to be won for the idea to do something about HIV/AIDS at the workplace. For many small and medium-sized companies in Africa, this idea is still new: they do not know how to go about introducing such workplace programs. And certainly not all of them can start with a comprehensive approach right





be a major issue in all African countries during the next decades. Corporate AIDS funds have already been established in South Africa and elsewhere. These can provide a starting point for strengthening social protection on the principles of equal access and solidarity. Social health insurance in Europe started with company insurance models for workers. The AIDS epidemic has created an international focus on equal access to health care and treatment for all. Thus it gives us a new opportunity: to improve national health systems and provide blanket social protection. The private sector can lead this process.

Also high on the agenda of cooperation will be support for the private sector in accessing international funding through instruments like the Global Fund to fight AIDS, TB and Malaria or the World Bank. This funding will be needed to explore the potential of community outreach from companies to communities.

External Advisors: Motivating, Facilitating and Leading in a New Direction

Most companies in southern Africa do not have in-house experience with the complexities of HIV/AIDS. The role of external advisors for comprehensive, sustainable workplace programs is therefore crucial. None the companies cooperating with GTZ could have developed their respective workplace programs systematically, in all their various facets, on their own – as managers and human resources departments acknowledged. The quality of advisors, their technical knowledge, their understanding of company issues and the wider political, social, and cultural environment, and their flexibility in adapting a model to the distinct needs and opportunities of companies of widely varying stature are the main contributions a development organization can make

to the private sector. Naturally, some companies will also ask for financial support; however, a lack of funds is not the primary constraint. The main constraints at company level are a lack of understanding of HIV/AIDS or how to manage a program, and limited monitoring capacity and experience. These shortcomings can be addressed by external advisors, though they must be constantly on their guard against taking active implementation upon themselves. Many company managers would rather have service providers than facilitators, but for the sake of sustainability, advisors must take care not to slip into this role.

Advising the private sector on HIV/AIDS workplace programs requires considerable human resources and also time. However, given the specific dynamics of corporate processes and the need for client orientation, advisors must be available when the company needs them. In the GTZ cooperation with private businesses, it is the company which defines the need and sets the period for consultation. This is costly for a development cooperation organization. No development organization has or can be expected to have the resources to provide individualized advisory services to the bulk of the private sector in southern Africa or anywhere else.

Development organizations need constantly to consider how their services might be provided more cheaply and cost-efficiently. Although during the early years of comprehensive workplace programs tailored and intensive collaboration between private companies and public development organizations may have been justified, it is now time for a new perspective. Advisory structures must now build capacities at local and national level within the

CIELS – Comité Interentreprises de la Lutte contre le SIDA

When a Enterprise Uses Its Influence

The Comité Interentreprises de la Lutte contre le SIDA (CIELS) (the National Business Committee against AIDS) is the fruit of collaboration between Heineken/Bralima and GTZ. In November 2001, Heineken/Bralima together with the National AIDS Control Program (PNLS), the Fédération des Entreprises du Congo (FEC) and GTZ succeeded in recruiting the chief executive officers and directors of the most important companies in Kinshasa to join the coalition.

Lessons learned

Why was the launching of CIELS so successful? CIELS is neither the brainchild of an external organization nor the – often stillborn – initiative of a national effort to create yet another committee in the field of HIV/AIDS. It is the fruit of the commitment of Heineken/Bralima and the local business community. By sharing their experience with HIV/AIDS workplace interventions, Heineken/Bralima convinced other companies that corporate efforts can make a difference. Heineken/Bralima played a strategic role: its size and its product were of major economic and social importance in the local and national context. Other companies – including the rival beer brewery Bracongo – had also started workplace programs in the past. But none had Heineken/Bralima's potential or will to become a leader in the field of HIV/AIDS interventions at the workplace.

GTZ's technical support was then crucial for maintaining the dynamics of the effort and for providing concrete support to participating companies. Through this support, the gap between talking and doing could be bridged. In addition, GTZ could mobilize financial support to expand the initiative to other countries in the central African Region. The willingness of other international and national institutions such as the International Labour Organization and the employers' federation FED to lend their support underlined the importance of the new institution.

CIELS is in essence building its ship while under sail. The expansion to other cities in the Democratic Republic of Congo has already begun, as has the creation of business coalitions in other countries. To a large extent, this opportunity is based on Heineken's business network, as a multinational enterprise, in the Democratic Republic of Congo and neighboring countries.



CIELS has since adopted a Charter of Good Conduct on HIV/AIDS for its members, conducted a survey on knowledge, attitude, practice and behavior (KAPB) and developed a self-assessment tool to monitor HIV/AIDS interventions in all participating companies. A quarterly newsletter, a website and a body of information material on HIV/AIDS provide information on HIV/AIDS workplace programs and the activities of the CIELS members.

In addition to the main group in Kinshasa, CIELS has formed two sub-groups in the provinces. The idea has also spread to the Republic of Congo (Brazzaville), Rwanda and Burundi, where new business coalitions against HIV/AIDS are either about to be established or are already functioning.

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existing structures of the private sector. Potential partners in this respect are HIV-related and branch-specific business associations, chambers of commerce, unions, and other institutions.

Concluding Remarks: The Private Sector must Take the Lead

Comprehensive workplace interventions for employee education, prevention of new infections, and improvements in the medical, social and financial situation of people living with AIDS have enormous potential for supplementing national and regional responses to the HIV/AIDS epidemic in southern Africa. Private businesses must pursue their own rationales in introducing these programs. Some will go for a big package, others will be able to afford only segments of such a package. Development cooperation must organize sustainable forms of assistance for all of them.

Companies are well placed to provide national leadership. Most of them have resources and infrastructure that the public sector often lacks. Moreover, the business sector, small as it may be in most African economies, will be the driving force for poverty reduction. Only significant and radical changes in the structure and dimensions of poverty will, in the long run, provide a foundation and the resources for successfully combating AIDS. Although the international mobilization of funds for HIV/AIDS programs, especially those focusing on treatment, has been remarkable in recent years, it is most unlikely that external funding will continue to increase steadily over the years and decades to come.

A dramatic leap in economic and social progress will be possible only if the private sector assumes a decisive role. The AIDS challenge is the biggest threat to African development today. The way private businesses respond to it will be a prime indicator of national strength. It is reasonable to create public private partnerships to help the private sector live up to its needs, expectations and potential as long as there is evidence that such support increases corporate social responsibility and improves the lives of the population. For development cooperation, supporting the private sector and monitoring corporate workplace programs will continue to be an important task – not only for combating AIDS but for the future of the entire continent.

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