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THE PROFESSIONAL SERVICES BUSINESS SECTOR'S RESPONSE TO THE HIV/AIDS EPIDEMIC

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A research project submitted to the Gordon Institute of Business Science, University of Pretoria, in partial fulfilment of the requirements for the degree of

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ABSTRACT

Any company operating in the developing world must view Aids as a threat and have response mechanisms in place (Rosen, Simon, Vincent, MacLeod, Fox and Thea, 2003). The objective of this research was to discover how South African professional services companies are responding to HIV/Aids. The research further sought to confirm whether the response of the professional services sector can be considered 'rational' or 'reasonable.'

Twenty interviews were undertaken across professional services companies to understand how the sector is responding to HIV/Aids from the perspective of their employee base, client base and surrounding communities.

The findings showed that most professional services companies have neither felt nor measured the impact of HIV/Aids on their business. Most companies have implemented some sort of measure to respond to HIV/Aids internally, even if only a policy to safeguard them. Some companies view HIV/Aids as an opportunity, in that it enables the provision of additional products and services to clients. More than half of the companies interviewed are contributing to HIV/Aids causes outside of their workplace. As a result of this study, a model has been developed to classify companies according to their response to HIV/Aids. Based on the classification, companies surveyed fell into one of 4 types: shrew, responsible, uninformed or saviour. Twelve companies fell within the 'shrew' category, indicating a primarily rational response to HIV/Aids.

DECLARATION

I declare that this research project is my own work. It is submitted in partial fulfillment of the requirements for the degree of Master of Business Administration at the Gordon Institute of Business Science, University of Pretoria. It has not been submitted before for any degree or examination in any other University.

_____ Date: _____

Helen Acott

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CHAPTER 1 – DEFINITION OF THE PROBLEM

1.1 Introduction

According to the Joint United Nations Programme on HIV/Aids (UNAids), the number of people living with HIV worldwide reached its highest level ever in 2005, at 40,3 million (Creamer Media, 2006). The total number of people living with HIV in South Africa was estimated to be 5.2 million in 2005. It is estimated that there were approximately 530,000 new HIV infections between the middle of 2004 and the middle of 2005 and 340,000 AIDS deaths over the same period. As the number of new HIV infections currently exceeds the number of AIDS deaths, the HIV prevalence continues to grow in South Africa (www.assa.org.za, 2006)

HIV/Aids affects the economically active population (EAP) to a greater extent than other population groups (Njobe and Smith, 2004b). This differentiates it from other epidemics. As illustrated in figure 1, HIV/Aids will have a disproportionate impact on the working age population. The ASSA2003 model estimates suggest that approximately 18% of people between the ages of 15 and 49 are currently infected with HIV.

Figure 1: ASSA2003 model projections: HIV prevalence

	Total HIV (thousands)	Total HIV prevalence	15-49 HIV prevalence	Life expectancy
KwaZulu-Natal	1 520	16%	26%	43.3
Gauteng	1 370	14%	22%	52.4
Free State	380	14%	22%	47.2
Mpumalanga	440	13%	22%	46.5
North West	470	12%	20%	50.7
Eastern Cape	630	9%	17%	49.4
Limpopo	380	7%	12%	56.4
Northern Cape	60	7%	11%	57.8
Western Cape	250	5%	8%	61.8
South Africa	5 200	11%	18%	51.0

Source: www.assa.org

A professional service is a service requiring specialised knowledge and skills, usually of an intellectual nature, and often requiring a license, certification and registration. Governments, industries, and businesses apply different definitions for professional services depending on the situation (Baschab and Piot, 2005). Baschab and Piot include accountants, appraisers, attorneys, business consultants, technical consultants, political consultants, architects, engineers, physicians, advertising agents, real estate brokers and insurance agents in their classification of professional services.

The research problem is defined as: How have professional services organisations responded to HIV/Aids both internally and externally to the workplace? Explained further, the researcher aims to understand how professional services companies

have responded to their employee base, their client base and their surrounding communities with regards to HIV/Aids.

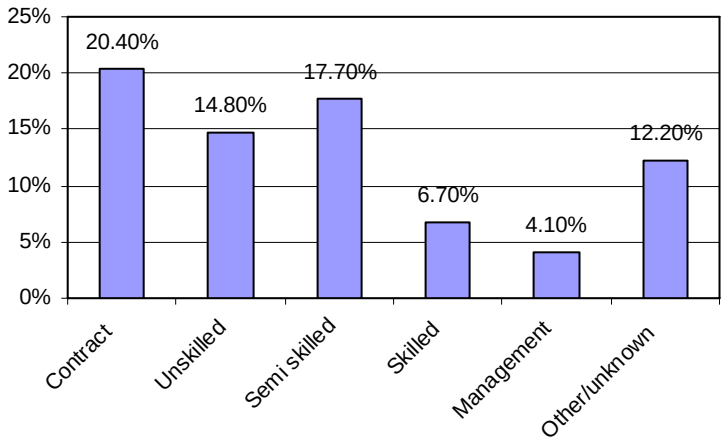
The researcher has chosen to focus on management consulting; legal; accounting; and engineering services firms as a subset of the professional services sector for her study.

1.2 Motivation for the research

1.2.1 HIV/Aids impacts all businesses

Njobe and Smith (2004b) report that all business sectors will experience increased costs as well as loss of human intellectual capital and experience due to HIV/Aids. Figure 2 shows the prevalence results across skills grades of an anonymous sero prevalence survey (sero prevalence is the number of persons in a population who test positive for a specific disease based on serology (blood serum) specimens) conducted with 44 000 employees across 3 countries (South Africa, Botswana, Zambia). Higher prevalence amongst semi skilled workers challenges the widespread belief that unskilled labourers are the worst affected group. Semi skilled workers typically play a significant operational role, making the costs of infection among this group particularly high.

Figure 2: HIV prevalence by grade level (2000/01)



Source: Njobe and Smith (2004b)

To measure the impact of HIV/Aids on businesses, the South African Business Coalition on HIV/Aids (SABCOHA) undertakes an annual survey and publishes a report of its findings on selected business sectors in South Africa. In 2005 the following sectors were surveyed: manufacturing; building & construction; retail; wholesale; motor; financial services; mining and transport. Sectors that were not surveyed make up 26.6% of the gross value added by economic activity in South Africa representing 26.4% of total employment in the country (Ellis and Terwin, 2005). The professional services sector is included in these figures and has never been targeted by SABCOHA in its studies.

1.2.2 Further research is required in the area of HIV/Aids response

Randall (2002) highlights the need for a study on how more senior employees have responded to HIV/Aids programmes. She states that as these employees are not impervious to HIV/Aids infections and are also affected by its impact, a study of the methods employed and the experiences gained could inform the responses and

programmes of companies who have neglected this area thus far. Ellis and Terwin (2005) report that although no reliable data of HIV infection per sector or per skills category is available, it is believed HIV prevalence is significantly higher among semi and unskilled workers than among highly skilled and white-collar workers.

1.2.3 The professional services sector and HIV/Aids

The professional services sector is characterised by high skill levels and expertise combined with service delivery ability. These are highly intensive knowledge based industries. Professional services organisations are different from other companies because they do not have a tangible product for the market to buy. Regardless of how services are billed, the professional services firm gets paid for expending labour time on behalf of a client's problem or need (Baschab and Piot, 2005).

There is little information available on the scope and scale of the professional services industry within South Africa. According to a 2005 survey on the global diversified commercial and professional services industry, this sector is estimated to have a value of $1,295.5 billion, which is an increase in value of 19.3% since 2004 (Datamonitor, 2005a).

A detailed information search related to how professional services organisations have responded to HIV/Aids yielded no results. Considering the growth of this industry and the lack of research that has been undertaken in this business sector the researcher supports Randall's observations.

Njobe and Smith (2004b) explain that HIV/Aids exposes business to the loss of human intellectual capital and experience which is especially detrimental for industries relying on highly specialised skills as these are difficult to replace. The researcher aimed to understand what preventative measures professional services firms are taking against HIV/Aids.

The professional services industry is benefiting from the continuing business trend towards outsourcing. Outsourcing is popular and beneficial because it allows companies to cut costs and focus on their core business strengths. In turn it creates benefits for the professional services sector by stimulating the need for educated professionals (Dolbeck, 2005). Many companies may consider HIV/Aids as a 'non-core' area of focus. The researcher aimed to understand what unique opportunities HIV/Aids is presenting for them.

1.2.4 Rational and reasonable responses to HIV/Aids

Any company which operates in the developing world must view Aids as a threat and have response mechanisms in place (Rosen, Simon, Vincent, MacLeod, Fox and Thea, 2003). But is the response 'rational' or 'reasonable'? The difference between 'rational' and 'reasonable' is important and worthy of some consideration. According to Rawls (1993) 'rational' agents use their powers of judgment and deliberation to seek their own self interest, whereas 'reasonable' agents pursue justice for the benefit of public society at large. The researcher seeks to determine whether professional services firms have adopted a rational or reasonable response to HIV/Aids.

1.3 The research aims

The research study set out to understand how professional services firms have responded to HIV/Aids. The research sought to:

- Understand the impact of HIV/Aids on professional services firms
- Establish how professional services firms have responded internally to HIV/Aids
- Establish how professional services firms have responded externally to their client's challenges in terms of HIV/Aids
- Establish how professional services firms have responded externally to their community's needs in terms of HIV/Aids

This research report presents findings on the professional services sector's response to HIV/Aids. It draws conclusions on whether the sector is responding rationally or reasonably, based on these findings. Lastly it makes recommendations to the sector based on its level of vulnerability and its responsibility to the three stakeholder groupings concerned.

CHAPTER 2 – THEORY AND LITERATURE REVIEW

2.1 Introduction

The theory presented in this literature review is described firstly from a macro perspective funneling down to a micro perspective which is more focused on the research problem. The review starts by describing the macro environment in which business operates and examining the forces which have an impact on business in South Africa. One aspect of this macro environment is the HIV/Aids pandemic. HIV/Aids and its origins are described to provide context for the pandemic. This crisis is discussed in South African terms with a focus on how it impacts the economy and the social fabric of society. The impact on business is then explored, examining both the costs and opportunities for business. Best practice responses are discussed, as well as the possible reasons for lack of or slow responses. The role of the professional services sector in South Africa is discussed with a specific focus on how this sector can meet the challenges of its clients with regards to HIV/Aids. The role of strategy in organisations with a specific focus on sustainability and social responsibility is also studied with a view to internal business responses.

2.2 The macro environment of business

Davis and Stephenson (2006) state that macroeconomic factors, environmental and social issues, and business and industry developments will all profoundly shape the corporate landscape in coming years. The business environment

comprises an array of 'forces' acting upon organisations, often with far reaching implications (Brooks and Weatherston, 2000). To fully appreciate the business environment, it is important to analyse the forces that are at play. A PESTEL analysis is a framework used to describe the external macro environment within which a firm operates (http://www.valuebasedmanagement.net, 2006).

- Political factors include government regulations and legal issues and define both formal and informal rules under which the business must operate
- Economic factors affect the purchasing power of potential customers and the business's cost of capital
- Social factors include the demographic and cultural aspects of the external macro environment
- Technological factors can lower barriers to entry, reduce minimum efficient production levels, and influence outsourcing decisions
- Environmental factors can have dramatic effects on the way in businesses operate
- Legislative factors include changes or potential changes to key aspects of legislation

The table below highlights macro environment forces impacting South African businesses today.

Table 1: Macro environment forces impacting South African businesses

Force	Key issues	Source
Political	▪ Entrenched democracy ▪ Uncertainty around presidential succession	King and Hutchings (2006)
Economic	▪ GDP growth projected at 5% for 2006-2008 ▪ Low GDP per capita - US$ 5,100 ▪ Prudent macro economic policies – conservative fiscal stance, sophisticated budgeting techniques resulting in lowered government deficits ▪ Inflation targeting framework which represents international best practice ▪ Inadequate infrastructure, high unemployment and an unskilled workforce provide structural constraints on investment	King and Hutchings (2006)
Social	▪ High unemployment ▪ Extreme levels of poverty ▪ Severe HIV/Aids pandemic (21% of population aged 15-49 years estimated HIV positive) ▪ South Africa ranked 120th out of 177 countries in 2005 UN Human Development Index	King and Hutchings (2006)
Technology	▪ Technology connectivity is transforming the way people live and interact ▪ Ubiquitous access to information is changing the economics of knowledge	Davis and Stephenson (2006)
Environment	▪ Oil demand projected to grow by 50% in the next two decades and without new discoveries, supply is unlikely to keep up ▪ Water shortages will be the key constraint to growth in many countries ▪ Dramatic shifts in human behaviour required to keep the atmosphere from being depleted further	Davis and Stephenson (2006)
Legal	▪ Judicial system based on British law ▪ Highly regulated labour force ▪ Black economic empowerment initiatives	Business Monitor International Limited (2006)

The table shows that one of the key social factors impacting South African

businesses is HIV/Aids. King and Hutchings (2006) report that South Africa's country risk rating is constrained by severe socio-economic challenges including the HIV/Aids pandemic and ingrained socioeconomic inequalities.

2.3 HIV and Aids

In order to appreciate what the impact of HIV/Aids is on South Africa, one must understand the nature of the disease; its origins; the statistics; as well as the social dynamics of HIV/Aids. One can then understand the macro economic impacts that it is expected to have on the country. This further assists in confirming why King and Hutchings (2006) in their country analysis consider HIV/Aids as a major risk factor for the country.

2.3.1 What is HIV/Aids?

HIV (human immunodeficiency virus) is the virus that causes Aids. This virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes. Aids stands for Acquired Immunodeficiency Syndrome. 'Acquired' indicates that the disease is not hereditary but develops after birth from contact with a disease causing agent (in this case HIV) (Centre for Disease Control and Prevention, 2006). Immunodeficiency means that the disease is characterised by a weakening of the immune system. 'Syndrome' refers to a group of symptoms that collectively indicate or characterise a disease. In the case of Aids this can include the development of certain infections and/or cancers, as well as a decrease in the number of certain cells in a person's immune system.

2.3.2 Origins of the HIV//Aids epidemic

The Centre for Disease Control and Prevention (CDC) documents that the earliest known case of HIV-1 in a human was from a blood sample collected in 1959 from a man in Kinshasa, Democratic Republic of Congo. Genetic analysis of this blood sample suggested that HIV-1 may have stemmed from a single virus in the late 1940s or early 1950s. From 1979-1981 rare types of pneumonia, cancer, and other illnesses were being reported by doctors in Los Angeles and New York among a number of male patients who had had sexual relations with other men. These conditions were not usually found in people with healthy immune systems. In 1982 public health officials began to use the term "acquired immunodeficiency syndrome," or Aids, to describe the occurrences of opportunistic infections, Kaposi's sarcoma (a kind of cancer), and Pneumocystis carinii pneumonia in previously healthy people. In 1983, scientists discovered the virus that causes Aids. The virus was first named HTLV-III/LAV (human T-cell lymphotropic virus-type III/lymphadenopathy- associated virus) by an international scientific committee. This name was later changed to HIV (human immunodeficiency virus). For many years scientists theorised as to the origins of HIV and how it appeared in the human population, most believing that HIV originated in other primates. Then in 1999, an international team of researchers reported that they had discovered the origins of HIV-1, the predominant strain of HIV in the developed world. A subspecies of chimpanzees native to west equatorial Africa had been identified as the original source of the virus. The researchers believe that HIV-1 was introduced

into the human population when hunters became exposed to infected blood (CDC, 2006).

2.4 The HIV/Aids crisis in South Africa

Statistics show that the occurrence of HIV/Aids in South Africa has not yet reached its peak. The South African Aids epidemic - defined as a period in which a high number of deaths will occur - is expected to be at its worst between 2009 and 2011 (Njobe and Smith, 2004a).

2.4.1 The statistics

Creamer Media (2006) reports the following facts related to HIV/Aids in South Africa:

- Within Sub-Saharan Africa, and worldwide, South Africa has the highest number of people living with HIV.
- In mid 2004 the Actuarial Society of South Africa recorded the number of South Africans living with HIV at five million - which equates to a population prevalence of 11%.
- Prevalence is higher for women than it is for men, peaking at a massive 30% for women in the 25 to 29 year age group and 26% in men aged 30 to 34
- In 2004, 311 000 people died of Aids - 44% of all deaths in the country. For adults between the ages of 15 and 49, HIV/Aids related deaths represented 70% of the total.
- By 2004, more than 1.2 million people had died of HIV/Aids in South Africa,

and some 626 000 children under the age of 18 had been orphaned as a result.

- According to the ASSA2002 model, the number of people living with HIV in South Africa is expected to peak at 5.4 million in 2013.
- Accumulated Aids deaths are expected to have reached 5.36 million in 2015, while 1.9 million children will have been orphaned as a result of the disease.

Further more, according to an impact assessment undertaken by the Department of Education (Kinghorn, 2000):

- The HIV infection level for university undergraduates in 2000 was estimated at around 22%. By 2005 this will reach 33%.
- The infection level amongst university post graduate students in 2000 was around 11% and will rise to 21% by 2005.
- The infection level for Technikon undergraduate students in 2000 was close to 24.5% and will increase to 36% by 2005.

2.4.2 The social dynamics of HIV/Aids

In South Africa, a multitude of factors contribute to the horrifying statistics discussed above. These include: high levels of poverty; social and cultural norms that perpetuate gender inequality; violence; unsafe sexual practices; ignorance; denial; and established sexually-transmitted infection (STI) epidemics (Creamer Media, 2006).

As Haarmann (2001) puts it, poverty in South Africa is not a “worrying problem” or a “persistent enclave” as in some countries - it is the dominant reality for many people. Twenty two million South Africans (53% of the population) live in the poorest 40% of households, surviving on R144 per person per month. People living in poverty are particularly vulnerable to HIV/Aids given their lack of access to education and information often leading to high risk behaviour. Also, many more economically disadvantaged people engage in transactional sex or are involved in multiple partner relationships, underscored by gifts, as a survival strategy. These relationships offer little bargaining power to negotiate safe sexual practices (Creamer Media, 2006).

In many families, the HIV infected person is the primary breadwinner and savings are depleted by medical and funeral costs (Whiteside and Sunter, 2000). Poverty further increases the spread of HIV/Aids because of limited access to private health care as well as an inadequate public health sector. A migrant labour system, where men leave their families in search of work also fuels the increase of HIV/Aids. Disempowerment and subordination of women is another social norm that contributes to the spread of HIV/Aids, due to their position of economic dependency on their partner which limits their power to refuse sex or negotiate terms. South Africa has some of the highest levels of domestic violence and rape in the world (Creamer Media, 2006). Forced sexual encounters increase the risk of HIV infection for women. The age of onset of sexual activity in South Africa is low but social norms frown on open discussion of sexual matters, including sex

education, especially with women.

The social dynamics prevalent in South Africa provide some explanation for why this country is more vulnerable to HIV/Aids.

2.4.3 The macro economic impact of HIV/Aids

The statistics discussed above crudely show how the pattern of HIV infection reflects fault lines of inequality (Creamer Media 2006). South Africa's vulnerability due to its socio-economic inequalities implies a negative impact on the macro economy of South Africa.

In actuality there is no certainty about the severity of the impact of HIV/Aids on the macro economy. This is because we have not experienced the worst of the epidemic and are still in a 'growth' phase (Creamer Media, 2006).There is however a widely held view that the epidemic will trigger a decline in the GDP growth rate (Njobe and Smith, 2004a). The following table summarises the predicted macro economic impacts of HIV/Aids:

Table 2: Macro economic impacts of HIV/Aids

Variable	Impact
GDP	Overall impact negative but estimates vary
Savings	Negative impact on private savings
Household expenditure	Negative impact on final household consumption with shifts on patterns of spending
Business and state expenditure	Companies experiencing higher costs and not always able to pass these onto consumers Government spending has increase substantially as a result of HIV/Aids
Inflation	Companies trying to pass costs onto consumers could lead to higher consumer prices. High government spending in health care and social services could place upward pressure on the inflation rate
Interest	An increase in inflation will spill over to an increase in interest rates. We have not seen this happen yet due to factors such as currency strength and inflation targeting
Value of the rand	An increase in inflation will lead to a depreciation of the rand. However factors such as ongoing capital inflows and a commodity boom will overwhelm this tendency
Balance of payments	Impact expected to be moderately negative
Foreign investment	Higher production costs could lead to a lack of international competitiveness, which could lead to a decrease in foreign direct investment

Source: Adapted from Creamer Media (2006)

There is general agreement regarding the harm the epidemic causes to key factors of economic growth. This stems from the sharply increased death rate amongst the most economically active members of the population and leads to a reduction in total capital and human resources available for production and investment, as well as reductions in savings rates, disposable income and domestic consumption (Ford, Lewis and Bates, 2002).

2.5 The business impact of HIV/Aids

The magnitude of HIV/Aids impacts on business is determined by workforce and industry profile. Workforce characteristics include size, skills profile, prevalence rates and demographic factors such as age, race and gender. The industry characteristics include location, terms and conditions of employment, salary scale, level of skill required and replacement costs (Njobe and Smith, 2004b).

Whiteside and Sunter (2000) say that it is a myth that Aids is a soft business issue best handled by the human resources function in a company, noting that Aids will have a significant impact on bottom-line profits and needs to be part and parcel of line management's strategic thinking and decision making. However the 2005 Bureau for Economic Research (BER) study on the impact of HIV/Aids in selected business sectors in South Africa shows that aside from the mining and financial services sectors, few firms have conducted research to determine the impact of HIV/Aids on their workforce and even less on their production costs (Ellis and Terwin, 2005). The benefits to quantitative modeling of HIV/Aids impacts is that companies can estimate cost increases and include these in their financial planning. Njobe and Smith (2004b) report that all sectors will experience cost increases due to HIV/Aids. Three main costs are associated with HIV/Aids and are described in more detail below.

2.5.1 Negative impacts

Negative impacts can be classified into 3 types: direct costs, indirect costs and systemic costs.

2.5.1.1 Direct costs

Direct costs relate to increased expenditure as a result of increased medical expenses, benefit payouts and recruitment and training (Njobe and Smith, 2004b). These are costs that typically show up on the income statement (Rosen *et al*, 2003). Over time, as an organisation's prevalence of HIV/Aids increases, costs such as increased insurance premiums, accidents due to ill or inexperienced replacement workers, and litigation costs could be incurred.

In addition, from a demand side perspective, HIV/Aids will reduce the absolute number of potential customers, making markets that are relatively saturated and dependent on population growth the most vulnerable (Whiteside and Sunter, 2000). A major concern for the retail sector in South Africa is the provision of credit. Many stores offer credit which is written off in the event of a customer's death. This represents a significant direct cost to these businesses.

2.5.1.2 Indirect costs

Indirect costs are attributed to lost productivity as a result of HIV/Aids. This is most often measured via absenteeism, on-the job morbidity and company resources diverted away from regular activities to attend to HIV/Aids issues among the workforce (Njobe and Smith, 2004b).

The BER study results suggest that lower labour productivity and increased absenteeism, followed by higher employee benefit costs as a result of the epidemic, are the factors that are having the largest impact on the production side of companies affected by HIV/Aids.

2.5.1.3 Systemic costs

Systemic costs are driven by loss of workplace cohesion, lower performance and experience. Rosen *et al* (2003) report that in some organisations HIV/Aids has forced senior executives to spend more time coping with lowered morale and addressing the difficult legal, social and political issues that stem from the epidemic. In some instances HIV/Aids results in disruption to work schedules, work teams and a breakdown of workforce discipline (Njobe and Smith, 2004b). These costs are more difficult to quantify.

2.5.2 Positive impacts

The positive impacts of HIV/Aids translate mostly into business opportunities. Whiteside and Sunter (2000) when referring to the impact HIV/Aids has on markets, recognise that for some businesses, Aids presents an opportunity. They refer to providers of health care, the burial industry, Aids Non Governmental Organisations (NGOs) and activists, in this category.

Addressing HIV/Aids is an issue of sustainability for many businesses. According to Handy (2002), many businesses are finding that there is money to be made from

creating and selling the products and services that sustainability requires. Bonini, Mendonca and Oppenheim (2006) note that social forces can create valuable market opportunities through highlighting unmet social needs as well as new consumer preferences. Davenport (2006) notes that whilst most South African mining houses have in-house HIV/Aids policies and programmes that have been in operation for many years, there is an increasing trend to outsource this non core business activity to specialised service providers. This presents opportunities for professional services firms.

2.6 Choices available to companies regarding HIV/Aids

With regards to the impact that HIV/Aids has on companies, a company can respond to HIV/Aids in one of three ways: withdrawal, avoidance or response (UBS/F&C, 2005).

2.6.1 Withdraw

Companies can choose to withdraw their operations from infected areas. Or, they can choose to diversify into unaffected areas and downplay activity in problem zones. However for some companies it may be impractical to withdraw. Certain industries may be unable to leave a region or area owing to the nature of their business, or the associated costs of shutting down operations and exiting (UBS/F&C, 2005).

2.6.2 Avoid

Businesses can avoid the disease by adopting different employment practices. Rosen and Simon (2003) have found that as the economic burden of HIV/Aids increases in the private sector, allocation of this burden is being shifted to other stakeholder groupings - more often than not to individual households. This transfer of the Aids burden manifests itself in such practices as pre-employment screening to exclude those with HIV from the workforce (although this is not a constitutional practice), smaller or fewer employee benefits, restructured employment contracts, outsourcing of low skilled jobs, selective retrenchments and changes in production technologies that substitute capital for labour. Each of these practices reduces the share of the economic burden borne by employers for HIV positive individuals.

2.6.3 Respond

The third option companies have is to address HIV/Aids. Company strategy plays a pivotal role in the chosen response. Drucker (1994) stresses the importance of continuously testing the theory of your business against the assumptions of your environment, mission and core competence. Testing this theory is a function of three steps: preventative care; early diagnosis and rethinking; and taking action.

Njobe and Smith (2004b) report that given that the costs of HIV/Aids for business do not increase at a declining rate as more employees become infected, companies are better off developing interventions to address the epidemic among their workforce. Business can play a role in reducing stigma through various

initiatives. These workplace response programmes are significantly less costly than the costs incurred through absenteeism, lost productivity, benefits payouts and staff turnover.

2.7 Internal business responses

2.7.1 Recommended guidelines and practices for business

There is a growing body of knowledge on best practice responses to HIV/Aids in the workplace (Creamer Media, 2006). At a global level guidance is available in the form of accords such as the Millennium Development Goals and the UN Aids Declaration of Commitment on HIV/Aids. At a national level guidance is available to companies in the form of codes which provide key steps and actions that should be taken. Case studies are also becoming important pieces of knowledge that help in creating best practice references for organisations to learn from.

2.7.1.1 Global accords

The Millennium Development Goals (MDGs) are drawn from the actions and targets contained in the Millennium Declaration that was adopted by 189 nations and signed by 147 heads of state and governments during the UN Millennium Summit in September 2000 (http://www.un.org/millenniumgoals/, 2000). By 2015, these nations, including South Africa, have committed to reach these MDGs. The 8 MDGs break down into 18 quantifiable targets that are measured by 48 indicators:

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a Global Partnership for Development

The MDGs recognise explicitly the interdependence between growth, poverty reduction and sustainable development. As discussed in section 2.4.2 above, only through alleviating the social norms and challenges represented in these goals will South Africa be able to slow down the HIV/Aids epidemic.

The UNAIDS Declaration of Commitment on HIV/Aids (2001) states what governments have pledged to do with the support of civil society to reverse the epidemic. The declaration is not a legally binding document but is a clear statement by governments concerning what they have agreed should be done to fight HIV/Aids and that which they have committed to doing. It provides guidance in the following areas:

- Leadership
- Prevention
- Care, support and treatment
- HIV/Aids and human rights

- Reducing vulnerability
- Children orphaned and made vulnerable by HIV/Aids
- Alleviating the social and economic impact
- Research and development
- HIV/Aids in regions affected by conflict or disaster

2.7.1.2 National codes in South Africa

Considerable guidance is available to companies responding to HIV/Aids in the form of codes which provide key steps and actions to be taken. These include: Department of Health, 1998; Department of Labour, 2003; Family Health International, 2002; ILO, 2001; Nedlac/ Department of Labour, 2000; NOSA, 2003 (Dickinson, undated). The benefits of such codes are that they are usually developed through a process of dialogue in which different stakeholders participate. Furthermore, codes focus on process and therefore the importance of involving employees. Dickinson (undated) however highlights the degree of overlap between the codes, our degree of learning and understanding best practice, and the implementation of these codes. Whilst the codes intend to be comprehensive there is no guarantee that they will be implemented in their entirety by companies. The author especially cautions against management who ignore or downplay best practice recommendations to involve stakeholders at a company level. He further summarises the key aspects of recommended workplace HIV/Aids responses from the codes referred to above, as follows:

- Identify and understand the risk HIV/Aids poses
- Establish commitment from management and employee representatives for the workplace response
- Draw up an HIV/Aids policy
- Establish implementation structures that include management and employee representatives
- Ensure good internal and external communications
- Establish partnerships with groups able to assist with the workplace programme
- Run awareness and education interventions
- Encourage and assist behavioural change that will prevent HIV infection
- Encourage voluntary HIV testing and provide counseling
- Offer wellness programmes, HIV/Aids treatment and care (subject to resource availability)
- Create an environment in which fear, stigma and discrimination around HIV/Aids is minimized
- Monitor, evaluate and review the programme

2.7.2 Findings on business responses

The 2005 SABCOHA survey reports that In comparison to other sectors, financial services, mining, transport and manufacturing are dealing with the epidemic in an integrated and proactive manner (Ellis and Terwin, 2005). The survey showed that 81% of the financial services companies, 60% of mining houses and around 50% of manufacturing and transport companies surveyed have an HIV/Aids policy in

place. However, less than a third of retailers, wholesalers, vehicle dealers and building and construction companies have implemented an HIV/Aids policy. Employer responses to the epidemic appear to be linked to company size, with the majority of medium and large companies indicating that they have an HIV/Aids policy in place and small companies having done little in the way of action against the epidemic. The professional services sector was not included in the survey and hence no data could be found in terms of their response.

2.7.3 Why has the response been so slow?

Dickinson (2004) refers to four tensions that exist within the South African context and thus explain (or at least try to support) why the response by business has been so slow. Firstly, political tension exists in that HIV/Aids has provided business with an issue on which they can legitimately criticise government. As HIV/Aids has come to be understood as a major challenge for South Africa, and hence an issue on which government can be held accountable, business has found itself adding the epidemic to its list of factors against which it can blame the government.

Secondly, moral tension is exhibited through a number of features which make HIV/Aids a difficult topic to deal with. These include its primarily sexual means of transmission and its 'incurable nature'. 'Othering' (an attitude whereby HIV/Aids affects others, not oneself) promotes a company's response to HIV/Aids to be downgraded, delayed and delegated to more junior employees.

Thirdly, industrial relations tensions, manifesting in resistance by employees to co-operate with management has provided another reason for the slow response. The success of workplace programmes depends on the workforce deciding that management can be trusted on this issue. In addition, many unions are opposed to testing because it could be used as a vehicle for discrimination.

Finally, two socio-economic tensions are evident when trying to understand the slow response: first a tension between the income of the employee, their value to the company, and their ability to fund treatment. The second tension exists around the necessity of responding to HIV/Aids in the workplace when it was contracted at the community level.

2.8 External business response to customers

Bery (2004) stresses that business needs to capitalise on its unique strengths and match their proficiencies to HIV programme areas where they can add the most value. For example, media companies and consumer products industries are applying marketing, advertising, messaging and brand promotion capabilities to public awareness and education programmes on HIV/Aids. Bery (2004) further cites one positive example of Black Entertainment Television (BET), the leading US television network targeting the African American audience. BET is promoting non discrimination in the workforce and has applied its media assets to tackling HIV/Aids among this youth group and the broader audience.

2.9 External business response to communities

2.9.1 Strategic importance of social response

Davis (2005) describes the relationship between big business and society as an implicit social contract, with obligations, opportunities and mutual advantages. He explains that in poor developing countries the rule of law and basic public services are often noticeable by their absence. He goes on to say that this reality can render the 'business of business is business' mindset as positively unhelpful as a guide for corporate action. Bonini *et al* (2006), state that social and political forces can fundamentally alter an industry's strategic landscape. They can ruin the reputations of businesses which have been caught unaware and are thus seen as culpable. The challenge is for companies to incorporate an awareness of socio political issues more systematically into their core strategic decision making processes.

2.9.2 Moral and ethical importance of social response

This 'business of business is business' mindset further obscures the need to address questions about ethics and legitimacy (Davis, 2005). Davis and Stephenson (2006) note that business - in particular big business - will never be "loved" within society. It can, however, be more appreciated. Business leaders need to argue and demonstrate more forcefully the intellectual, social and economic case for business in society and the massive contributions business can make to social welfare.

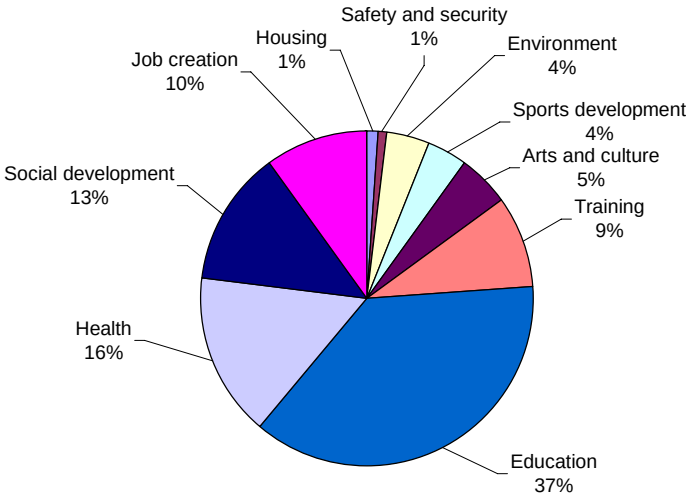
According to Wharton legal studies professor Hsieh, the importance of corporate

assistance can be justified if you start with the 'rescue principle'. If you are presented with a situation where you can prevent something very bad from happening, or alleviate someone's dire plight, by making only a slight (or even moderate) sacrifice, then it would be wrong not to do so (Wharton University, 2005). He considers the case of a drowning child to illustrate this concept. Suppose a man is walking past a shallow pool and sees a child drowning. Most people would agree that the man has a moral obligation to save the child even if this means getting wet. What underlies this responsibility is the principle of rescue. A further principle introduced by Hsieh is the 'principle of a minimally fair benefit' which states that in an exchange, if some but not all parties are above a minimal threshold of well being and entitlement, then it would be wrong for those parties far above the threshold not to assist the other parties to come closer to that threshold.

2.9.3 South African corporate social investment spend (CSI)

The bulk of CSI funding in South Africa to date has gone to education (as indicated in figure 3 below). When added with investment in training, these two sectors total almost half of the overall CSI funding. However, over the past few years there has been an increased investment in the health sector, which is largely due to the HIV/ Aids pandemic (Rockey, 2005)

Figure 3: CSI expenditure breakdown by development sectors: 2005



Source: CSI Handbook 8th Edition (2005)

2.10 Professional services industry

2.10.1 Introducing professional services

By definition, a professional service is a customised service based on specialised intellectual expertise, often original in nature, which is provided for a fee, which may be determined individually with each customer for each contract (University of Minnesota, 2002). Types of service include amongst others: management consulting, auditing and accounting, legal, and engineering consulting services.

The word “professional” implies professed attainment of special knowledge as distinguished from mere skill (Baschab and Piot, 2005). Professional services firms are in the sometimes unenviable, and yet potentially profitable position of responding to their client’s challenges. Baschab and Piot (2005) refer to 3 types of opportunities:

- Client-based opportunities – where the development of new services is viewed as a reactionary response to existing client work.
- Compliance-based opportunities – this approach views the development of new services as an opportunistic response to client needs, as these organisations strive to respond to changing regulatory, statutory and compliance demands.
- Market-based opportunities – this approach views service development as a forward looking response to anticipated market changes.

The provision of HIV/Aids products and services could fall into either client based or market based opportunities.

2.10.2 Professional services industry indicators

Industry information on the professional services sector was only available at a global level with very little information available for specifically South African indicators. However, the information available does provide interesting insight into the scale of this sector. Most of the global players listed in these industry profiles have a presence in South Africa.

2.10.2.1 Management consulting services

Datamonitor (2005b) reports that as far as management consulting services are concerned, countries have experienced very different growth rates world wide. Dominated by large multinational players the global market has become more competitive. Key players are BearingPoint, McKinsey, Cap Gemini, Ernst & Young, Deloitte & Touche, Accenture and IBM Corporation. The largest sector which

traditionally required management consulting services was financial services however demand from the public services sector has increased world wide. Employment in the management consulting industry in South Africa typically requires a tertiary education specialising in disciplines such as finance or general management (Going Global Inc, 2004). The global management consulting market generated revenues of $158.7bn in 2004, representing a compound annual growth rate (CAGR) of 3% for the 5 year period spanning 2000-2004.

2.10.2.2 Accountancy services

In comparison, the global accountancy services market generated total revenues of $156.1 billion in 2004, representing a CAGR of 4.1% for the same period (Datamonitor, 2005c). Key players are BDO International B.V., Deloitte Touche Tohmatsu, Ernst & Young International and KPMG International. Going Global Incorporated (2004) reports that South Africa is currently experiencing a shortage of skilled professionals in the chartered accounting, insurance, consulting and auditing fields.

2.10.2.3 Legal services

The legal services market includes practitioners of law operating in every sector of the legal spectrum. These include commercial, criminal, legal aid, insolvency, labour/industrial, family and taxation law. The global legal services market generated total revenues of $392.2 billion in 2005, this representing a CAGR of 4.5% for the five-year period spanning 2001-2005. The number of legal

professionals at work in this market increased at a CAGR of 1.4% between 2001-2005, to reach a total of 2.1 million (Datamonitor, 2005d).

2.10.2.4 Engineering services

The construction and engineering sector is composed of revenues from civil engineering companies as well as large-scale contractors, but excludes companies involved in home building. The global construction and engineering industry grew by 2.6% in 2004, to reach a value of $1,696.1 billion. Civil engineering is the leading sector in the global construction and engineering industry, with a share of 52.2% (Datamonitor, 2005e).

2.10.2.5 Outsourcing

The outsourcing market in South Africa is expected to grow at a compound yearly growth rate of 15% and will reach R5,2-billion by 2006, reports market research company BMI-TechKnowledge in its professional services report (Halwindi, 1999). The engineering and professional services industry is benefiting from the continuing business trend towards outsourcing. Outsourcing is popular because it allows companies to cut costs and focus on their core operations. Outsourcing benefits the professional services sector by increasing the need for educated professionals (Dolbeck, 2005).

2.11 Conclusion

HIV/Aids is creating significant challenges at an economic, business and household level. South Africa is particularly vulnerable due to the social epidemiology of HIV/Aids. Business has choices in how to respond to these challenges.

The literature highlights that there is method in viewing HIV/Aids as a strategic imperative whether from the perspective of your employee base, your customer base or the community within which you operate (Rosen *et al*, 2003). Ultimately the response can be seen from two perspectives. One that is rational and based on a cost benefit ratio. In other words the company only responds when there is a direct benefit for the bottom line in so doing. The second perspective is one that is considered reasonable (Nattrass, 2003). This is where the company believes it has a moral duty to respond to its workforce regardless of whether there is an implied cost or benefit to doing so. The second perspective is aligned to Hsieh's rescue principle discussed in section 2.9.2 above.

The professional services sector is well positioned to respond both internally and externally to HIV/Aids. The literature shows that no study has been undertaken to understand current responses. Furthermore it highlights that there is a need to understand how senior employees have responded to HIV/Aids since they are not impervious to the disease (Randall, 2002).

CHAPTER 3 – RESEARCH QUESTIONS

The 2005 BER study reports that most respondents do not thoroughly investigate what the internal and external impact of HIV will be on their companies. The decision on the shape that a programme assumes should be based on the risk posted to an organisation. However few companies surveyed have conducted research into the threat posed by HIV to their enterprises.

The literature shows that the predominant focus on the impact of HIV/Aids to business has been from a negative perspective. There has been no research undertaken with regards to the opportunities and positive impacts that HIV/Aids has created for businesses.

The literature further shows that there has been a great deal of research undertaken in terms of how certain business sectors are responding internally and externally, but no information is available on the professional services sector's response.

The following questions were formulated and tested during the data collection and analysis phase of the research:

1. How vulnerable is the professional services sector compared to national prevalence indicators?

This question sought to determine the professional services sector's level of

risk when considering the skills profile and demographic features of the sector

2. What is the impact of HIV/Aids on professional services firms?

This question sought to determine the nature of the impact of HIV/Aids on the professional services sector. In other words, does HIV/Aids have a positive, negative or zero impact on this sector?

3. How are professional services firms responding internally to HIV/Aids and why?

This question sought to understand what measures professional services are taking internally to respond to HIV/Aids in their workplace.

4. How are professional services firms responding externally to meeting their client's challenges to HIV/Aids?

This question sought to understand if and how professional services firms are responding to HIV/Aids in terms of products and services they offer to their clients.

5. How are professional services firms responding externally to meeting community challenges to HIV/Aids?

This question sought to understand if and how professional services firms are contributing any of their corporate social investment spend and initiatives towards HIV/Aids.

CHAPTER 4 – RESEARCH METHODOLOGY

4.1 Research design

The research method selected to undertake this study was a combination of qualitative and quantitative design. 'Qualitative methods allow the researcher to study selected issues in depth, openness and detail as they identify and attempt to understand the categories of information that emerge from the data' (Terre Blanche and Durrheim, 1999). Quantitative research is the numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect. Qualitative research is often used to gain a general sense of phenomena and to form theories that can be tested using further quantitative research (http://en.wikipedia.org, 2006).

The theme of enquiry was inductive in that the researcher immersed herself in the details and specifics of the data to discover important categories, dimensions and interrelationships. This was done through exploring open questions rather than testing theoretically derived propositions. This method of enquiry was especially suited to the sensitive nature of the topic since many of the responses represented the value systems, attitudes and beliefs of the company in question and those of the interviewee.

Data was collected through semi-structured interviews. Gillham (2005) argues that the semi-structured interview is the most important way of conducting a research

interview because of its flexibility, balanced by structure, and the quality of the data obtained. Gillham further explains semi-structured as:

- The same questions are asked of all interviewees
- Interviewees are prompted by supplementary questions if they have not dealt spontaneously with one of the sub areas of interest
- Approximately equivalent interview time is allowed in each case
- Questions are open
- Probes are used according to whether the interviewer judges there is more to be disclosed at a particular point in the interview

Since the study was exploratory in nature the interviewer made use of probing techniques to gain as much insight as possible. Face-to-face interviews were held with each interviewee in so far as it was possible (See appendix 1 for the research questionnaire administered).

4.2 Population

The population was defined as professional service firms operating in South Africa. In order to reflect whether strategic responses to HIV/Aids were different depending on the nature of work being conducted, different clusters within the sector were targeted. Therefore, the sampling frame in the population consisted of management consulting; legal; audit; and engineering consulting firms. Through selecting different types of professional services firms, the researcher sought to achieve a more representative sample of the population.

Aside from whether the firm fitted into one of the above mentioned clusters, a further parameter for inclusion was that the company employed more than 50 employees. It was felt that companies employing less than 50 employees would not be large enough to warrant a rational response to HIV/Aids.

4.3 Sample size and method

Non-probability judgmental sampling was applied in this study. According to Welman and Kruger (2005) non-probability sampling is used when the probability that any unit of analysis cannot be specified, because in some instances certain members of the population may have no chance at all of being included in the sample. Quota sampling was used to target the management consulting; legal; accounting and engineering services strata of the professional services population

Taking cases on the basis of their availability or access is referred to as ‘convenience’ or ‘opportunistic’ sampling (Terre Blanche and Durrheim, 1999). MBA class networks, employer networks, personal networks and cold calling methods were exploited to gain access to the firms. The researcher made use of telephonic and email sources to make contact with targeted firms. In some instances, she relied on networks within the organisation to make an introduction and position the research before she contacted the appropriate person. When making ‘cold’ contact with firms, the researcher requested to speak with the individual responsible for HIV/Aids programmes in the business. If there was no such person, the researcher requested to talk with the HR Manager. Upon contact with the HR Manager, the researcher explained the purpose of the research and

requested an interview. The targeted sample size was 20. The researcher was able to achieve this target.

4.4 Instrument design

The research instrument was designed through 2 phases.

4.4.1 Phase 1

During the first phase, HIV/Aids experts were contacted to gather their inputs in terms of what the questionnaire should focus on. These experts ranged across academic; medical and business fields. This process ensured higher levels of validity of the final research instrument. These experts were contacted mostly upon referral of both employer and GIBS contacts. In 2 instances cold contact was made with experts based on literature that had been written by them. Of the 7 experts interviewed, 5 interviews were held face-to-face, 1 interview was done telephonically and 1 was done via email.

The research problem and aims were explained to the experts and they were then asked open ended questions to determine the nature of the questions which they believed the researcher should be investigating. The experts were also asked detail on the flow of the interview and which questions should be asked of the interviewees in which order.

The inputs gathered from these interviews were then clustered into a range of themes (see table 3: findings from phase 1 research). Using these themes the

researcher was able to design a first pass questionnaire.

Table 3: Findings from phase 1 research

	Company demographics	Attitude to HIV/Aids	Business impact studies	Internal response	Strategy (rational vs reasonable)	External response (Opportunities)	Employee benefits	Aids as a Priority (Ranking)	Stigma	Leadership buy-in	Corporate social responsibility
Brad Mears CEO of SABCOHA	√			√	√	√		√	√	√	
David Dickinson Associate Professor: Industrial Relations & HIV/Aids at Wits Business School	√		√	√		√			√		
Tandiwe Njobe Senior Associate at Deutsche Bank and responsible for HIV/Aids research	√	√		√	√		√	√		√	
Dr Bryan Brink Senior Vice President: Health Anglo American Corporation	√	√	√	√	√	√	√		√	√	√
Joy Beckett Manager: HIV/Aids De Beers				√					√	√	√
Peter Philip Head of Health: Standard Bank	√	√	√	√		√	√			√	√
Sydney Rosen Associate Professor: Health & Development at Boston University	√		√	√			√	√			
Included in final questionnaire?	√		√	√	√	√	√	√			√

4.4.2 Phase 2

The second phase of the research design involved pre-testing of the questionnaire. The first pass questionnaire was pre-tested on the Human Resources manager of the company at which the researcher is employed. The company is a professional services firm and is included in the sample of 20 companies. Following this interview, the questionnaire was modified slightly. Through discussions with the researcher's supervisor the questions were also modified. The focus of these changes was on providing more closed ended questions for comparison and on changing the ordering of some of the sections in the questionnaire (see appendix 1 for the final version of the research questionnaire).

4.5 Interview process

All interviewees for the second phase were briefed telephonically and/or on email before the interview. The nature of this brief was that the researcher was interviewing 20 professional services companies across management consulting, legal, accounting and engineering services. It was explained that the researcher sought to understand the response of the professional services sector from three perspectives: an internal perspective to their workplace, an external perspective to their clients and an external perspective to the communities in which they operated. In addition they were assured that all responses were 100% confidential and that none of the findings reported would be associated with any company interviewed. They were further assured that they would receive a copy of the

research findings for their interest. Lastly the interviewer confirmed that the interview should not take longer than 30 to 40 minutes.

Of the 20 interviews conducted, 2 were set up over email and the rest telephonically. Three interviews took place telephonically. Two of these were because the interviewee was based in Cape Town. Most of the people interviewed were HR managers or senior line managers in the organisation. In 3 of the companies surveyed, the researcher was able to interview the managing director of the company (see appendix 2 for a list of companies interviewed). In 4 of the interviews there were 2 interviewees present. This was usually because the person contacted felt it necessary to bring in the additional person for extra input.

Each interview lasted between 20 minutes and 40 minutes with the average time being about 30 minutes. The interview was usually held in a private meeting room or in the office of the interviewee. At the end of the interview the interviewer thanked the interviewee for his/her time and ensured that she had their email address in order to send a final copy of the research findings. Where the interviewee had been unable to answer a particular question the interviewer sent that question through on email in order for the interviewee to follow up with the appropriate person in the company. This occurred 3 times and was related to the questions on the provision of HIV/Aids products and services to clients.

4.6 Data analysis

Data analysis is the process of making sense out of data (Merriam, 1998). The

data obtained from the interviews was analysed using two primary methods.

4.6.1 Frequency analysis

Frequency analysis is a method of defining the number of observations for all the values of a variable (Page and Meyer, 2000). This method was applied to all of the closed ended and rank order questions. Data from each interview was recorded on a spreadsheet and then counted according to the number of times each observation occurred. When presenting the results, the frequency analysis data was summarised in a table and rank ordered from highest to lowest where it was appropriate to do so.

4.6.2 Content analysis

The basic strategy of content analysis centres on communication, especially the frequency and variety of messages. Categories are constructed and compared (Merriam, 1998). This method of analysis was applied to the open ended questions to understand if there were common themes evident in the interviewee's responses. During the interview the interviewer captured detailed data relating to the statements she heard. These statements were then captured into a spreadsheet. Each statement was analysed and summarised into a theme. As more statements were analysed the researcher was able to collapse these individual statements into a cluster of themes. The data was then presented in a table and the frequency of each statement per theme was summed up to arrive at the most common themes per response.

4.7 Research limitations

- As reported in the SABCOHA 2005 study, a potential limitation could be that the questions being asked resulted in the perceptions of the interviewee being tested and not the actual organisational situation. The interviewer ensured that the questions were posed from an organisational perspective in order to mitigate this bias.
- A second limitation was that in most instances only one person was interviewed per company and the interviewer was dependant on the responses of that interviewee alone. The interviewer attempted to mitigate this risk by meeting with senior people from the organisation to provide credibility.
- A third limitation was the sensitive nature of the topic. Interviewees in a few instances came across as defensive especially where they did not believe there was an HIV/Aids risk in the business. The interviewer stressed confidentiality and built trust early on in the discussion to avoid this situation arising.
- A fourth limitation was the sampling method which was based on a convenience sampling process facilitated as far as possible through third party introductions. In addition the sample size is not considered large enough to be representative of the South African professional services sector.

CHAPTER 5 – RESULTS

5.1 Description of sample

Twenty professional services companies were interviewed for the purpose of the study. The sample consisted of 5 accounting services companies, 5 engineering services companies, 4 legal services companies and 6 management consulting services companies. All companies interviewed employed a minimum of 50 employees. Where the company was an international organisation, the responses were based on operations in South Africa. See appendix 2 for a list of the companies included in the study and an indication of what role each interviewee held in the company.

5.2 Results

The following section describes the results that were obtained across the 20 interviews conducted.

5.2.1 Company description and demographics

The company description and demographics section of the questionnaire aimed to get a holistic view of the company in terms of location, size, gender split, age category split, skills levels and clientele served.

Table 4: Is the company South African or international?

	Frequency (n)
International	10
South African	10

There was an even split of South African and international based companies in the survey.

Table 5: Number of employees covered in survey

	Sum total (n)
Permanent	14 192
Contractors	2 069

The majority of staff employed at these organisations are permanent employees Contractors are mostly used for outsourced services and to scale up service delivery during peak periods.

Table 6: Average percentage gender split

	Mean (%)
Male	60
Female	40

More males are employed in the companies interviewed than females. This ratio differed across the 4 professional services clusters with engineering and management consulting companies employing higher ratios of males to females. The legal services companies, in most cases, employed more females than males, and the accounting services companies were almost equal in representation.

Table 7: Average percentage age split

	Mean (%)
<30 years	30
30 - 45 years	44
>45 years	26

The most prevalent age category of employees for the companies interviewed is the 30 to 45 year old category. Five of the companies interviewed employed over 50% of their employees in the < 30 year old category. Three of the companies interviewed employed over 50% of their employees in the > 45 year old category. The engineering services companies appeared to employ more older employees than the other clusters. The management consulting and accounting services companies appeared to employ younger employees than in the other clusters.

Table 8: Average percentage skills split

	Mean (%)
Highly skilled	70
Skilled	25
Semi skilled	5

The majority of employees in the companies surveyed are highly skilled. For the purposes of the study, it was explained that semi-skilled is defined as anything less than a standard eight or grade ten; skilled is defined as having a matriculation certificate as a minimum, and highly skilled as having a diploma or degree. The management consulting firms employed the highest number of highly skilled employees. The legal services companies were found to employ the highest number of skilled employees. There was no trend across the clusters regarding semi skilled employees.

Table 9: Average percentage of degreed employees

	Mean (%)
Degree holders	68

A very high percentage (68%) of all employees in the companies interviewed hold a degree. The legal services cluster brought this figure down due to the high percentage of skilled employees hired.

Table 10: Industry base of companies surveyed

	Frequency (n)
Mining and resources	17
Construction	16
Financial services	15
IT and Telecoms	14
Retail	13
Government	12
Manufacturing	11
Private individuals	9

The largest sector serviced by the companies interviewed is the mining and resources sector, followed closely by construction and financial services.

5.2.2 Macro environment of business

Companies were asked to rate 5 macro environment threats to their business as being either low, medium or high. Respondents were asked to put their 'CEO' hats on in order to answer this question. Each threat was then rank ordered according to the range of frequencies obtained.

Table 11: Rank order of threats to the companies surveyed

	Low	Medium	High
Talent management	0	3	17
Increasing competition	6	7	7
Macro economic conditions	11	8	1
Declining customer demand	14	5	1
HIV/Aids threat on skills base	18	2	0

The largest threat for the companies surveyed was talent management with 17 of the companies reporting it as a high threat. HIV/Aids was ranked as the lowest threat for 18 of the companies.

5.2.3 Impact of HIV/Aids on the business

The questionnaire then focused on HIV/Aids specific questions. This section focused on 2 primary areas: what the perceived level of impact of HIV/Aids on the company was and how the company was responding to HIV/Aids internally.

Table 12: Current impact of HIV/Aids on the company

	Frequency (n)
Little or none	17
Moderate	2
Severe	0
Don't know	1

Seventeen of the companies interviewed said that HIV/Aids was having little or no impact on their company. Only 2 companies rated the impact as moderate. Table 13a and b explain the rational for these selections. Responses were collapsed where common clusters could be identified.

Table 13a: Rationale for the rated impact 'little or none'

Little or none	n
Graduate professionals/ highly skilled	6
No HIV/Aids cases that they have ever known of	6
Medical scheme for employees	4
Demographics of employees	3
People know the risks	3
Little chance of people being exposed to the illness	3
Age category - committed families	2
Education levels	2
Access to wellness programme	2
Low incidents of absenteeism	2
Assume only impact is family impact	2
Does not impact on client work	2
Assume low impact but don't really know	2
Industry survey undertaken which highlighted low prevalence	1
People would rather manage it on their own	1
Low incidents of illness	1
Working with the people every day - would know if they had symptoms	1
Everyone works a 12 hour day	1
Type of business - no factory/ migrant workers	1

A multitude of reasons were provided as to why the impact of HIV/Aids on the company was rated as having 'little or no' impact. The majority of these were based on the skill levels of employees in the companies (highly skilled) and the fact that the companies had had no cases of HIV/Aids that they were aware of.

Table 13b: Rationale for the rated impact 'moderate'

Moderate	n
2 people died so far and assuming more based on this	1
High % of skilled staff	1
Impacts negatively on the pension fund	1
Can't say that just because we are a professional services firm we are not affected - that would be very naive	1

Those companies that rated the impact as 'moderate' had seen the impact of HIV/Aids on their company. Both companies that rated the impact as moderate

were from the same professional services cluster.

Table 14: Estimated HIV/Aids prevalence levels within company

Respondents were asked to provide an estimation of their perceived prevalence of HIV/Aids in the company.

	Frequency (n)
0%	4
0-1%	2
1-2%	7
3-5%	2
>5%	2
Won't guess	3

The highest frequency estimated of HIV/Aids prevalence in the companies interviewed was between 1 and 2%. Three of the companies would not provide an estimate since they did not believe they were in a position to do so.

Table 15: Activities undertaken to measure the impact of HIV/Aids

	Frequency (n)
Knowledge, attitude and perception survey	4
Voluntary counselling and testing	3
Prevalence testing	1
Cost impact modeling	1

Very little has been done to accurately measure and therefore determine the impact of HIV/Aids on the companies that were interviewed. Examples of each activity were provided to respondents to ensure they understood what was meant by each term. Only 1 company had undertaken more than one of the above activities. Only 8 companies have undertaken one of the above activities.

Table 16: Awareness of deaths in the business due to HIV/Aids

	Frequency (n)
No	13
Yes	7

Seven of the companies interviewed are aware of HIV/Aids deaths that have occurred in the business. This is potentially an underestimate because not all respondents were in a position to answer this question. In addition the issue of non disclosure suggests an underestimate of these figures.

Table 17: Awareness of HIV/Aids impacts on the company

Companies were provided with a list of likely impacts to the business as a result of HIV/Aids. They were asked to state whether any of the impacts were being experienced in the company.

Frequency	Yes	No	Don't know
Extended family impact	5	10	0
New business opportunities	4	15	1
Increased absenteeism	2	17	1
Declining morale	2	18	5
Loss of experience/skills/knowledge	1	19	0
Increased employee benefit costs	1	19	0
Loss of productivity	1	19	0

It can be seen that the impact of HIV/Aids on various organisations is low. The most prevalent impact recorded was that of extended family impact where employees had relatives that have died of HIV/Aids. Four of the companies highlighted that HIV/Aids was having an impact in so far as the creation of new business opportunities (a positive as opposed to negative impact).

Table 18: Expected impact of HIV/Aids in next 5 years

Respondents were asked what they expected the impact of HIV/Aids to be within the next 5 years. They were given 3 options to choose from: no change - suggesting maintenance of the status quo; negative impact - suggesting that there was likely to be a cost impact to the business caused by HIV/Aids; and positive impact - suggesting the creation of new business opportunities for the company because of HIV/Aids

	Frequency (n)
No change	12
Negative impact	8
Positive impact	4

Twelve of the companies interviewed believed that the impact of HIV/Aids on their company would remain as is for the next 5 years. Eight companies felt that there would be a negative impact caused by HIV/Aids. Four companies are of the opinion that HIV/Aids will create further business opportunities for the company during this period. See tables 19 a-c for explanations of the rationale relating to these responses.

Table 19a: Rationale for 5 year impact (No change)

No change	Frequency (n)
Not having an impact currently	3
Demographics	2
Skills levels	2
No impact to our clients because they still require our services regardless of HIV	2
Social stigma will keep people from disclosing	2
Would not matter if someone is HIV positive	1
People highly remunerated so they will manage it on their own	1
Employees fall into low risk category	1

The highest observed rational for the status quo was related to the fact that HIV/Aids is not currently having an impact and therefore won't in the next 5 years. In addition, demographics, skills, and the fact that HIV/Aids is not impacting on the demand side of the business services were also mentioned more than once.

Table 19b: Rationale for 5 year impact (Negative impact)

Negative impact	Frequency (n)
Demographics/ workforce profile change	3
Aids is a reality - infection rates are climbing	2
Large majority of workforce skilled	2
Even one person dying could have a substantial impact on the business	1
Staff taking on additional responsibilities - eg: orphans	1
Will probably have a higher impact on the support staff	1
If more people disclose then we assume their will be a bottom line impact	1
We are employing more younger people, graduates coming straight out of university	1
Past experience	1

Three of the companies felt that as their demographics change the impact of HIV/Aids may increase. Two companies acknowledged that infection rates are climbing and therefore assume that the impact will grow. Those companies with a

higher base of skilled employees felt that they were more at risk.

Table 19c: Rationale for 5 year impact (Positive impact)

Positive impact	Frequency (n)
Most of our clients will be impacted by HIV in some way	2
Business opportunities indirectly through BEE work	1
Could create an opportunity for our skills in the rest of Africa	1

The companies that felt HIV/Aids will have a positive impact were all speaking from the potential business opportunities that HIV/Aids could provide for them in terms of additional services.

Table 20: Rank order of perception of prevalent illnesses in company

	Low	Medium	High
Stress related illnesses	5	7	8
Cancer and other life threatening illnesses	13	6	0
Cardiovascular related illnesses	14	5	0
Alcoholism and other addictions	18	2	0
HIV & Aids illnesses	20	0	0

By a long way the highest perceived prevalence of illnesses within the business are those related to stress. Many of the respondents noted that employees work long hours, often to deadlines, resulting in very high stress levels. Cancer was second highest although no company reported a high prevalence. HIV/Aids related illnesses were reported as being low for all 20 companies.

5.2.4 Internal company response to HIV/Aids

This section of the questionnaire sought to understand what measures and

mechanisms companies have implemented to respond to HIV/Aids internally. It asks whether a specific role player had been formally assigned to this area of responsibility.

Table 21: Has anyone been assigned responsibility for HIV/Aids in the company?

	Frequency (n)
Yes	11
No	9

Eleven of the companies have formally assigned responsibility for HIV/Aids in the business to a specific individual or group. Formal responsibility meant that it had been highlighted on a job description or as part of the individual's key performance indicators. Nine companies have not allocated responsibility to anyone. Table 22a lists to whom the responsibility has been allocated, and table 22b provides the reasons for not allocating responsibility where this is the case.

Table 22a: Role player to whom responsibility has been assigned

	Frequency (n)
Human resources manager	7
Industrial relations manager	1
Skills development facilitator	1
Health and benefits	1
Employment equity committee	1

In most companies the human resources manager has been assigned responsibility for HIV/Aids. In all cases the responsibility falls within the broader scope of the human resources domain. Table 22b below shows the reasons provided for why some companies have not assigned responsibility internally.

Table 22b: Reasons why responsibility for HIV/Aids in the company has not been assigned

	Frequency (n)
No problem/ threat to business	4
Wellness programme take cares of it	2
We have not paid attention to it	1
Something taking place at industry level	1

Those companies that have not assigned responsibility for HIV/Aids internally have mostly not done so because they believe that HIV/Aids does not pose a problem or threat to the business.

Table 23: Internal measures implemented in the company to respond to HIV/Aids

	Yes	No
HIV/Aids or life threatening policy in place?	15	5
Policy communicated?	12	3
Educational materials provided?	14	6
Educational sessions provided?	10	10
Access to condoms promoted?	6	14
Access to VCT provided?	4	16
Access to ART provided?	0	20
Services or support to families of HIV+ employees provided?	5	14

Most companies have implemented some measures to respond to HIV/Aids internally. The most common, was the implementation of an HIV/Aids policy. In 12 out of 15 cases this policy has been communicated to employees. Fourteen companies have provided educational material on HIV/Aids to their employees and a fairly high number (10) of companies have held education sessions dedicated to HIV/Aids. With regards to the promotion of condoms - 6 companies have condom dispensers available on their premises. Of the 14 companies that do not promote

access to condoms, 4 hand out condoms on World Aids day as part of their awareness campaign.

Table 24: Medical benefits

	Yes	No	Don't know
Medical benefits provided?	19	1	
Compulsory for employees to be on medical aid?	14	6	
HIV/Aids disease management programme provided?	18		2
Receive statistics of members on the programme?	3	17	

Nineteen of the companies provide medical benefits for their employees and in 14 of the companies membership is compulsory. Eighteen of the company's medical aids have an HIV/Aids disease management programme in place, and of these 3 receive statistics on the number of employees on the programme.

Table 25: Knowledge of where nearest HIV/Aids roll out clinic is to the business?

	Frequency (n)
Yes	5
No	15

Only 5 of the companies were in a position to say where the nearest HIV/Aids roll out clinic is for their business. Three of these companies mentioned that this detail is provided in educational material that has been provided for their employees.

5.2.5 External response to HIV/Aids – customers

This section of the questionnaire focussed on understanding if and how professional services companies have responded to their customers' challenges regarding HIV/Aids.

Table 26: Does the company evaluate the impact of HIV/Aids on its customer base?

	Frequency (n)
Yes	3
No	17

Only 3 of the companies have ever evaluated the impact of HIV/Aids on their customer base.

Table 27: Has the company created any product or service offerings specfically centred around HIV/Aids?

	Frequency (n)
Yes	8
No	12

Eight companies have provided services relating to HIV/Aids for their customers. Table 28 below provides detail on the types of services that have been provided.

Table 28: Rank order table of products/ service offerings provided

	Frequency (n)
Business impact studies	5
Research reports	4
HIV/Aids policies	4
Workplace response programmes	2
Actuarial studies	2
Education programmes	1
Other	0

The most common service provided is performing business impact studies relating to the impact of HIV/Aids on a customer base. In addition 4 companies have

provided research reports on HIV/Aids for their customers. HIV/Aids policy development was another service provided by 3 of the companies.

5.2.6 External response to HIV/Aids – communities

This section of the questionnaire sought to understand if companies are contributing a proportion of their budgets to corporate social investment (CSI), and if so whether any of this spend is targeted on HIV/Aids.

Table 29: Corporate social investment (CSI)

	Yes	No
CSI budget in place?	15	5
Contribute a proportion to HIV/Aids causes?	12	3
Promote employee involvement in HIV/Aids community work?	7	8

Fifteen of the companies have a CSI budget or guidelines in place. The 5 companies that do not, do acknowledge that they contribute to special causes on an adhoc basis. Twelve companies are contributing a proportion of this spend to HIV/Aids causes. The proportions of this spend varied from 3% to 80% for these companies. Seven of the companies specifically encouraged employee involvement in HIV/Aids community work.

Table 30: Focus of CSI spend

	Frequency (n)
HIV/Aids	12
Education	9
Children focus	5
Free services	3
Various	2

The primary CSI focus for the companies interviewed was education and HIV/Aids. Some companies are spreading their CSI spend across a variety of causes and this is why the total frequency recorded is higher than 20.

5.2.7 Trends and overall observations

When consolidating the data for the 20 companies, the essence of the individual findings for each company is often lost. It is therefore noteworthy to conclude the results section with some general comparisons and trends observed.

When comparing the responses of international versus South African companies, it becomes clear that the international companies have made more of an attempt to measure the impact of HIV/Aids on their business than the South African companies. Only 2 South African companies have attempted to do so compared with the 5 international companies. However when comparing internal measures put in place to respond to HIV/Aids, there is no observable trend between the level of response of South African and international companies. Therefore, it can be concluded that South African professional services companies are implementing internal measures to respond to HIV/Aids without understanding the true impact of the disease.

Three of the companies in the sample have implemented no measures whatsoever to respond to HIV/Aids. Each of these 3 companies is from a different professional services cluster and so there was no observable trend in this regard.

According to Ellis and Terwin (2005), employer responses to HIV/Aids appear to be linked to company size, with the majority of medium and large companies indicating that they have an HIV/Aids policy in place and small companies having done little in the way of taking action against the epidemic. Seven of the companies in the sample employ over 500 people and can thus be considered large employers.

Of these 7, only 3 companies have tried to measure the impact of HIV/Aids on their workforce. All but 1 of these companies have a policy in place which has been communicated to their employees. Six of these companies have provided access to education material on HIV/Aids and 5 have facilitated educational sessions on HIV/Aids. All 7 have facilitated access to condoms in some manner, with 5 of the 7 having permanent condom dispensers on their premises.

The company that has responded the most effectively internally, employs less than 250 employees and is considered small in size. This company has developed an integrated response to HIV/Aids with a focus on education, mobilisation and voluntary counselling and testing. In addition, they have not only focused on its employees as beneficiaries of the training, but have extended the education sessions to their employee's children. It is therefore incorrect to say that the response is more effective in larger companies. However the larger companies do appear to have more resources to deploy in this regard.

The cluster that has gained the most from the provision of products and services related to HIV/Aids is the management consulting cluster, followed by the accounting services cluster. Three of the accounting services firms have a consulting arm which provides similar services to the management consulting companies and thus are exploiting opportunities related to HIV/Aids where possible. Three of the 4 companies in the legal services cluster have implemented HIV/Aids policies for clients through their labour law departments.

Of the companies considered large (employing more than 500 employees) only 1 of them does not have a CSI budget in place. Nine of the companies employ less than 250 employees. Of these, only 3 do not have a budgeted spend for CSI. One can conclude that most companies are morally committed to supporting their external communities and stakeholders financially. However it has little to do with the size of the company.

These results will be discussed further in chapter 6.

CHAPTER 6 – DISCUSSION OF RESULTS

This chapter aims to answer the research questions posed in chapter 3, in light of the results presented in chapter 5.

6.1 How vulnerable is the professional services sector compared to national prevalence indicators?

This question sought to determine the professional services sector's level of risk when considering the skills profile and demographic features of this sector. Njobe and Smith (2004b) note that the industry characteristics driving prevalence levels include location, terms and conditions of employment, salary scale, level of skill required and replacement costs. In terms of location all 20 firms interviewed were South African headquartered in the greater Johannesburg or Cape Town cities, but many had national offices countrywide. Of the international companies, 8 were headquartered outside of South Africa

6.1.1 Comparing demographics with national prevalence indicators

The literature shows that the national HIV/Aids prevalence in 2005 was 11%. The prevalence rate for adults (aged 20-64 years) for the same period was 18.8%. (ASSA, 2005). The literature further states that prevalence is higher for women than it is for men, and that it peaks at 30% for women in the 25 to 29 year age group and 26% for men in the 30 to 34 year age group (Creamer Media, 2006). Table 6 shows that on average the companies studied employ more males than females. Only 4 of the companies in the sample employ more females than men.

This could suggest lower risk but is not significant enough to generalise. Interestingly, the legal services cluster employs more women in comparison to the other clusters and therefore could be at higher risk. Table 7 shows that 6 of the companies interviewed employ 40% or more of their staff from the less than 30 year old age category. These companies tend to employ graduates immediately upon completion of their studies. Kinghorn (2000) notes that based on a study undertaken by the Department of Education in 2000, in 2005 33% of all undergraduate and 21% of all postgraduate students at universities were HIV positive.

Although not asked of the respondents, it is assumed that those employees who are younger then 30 are mostly single or unmarried. This suggests a likelihood of multiple partners and could be an indication of higher risk to these companies. However, the size of the sample presents a limitation in terms of generalisation.

6.1.2 Comparing socio economic factors with national prevalence indicators

As the literature shows, the reasons for the South African HIV/Aids crisis are primarily due to socio economic factors prevailing in large parts of the country. People living in poverty are particularly vulnerable to HIV/Aids (Haarman, 2001). Migrant labour also increases risk due to men leaving home in search of work (Whiteside and Sunter, 2000). Table 5 shows that only 14% of the total number of employees are contractors. This indicates a fairly stable employment trend. Although not asked, it is assumed that no migrant labourers are employed in this sector.

6.1.3 Comparing skills levels with national prevalence indicators

The 2005 BER study highlights that companies that employ predominantly semi- and unskilled workers have been much harder hit by the epidemic than companies that employ mainly highly skilled workers (Ellis and Terwin, 2005). Table 8 shows that 70% of the workforce employed by the companies surveyed is highly skilled. This suggests that the vulnerability of the professional services sector is indeed lower than those sectors that make use of more semi and unskilled workers such as the mining and construction industries. It is important to note however that the legal services sector may be more vulnerable due to the high proportion of skilled employees hired, although this does not make the other sectors immune to risk.

Njobe and Smith (2004b) explain that HIV/Aids exposes sectors to the loss of human intellectual capital and experience which is especially detrimental for industries relying on highly specialised skills because these are not easily replaced. This is a potentially high risk for the professional services sector and suggests the need for a more proactive and preventative stance to be taken.

6.1.4 Considering the vulnerabiity of the sectors worked with

Table 10 shows that 17 of the companies interviewed are providing services to the mining industry and 16 to the construction industry. These two industries were ranked with the highest prevalence out of the 8 industry sectors provided. The BER study reports that the mining sector, followed by the manufacturing sector is the worst hit in terms of the HIV/Aids.

Depending on the nature of the work provided to these companies, one could recommend that it is important for all employees to understand the safety and health risks related to HIV/Aids. This could be more important for the engineering services cluster since they tend to work in more hazardous work environments than the other 3 services clusters. Interestingly 3 of the 4 companies in the engineering services cluster did indicate that during their safety and health training, HIV/Aids awareness was a focal point for them.

6.1.5 Conclusion

In conclusion, when one considers the demographic factors highlighted in the literature, the professional services sector appears to be less vulnerable than other industry sectors. This is mostly due to the higher skills levels prevailing in this industry. In addition, since all people surveyed are economically active they are not exposed to socio economic factors such as poverty and lack of access to medical care.

This sector could be more at risk because of its the age profile, however more research would be required into the behaviour of these groups before one could say this with any certainty. In addition the highly skilled nature of these employees suggests they are difficult and costly to replace and therefore the investment in responding proactively could be justified.

As far as the HIV prevalence level in the professional services sector is concerned

one can conclude that it is probably not near the national average of 11%. However, even if it is at 3% or 4%, it is still noteworthy because of the highly skilled people this sector employs. Although this sector may be less at risk it may still be severely impacted by the HIV/Aids pandemic.

6.2 What is the impact of HIV/Aids on professional services firms?

This question sought to determine the nature of the impact of HIV/Aids on the professional services sector. In other words, is HIV/Aids having a positive, negative or zero impact on these firms?

6.2.1 Macro environmental threats to professional services companies

Table 11 shows that of the 5 macro environmental threats posed to the companies, 'HIV/Aids as a threat on the skills base' was perceived to be the lowest of all. On the other hand, 'talent management' was perceived to be the greatest threat for the majority of the companies. This may well be true for professional services companies. However, one could propose that it is easier to say that 'declining customer demand' or 'talent management' are greater threats than 'HIV/Aids impacts' since they tend to be more spoken about and observable. Furthermore, this perception could be based on the stigma associated with HIV/Aids or because the companies are not aware of any cases that have occurred.

HIV/Aids prevalence has a direct impact on skills availability and one could conclude that it makes sense to ensure an adequate response to HIV/Aids in order to minimise loss of talent.

6.2.2 Perceived impact of HIV/Aids to the professional services sector

Table 12 shows that 85% of the companies surveyed ranked the current impact of HIV/Aids as being 'little or none'. When probed on their reasons for this choice, a number of different responses were provided. However, as table 13a shows, only 1 company responded that they had actually measured the impact (though not at company but rather industry level) – 'there was an industry survey undertaken which highlighted low prevalence'. This supports the 2005 Bureau for Economic Research (BER) study's findings on the impact of HIV/Aids on selected business sectors in South Africa which showed that aside from the mining and financial services sector, few firms have conducted research to determine the impact of HIV/Aids on their workforce and even less on their production costs (Ellis and Terwin, 2005).

A common theme was that companies seem to have the perception that because they hire educated people, these people are at a lower risk and the impact to the company with regards to HIV/Aids will also be low. Ellis and Terwin (2005) report that although no reliable data of HIV infection per skills category is available, it is believed HIV prevalence is significantly higher among semi and unskilled workers than among highly skilled and white-collar workers. However this does not mean that if one is highly skilled, one is immune to HIV/Aids.

Some companies mentioned that the impact on them is low because they have a comprehensive medical aid scheme in place for their employees or because they

have a wellness programme in place to manage it. These responses assume that medical aids and wellness programmes will manage any impact that may arise. However having a medical aid in place does nothing to prevent the spread of HIV/Aids. This is a reactive as opposed to proactive rationale. As the UBS/F&C report (2005) highlighted, companies can choose to withdraw, avoid or respond to HIV/Aids. It is felt that this response is somewhere between avoiding and responding, since the employer seems to be abdicating the responsibility elsewhere.

The respondents that provided comments on why they rated the impact as 'moderate' based their responses on more factual evidence – i.e. people in the company who had died due to Aids.

6.2.3 Estimated prevalence levels

The range in prevalence estimates per company varied between 0 and 10 percent with the average being 1.2%. Compared to the national prevalence rate of 11% (ASSA, 2005), the estimated prevalence levels of the professional services sector are significantly lower. As can be seen in table 14, some respondents were not willing to estimate a prevalence level. Respondents were less able to answer a question forcing them to make estimates related to actual numbers and found it easier to select a statement from a forced ranking question. This could also be linked to the stigma associated to HIV/Aids.

6.2.4 Assessing the impact of HIV/Aids prevalence in the professional services sector

Table 15 shows that very few companies have undertaken any type study to try and measure the impact of HIV/Aids on their company. The engineering cluster in particular has not undertaken any of the 4 measures. Ellis and Terwin (2005) report that the benefit of quantitative modelling of HIV/Aids impacts is that companies can estimate cost increases and include these in their financial planning. This knowledge can enable companies to be more proactive and take responsible steps.

It is interesting that of the 5 companies that had measured the impact in some way, 4 of them had actually conducted business impact studies on HIV/Aids for their clients as a service offering. (See table 28).

6.2.5 HIV/Aids deaths in the professional services sector

Table 16 shows that 7 of the respondents mentioned that they were aware of HIV/Aids related deaths that had occurred in their company. Even though the question was not directly asked, 3 of the companies that had not experienced deaths mentioned that they were aware of employees who were HIV positive in their company. This means that half of the companies interviewed have employees who are either HIV positive or have died of Aids. Again, it is highly likely that the number is higher than this and that stigma and fear of disclosure are skewing these figures.

6.2.6 Expected future impact of HIV/Aids on the professional services sector

Having said this, it is noted in table 18 that more than half of the companies expect the impact of HIV/Aids to remain exactly as is for the next 5 years. This seems surprising given the nature of the responses in the paragraph above. One could say that these companies are in denial. Of those who felt that there will be a negative impact in the next 5 years, the most common reason related to a change in demographics. Three companies felt that as they hire people from more diverse backgrounds and strive to reach their employment equity targets, HIV/Aids could become more of a reality. This form of 'othering' as Dickinson (2004) calls it, fuels the stigma surrounding HIV/Aids even further.

What is most interesting is that of the 7 possible impacts provided to respondents, the second highest rated impact is new business opportunities (see table 17). This suggests that professional services companies see HIV/Aids as more of an opportunity than a threat.

6.2.7 Conclusion

In conclusion, the perceived impact of HIV/Aids on professional services is low. The measurement of this impact has not been validated in the sample of companies which suggests that the impact could be higher than what is being stated. These companies are by their nature opportunistic and rely on services revenue. This could explain why the creation of new business opportunities as a result of HIV/Aids was cited for 4 of the companies.

6.3 How are professional services firms responding internally to HIV/Aids and why?

This question sought to understand what measures professional services organisations are taking to respond to HIV/Aids internally. The literature shows that there is a growing body of knowledge on best practice responses to HIV/Aids in the workplace. Considerable guidance is available to companies responding to HIV/Aids in the form of codes which provide key steps and actions which should be taken (Creamer Media, 2006). These codes are readily available and accessible to the public.

6.3.1 Responsibility for HIV/Aids in the workplace

The first question posed to respondents to determine their internal response to HIV/Aids was whether they had formally assigned someone in their company to manage HIV/Aids. Table 21 shows that 55% of the companies had formally assigned an individual to manage HIV/Aids in the workplace. Table 22b shows that 4 companies have not assigned responsibility to anyone because HIV/Aids has not posed a problem or threat to the company. This response is reactive and goes against all the principles of strategic foresight. Drucker (1994) stresses the importance of continuously testing the theory of your business against the assumptions of your environment, mission and core competence. Testing this theory is a function of three steps: preventative care, early diagnosis and rethinking and taking action.

All individuals who have been assigned responsibility for HIV/Aids in the workplace are situated in human resources (HR) functions. This is shown in table 22a. The responses varied as to why companies had assigned the responsibility to HR from 'because it is a corporate responsibility' to 'because HR has the portfolio for health care' to 'HR's portfolio is to deal with people issues, training and development'. Whiteside and Sunter (2000) dispel these assumptions saying that it is a myth that Aids is a soft business issue best handled by the human resources function in the organisation. They note that Aids is going to have a significant impact on bottom-line profits and needs to be part and parcel of line management's strategic thinking and decision making.

6.3.2 Internal measures implemented by professional services companies to respond to HIV/Aids

Table 23 shows what measures professional services companies have put in place to respond to HIV/Aids internally. The question is whether the measure is considered a 'rational' or 'reasonable' one? According to Rawls (1993) 'rational' agents use their powers of judgment and deliberation to seek their own self interest, whereas 'reasonable' agents seek the pursuit of justice for the public society at large. In other words rational agents do only those things for which there is a clear business case. Reasonable agents consider a broader perspective and look at whether doing something is the 'right' thing to do for society at large.

6.3.2.1 HIV/Aids policies

As shown in table 23, 15 companies have implemented a HIV/Aids policy. This

policy varies from a couple of lines to many pages, in some cases. This response is considered 'rational' because in most instances policies are developed to safeguard the company. Policies do not do anything to prevent HIV/Aids being contracted. In 13 of the companies where a policy exists, it has been communicated to employees.

6.3.2.2 HIV/Aids education

Fourteen companies have provided HIV/Aids educational material to their employees. This material often takes the form of information on the internet and sometimes pamphlets are made available. Again, this is a fairly 'one way' form of communication and there is no effective way of testing its effectiveness. It is, however a method of creating awareness through internal interventions which as Dickinson (undated) notes is imperative for an effective response.

Ten companies have held educational sessions on HIV/Aids for their employees. This is quite impressive considering the perceived impact of HIV/Aids on these businesses as discussed in section 6.2 above. The nature of these sessions varied from including HIV/Aids and wellness awareness during induction to one company running 3 separate workshops on HIV/Aids. These workshops focus on myths associated with HIV/Aids, living with HIV/Aids and knowing your status. The drive is for people to take up voluntary counseling and testing afterwards (which the company provides). The company in question had an outstanding attendance of 90% at these workshops. In addition, it is running the same workshops during the September school holidays for children of employees to attend. This was by far the

most positive and proactive response noted during the research. It is also a far more reasonable approach in that the company is extending its resources outside the immediate realm of its business.

6.3.2.3 Access to condoms

Table 23 further shows that 6 companies are promoting access to condoms by way of fixed condom dispensers on company premises. This is fairly impressive when one considers the perceived impact of HIV/Aids on this sector. Four companies said that they hand out condoms on World Aids Day which is intended to raise awareness. One company placed condoms in roses on World Aids Day and handed these out to employees. This suggests an attempt to disguise or detract the focus from the condom itself. Two of the companies that had not done anything to facilitate access to condoms said they had tried but senior executives refused to allow it, saying it was inappropriate.

6.3.2.4 Voluntary counselling and testing

Four companies had facilitated or promoted access to voluntary counseling and testing (VCT). Two of these companies had facilitated VCT on site and the other 2 had a focused drive on making employees aware of the VCT services provided by their medical aid.

6.3.2.5 Medical benefits

No company has yet facilitated or provided access to treatment. Nineteen of the companies provide medical benefits to their employees and it is compulsory for

employees to be on a medical aid in 14 of these companies. Of the 19 companies with medical aids, 17 of them said that their medical scheme had an HIV/Aids disease management programme in place. It was positive to note the awareness levels of these programmes. Yet, this programme is ineffective if an employee does not know his status and whether he has HIV. He will not take steps to obtain treatment unless he has been tested and made aware of his status.

Only 5 of the companies had knowledge of where the nearest Anti Retroviral Treatment (ART) roll out clinic is for their business. This type of information should be available to all employees and managers, so that in the event of a staff member disclosing his status, the manager concerned is able to recommend a set of next steps.

6.3.2.6 **Family support**

Five companies had provided services to families of HIV positive employees. These were mostly around the EAP programmes that were in place as well as providing educational material for these family members.

6.3.3 Conclusion

Randall (2002) highlighted the need for a study into the responses of more senior employees to HIV/Aids programmes. She stated that as these employees are not impervious to HIV/Aids infection and are also affected by the epidemic's impact, a study of methods employed and experiences gained could inform the responses and programmes of companies who have neglected this area so far. One can

conclude that the response of the professional services sector to HIV/Aids has, on the whole, been a rational one. It has been focused primarily on policy implementation, raising awareness and education levels through communication. However, it has not extended to mobilising people to know their status through VCT initiatives. This would be considered a more reasonable action, since by encouraging employees to know their status, one empowers them to take action and extend their lives through treatment.

6.4 How are professional services firms responding externally and meeting their clients' challenges in terms of HIV/Aids?

This question sought to understand if and how professional services firms are responding to HIV/Aids in terms of the products and services they offer to their clients.

Only 3 companies have conducted an assessment into how HIV/Aids impacts their customer base. This suggests that most companies feel confident that HIV/Aids will not impact customer demand or the levels of service that will be provided to their companies.

Whiteside and Sunter (2000) note that HIV/Aids presents an opportunity for many businesses and similarly Handy (2002) suggests that many businesses are finding that there is money to be made from creating the products and services that sustainability requires. As can be seen from table 28, a frequency of 18 products and services related to HIV/Aids were observed across the sample of companies.

Dolbeck (2005) notes that the professional services industry is benefiting from the continuing business trend towards outsourcing. The results show that professional companies are indeed benefiting to some extent from the provision of services to their clients regarding HIV/Aids. This is seen to be a 'rational' response in that the professional services companies are exploiting opportunities to generate more revenue. In other words it makes business sense.

6.5 How are professional services firms responding externally to meeting community challenges in terms of HIV/Aids?

This question sought to understand if and how professional services firms are contributing any of their CSI spend and initiatives towards HIV/Aids.

Davis (2005) describes the relationship between big business and society as an implicit social contract, with obligations, opportunities and mutual advantages.

Table 29 shows that 15 of the companies have a corporate social responsibility budget in place. Out of these, 12 of the companies are contributing a proportion of the spend to HIV/Aids causes (varying between 3% and 80%). There was no trend observed relating to a specific industry that is supporting HIV/Aids causes more than the rest. Most of the HIV/Aids financial spend relates to supporting HIV/Aids orphanages, so the focus is on the youth. Seven of these 12 companies encourage their employees to get involved in HIV/Aids activities, mostly with the orphanages that they support. This entails visiting the orphanage and playing with the children.

Table 30 shows that in addition to spend on HIV/Aids, companies also have a strong focus on supporting education and children's trusts as well as the provision of free services (particularly in the legal services cluster).

In the spirit of true social responsibility Rawls (1993) notes that reasonable agents consider a broader stakeholder perspective and look at whether doing something is the 'right' thing to do for society at large. Sixty percent of the professional services companies interviewed are contributing to fighting the HIV/Aids crisis in South Africa. They do seem to be in tune with the dire situation and the plight of those affected and feel obligated to 'rescue' (Hsieh, 2005) where they can.

CHAPTER 7 – CONCLUSION

7.1 Findings from the study

This study has found that professional services firms do not appear to be experiencing any significant impact from HIV/Aids on their businesses. They also do not perceive that the impact of HIV/Aids will grow or change significantly in the future. Most companies have implemented some internal measures to respond to HIV/Aids (in addition to having a medical aid in place). These range from the provision of a policy detailing the company's stance on employees with HIV/Aids to providing VCT to employees in order to encourage them to know their status.

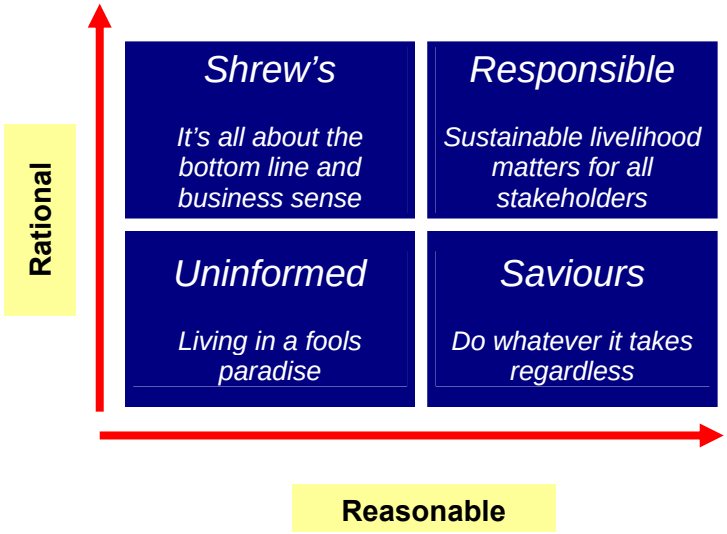
There does appear to be a perceived level of superiority resulting in misunderstanding with regards to HIV/Aids in this sector. People seem convinced that they are not impacted, yet have no idea of the real levels of prevalence in their companies. One can however understand that HIV/Aids is not a top strategic imperative for these companies when compared with other strategic imperatives as well as other sectors.

Most consulting firms have seen the opportunities to support their clients in responding to HIV/Aids. This has been done through the provision of products and services that will enable their clients to understand their risk levels and respond appropriately. No companies are of the opinion that HIV/Aids is going to affect the demand for their services from clients in the future.

Most companies are aware of the importance of contributing to the wider community through CSI initiatives. HIV/Aids is a big focus for these companies when it comes to investing their funds. More funds are invested toward ‘dealing with HIV/Aids’ causes such as supporting people with HIV/Aids, as opposed to ‘preventing HIV/Aids’ causes such as education.

A model has been developed to classify the response of professional services companies. This model uses the definitions of ‘rational’ and ‘reasonable’ agents as provided by Rawls (1993) and defined in section 1.2.4 above. In summary, ‘rational’ agents use their powers to seek their own self interest, whereas ‘reasonable’ agents seek the pursuit of justice for the public society at large. Building on from these definitions, the model seeks to classify companies as ‘rational’ or ‘reasonable’ on a scale of high to low. Based on their ranking, companies can be classified in one of the 4 quadrants (as shown in model 1 below).

Model 1: Rational versus reasonable organisational personalities



7.1.1 The uninformed

These companies are those that believe that they are not at all impacted by HIV/Aids. They have not measured the impact but 'know' that they are not impacted. They have not responded in any way to HIV/Aids internally, not even to implement a policy. They do not believe that demand for their business services will be impacted by HIV/Aids. Four companies from the 20 interviewed fall within this category.

7.1.2 The shrews

These companies have responded to HIV/Aids, but more in the interest of protecting the business than in the interest of their employee base and outside stakeholders. An example is companies that have implemented policies and are relying on their medical aids and wellness service providers to do the rest. In addition they may respond to HIV/Aids in a disjointed and isolated manner, i.e. by

handing out education materials and condoms on World Aids day only. These companies would most likely be spending more money on HIV/Aids external to their workplace than internally. These companies have done nothing to mobilise their employees around HIV/Aids, for example in the form of educational sessions. Yet some of them have exploited business opportunities from HIV/Aids to serve their clients needs and challenges. Twelve companies from the 20 interviewed fall within this category.

7.1.3 The saviours

These companies are those that have a compassionate mentality and may appear more focused on philanthropy than business results. NGOs and non profit organisations may fall within this category. These companies are responding to HIV/Aids despite the costs. None of the companies interviewed fall within this category.

7.1.4 The responsibles

These companies are those that have recognised that HIV/Aids will have an impact on their business – whether big or small, direct or indirect. They have responded in an informed, integrated manner. They have measured the impact HIV/Aids will have on their business in some form, and some of the companies have tried to understand the impact that HIV/Aids will have on their client base. All of these companies have a policy in place, have carried out extensive communications focused on awareness and communication, and run sessions with their employees on HIV/Aids. Some have conducted voluntary counselling and testing, and some

are in the process of making this happen. In addition, these companies are spending some of their CSI budget on HIV/Aids causes since they recognise it as an imperative for development in South Africa. Four of the companies interviewed fall within this classification.

The overall response to HIV/Aids, within the professional services sector has been in the rational 'shrew' domain.

7.2 Recommendations to managers in the professional services sector

Upon the findings from this research, the following recommendations can be made to senior management in professional services companies:

- Increase your knowledge of the risk posed by HIV/Aids to your business.
    - Assess your level of risk using models such as the ASSA 2003 model.
    - Conduct a survey on HIV/Aids in your business to test people's levels of awareness and understanding of what HIV/Aids is; where they can go for help; whether they know what their status is (etc…).
- Safeguard yourself
    - Draw up an HIV/Aids policy which outlines your company's stance on employees with HIV/Aids. This is a bare minimum response.
    - Ask your medical aid if it is prepared to disclose how many employees from your company are on the HIV/Aids disease management programme. This way you will have a greater understanding of the impact.

- Assess your absenteeism levels.

- Respond in an informed and fair manner
  - Educate yourself on the national codes provided by the Department of Health, Department of Labour, Family Health International and others advise in terms of an appropriate company response to HIV/Aids
  - HIV/Aids is a crisis for South Africa. Be sure you have educational material available on HIV/Aids should your employees request it. This could be provided via the intranet, during induction, and on World Aids day for example.
  - Ensure you know where your nearest HIV/Aids treatment clinic is.
  - Ask yourself 'what would I do if one of my employees walked into my office and disclosed his HIV positive status to me?' Be prepared.
  - Offer VCT services on your premises to get a true indication of HIV levels in your organisation. Drive convenience and confidentiality. Encourage your employees to know their status. Only through knowing their status can they be prepared. You will be doing the right thing for your employees and keeping yourself informed. Speak to your medical health care providers to see if they can assist in this regard.
  - Share knowledge and best practice responses with your peers in other professional services companies. In this way you can learn from others who have gone before you

- Consider your clients HIV/Aids problems
    - HIV/Aids could present an opportunity for your business. It may not be a core area of focus for your clients and you could create an impetus for them to do something about it.
    - Consulting companies should look to be role models for their clients.

7.3 Areas for further research

As an outcome of this study, the researcher has identified a number of potential areas of study for future research. These include the following research problems:

- What are the myths that exist in the hearts and minds of white collar workers surrounding HIV/Aids?
- How can organisations overcome the stigma and denial related to HIV/Aids in the white collar workforce?
- Case study investigation into those companies that have turned HIV/Aids into a business opportunity
- What are the critical success factors for making voluntary counselling and testing (VCT) work in organisations?
- Investigate the importance of the existence of an HIV/Aids disease management programme as a selection criterion for companies when deciding which medical aid to join up with?
- A study into professional services medical aid data to determine the real levels of HIV/Aids in this sector

7.4 Conclusion

This study is a first of its kind in South Africa. No research has been undertaken with regards to professional services companies and their response to HIV/Aids. The researcher hopes that these findings will lead to a better, more informed response to HIV/Aids within this sector through the recommendations she has proposed. She further hopes that she has added new direction and insights that will help in the management of the HIV/Aids crisis in South Africa.

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APPENDIX 1: RESEARCH QUESTIONNAIRE

Research interview: The Professional Services business sector response to the HIV/Aids epidemic

Preliminary information (capture before interview)

Date of interview

Company interviewed
PS Cluster
Physical address
Website

Name of interviewee
Position in company
Postal address

Introduction (2 minutes)

Firstly, thank you very much for offering to share company specific information with me today. As mentioned to you during our telephonic/ email conversation, I have chosen to undertake my MBA research on the topic of HIV & Aids. The specific area of interest I have chosen to examine is around how South African Professional Services firms have responded – both internally and externally to the epidemic. I have a generic questionnaire which I will be working through with you. The broad objectives of the interview are as follows:

- *To understand how your company has responded to HIV & Aids within your workplace and outside of your workplace*
- *To understand the reasons for your response*

For your information, I am going to be interviewing 20 companies across the Professional Services sector. No company will be specifically referred to in my research findings and all responses are 100% confidential. I will also be providing all participating companies with a copy of my findingd for your interest.
I do not anticipate this interview taking longer than 45 minutes. Is there anything you would like to ask before we begin?

Company description and demographics (5 minutes)

1 Is your company a South African based or international company?

2 What is the approximate total number of employees in your South African location?
Permanent
Contractors

3 What is the approximate gender split within your company? (%)
Male **Female**

4 What is the approximate age category distribution of your employees? (%)
< 30 yrs **30 - 45 yrs** **> 45 yrs**

5 What % of your employees have a degree?

6 What is the % make up of skills level?
Semi skilled **Skilled (secretarial, admin)** **Highly skilled (degree)**

7 With respect to your customer base, what industry segments do you serve?
Financial Services
Retail
Mining & Resources
Construction
Other
Manufacturing
Government
IT & Telecoms
Private individuals

Macro environment of business (2 minutes)

8 How would you rank the following threats to your business (HIGH, MEDIUM, LOW)

Increasing competition		**Declining customer demand**	
Talent attraction and retention		**Current macro-economic conditions (inflation, interest rates, exchange rate fluctuations**	
HIV/Aids threat on skills base		**Other?**	

Impact of HIV/Aids on the Company (10 minutes)

9 How would you rate the current impact of HIV/Aids on your business?

Little or no impact	**Moderate impact**	**Severe impact**	**Don't know**

Could you please provide reasons for your response?

10 How much HIV/Aids do you think you have in your workforce? (Prevalence in %)

11 Have you ever undertaken any of the following actions to measure the impact of HIV/Aids in your business? YES/NO

Knowledge, attitude & perception survey	
Prevalence testing	
Voluntary counselling and testing	
Cost impact modelling	

12 Are you aware of any HIV/Aids related deaths that have occurred in your business YES/NO/DON'T KNOW

13 Are you aware whether HIV/Aids had any impact on your company to date in so far as: YES/ NO/ DON'T KNOW

Loss of productivity?	
Loss of experience/ skills/ knowledge?	
Increased absenteeism?	
Increased employee benefit costs?	
Extended family impact?	
Declining morale?	
New business opportunities?	

14 Do you expect HIV/Aids to have any impact on your company in the next 5 years?

NO (no change)		**YES (bottom line cost impact)**		**YES (more business opportunities)**	

Could you please provide reasons for your response?

15 Which of the following illnesses are most apparent in your business? (HIGH, MEDIUM,LOW)

Cardiovascular related illnesses		**Cancer and other life threatening diseases**	
Stress related illnesses		**Alcoholism and other addictions**	
HIV & Aids (Respiratory problems)		**Other (specify)**	

Could you please provide reasons for your response?

Internal company response to HIV/Aids (10 minutes)

16 Have you assigned responsibility for HIV/Aids in the workplace to anyone in your business? (YES/NO)

17 If YES to whom and WHY? If NO why not?
Probe around levels of leadership buy-in and sponsorship

18 Has your company implemented any of the following measures to respond to HIV/Aids internally? Do you:

Have an HIV and Aids (or life threatening policy) in place for your employees?	**YES/NO**
Provide educational materials (posters, brochures, etc.)	**YES/NO**
Arrange educational sessions (lecture, drama, training course, etc.)	**YES/NO**
Promote or facilitate access to condoms	**YES/NO**
Promote or facilitate access to voluntary counseling and testing (VCT)	**YES/NO**
Facilitate access to or pay for antiretroviral treatment	**YES/NO**
Provide services or support to families of HIV-positive employees	**YES/NO**

19 Please highlight the successes or failings of any of these measures (if applicable) and provide reasons why?

20 Do you provide medical benefits for your employees? **YES/NO**

If YES is it compulsory for employees to belong to the medical aid? **YES/NO**

If NO do you have any idea of the approximate % take up by employees? **%**

If YES does your medical aid company provide an HIV & Aids disease management programme? **YES/NO**

If YES do you receive statistics from the medical aid on how many employees are on the programme? **YES/NO**

If your company does not provide or pay for medical care, please indicate the reasons why not:

Never thought of or considered it
Do not believe it is needed
Do not believe employees want it
Costs too much for company
Concerned the cost will rise and be unsustainable
Business is not profitable enough
Not our policy to provide assistance to employees
Other (specify)

21 Do you know where the nearest HIV/Aids roll out clinic is for your business? **YES/NO**

External company response to HIV/Aids (customers) (8 minutes)

22 Do you evaluate the impact of HIV & Aids on your customer base? **YES/NO**

Probe further if YES

23 Have you created/delivered any product and/or service offerings specifically centered around HIV/Aids? *If YES which of the following:* **YES/NO**

Business impact studies	
Research reports	
Workplace response programmes	
Actuarial studies	
Education programmes	
HIV/Aids policies	
Other	

External company response to HIV/Aids (communities) (8 minutes)

24 Does your company have a CSI budget? **YES/NO**

25 Do you contribute a proportion of your CSI budget to HIV/Aids related causes? **YES/NO**

26 If YES, do you know what % of the budget spend? **%**

27 Do you promote employee involvement in community HIV & Aids related work? **YES/NO**

Probe around HOW the money is spent

That brings us to the end of my questionnaire. Thank you for your valuable time and input to my research. I will email you a copy of my research findings and recommendations upon completion of my study. I hope you will find it useful and of benefit to you and your company.

APPENDIX 2: LIST OF COMPANIES INTERVIEWED

	Company	Service Industry	Contact person	Position in company
1	Delloitte & Touche	Accounting services	Nicole Brouwer	Human Resources Manager: Development
2	Grant Thornton	Accounting services	Marianne Steyn	Human Resources Manager
3	PKF International	Accounting services	Lisa Suberg	Human Resources Manager
4	Ernst & Young	Accounting services	Maxine Bizjak	People Effectiveness Consultant
5	KPMG	Accounting services	Norma Parr Lebitso Mokgatle	Senior Manager: Human Resources Senior Manager: Transformation
6	Hatch Consulting	Engineering consulting	Jabu Sibanyoni Beverley Shipley	HR Advisor: Development Marketing Manager
7	GOBA	Engineering consulting	Mercy Ramabulana	Human Resources Manager
8	SRK Consulting	Engineering consulting	Brian Middleton	Managing Director
9	Jones & Wagener	Engineering consulting	Celia Neveling Peter Day	Finance Manager Director
10	Bateman	Engineering consulting	Tinus Dannhauser	Human Resources Manager: Employment Relations
11	Cliffe Dekker Inc	Legal services	Michelle Nobre	Human Resources Manager
12	COFESA	Legal services	Johan de Lange	Regional Manager
13	Werksmans Attorneys	Legal services	Heidi Thompson	Human Resources Manager
14	Routledge Modise Moss Morris	Legal services	Maye-Elaine Thompson	Human Resources Director
15	Accenture	Management consulting	Sandy Mohonathan	Human Resources Director
16	McKinsey & Company	Management consulting	Sandra Brink Slindi Masondo	Professional Development Coordinator Human Resources Manager
17	MAC Consulting	Management consulting	Grant Bruce	Human Resources Manager
18	IQ Business Group	Management consulting	Donald Stuart	Managing Director
19	Marsh Risk Consulting	Management consulting	Diana Dry	Skills Development Facilitator
20	Philips Consulting	Management consulting	Francis Osuyah	Managing Director