

## CHAPTER 3

### SOUTH AFRICAN BUSINESSES AND THE HIV/AIDS THREAT

#### 3.1 INTRODUCTION

In 1996, epidemiologists agreed, that the overall national prevalence (worst scenario) would probably plateau at about 27 per cent. In 1999, with the worst case scenario now a reality, estimates have shifted to 30 per cent. In other words, 30 per cent of economically active South Africans in 2001 are expected to be infected with HIV, resulting in so much illness, deprivation, and death and of course, costs. As if this is not enough, the Metropolitan Doyle Model on AIDS projects, that by 2010, 18 per cent of South Africa's workforce will be HIV-positive. These statistics mean that the country's national policy and resources must be managed adequately so as to limit the impact of the epidemic, wherever possible (Gresak, 2000:13).

In a growing emergent economy, such as that of South Africa, which is destined to remain labour-intensive for many years to come, the consequences of AIDS are staggering, allowing also for the fact that all governments tend to underestimate the full extent of the disease and impact AIDS is going to have on businesses and the economy. Many organisations still seem to hope that the problem will vanish, or that it will not affect them. Consequently, few organisations have faced up to the excruciating dilemmas of their counterparts in countries North of South Africa (Robinson, 1999:15).

Further estimates have indicated that the majority of HIV patients in 17 sub-Saharan countries hardest hit by the epidemic were from the most productive sector of society. A sick workforce places enormous pressure on sales and marketing professionals. Organisational targets still have to be met, even though fewer people are spending. Medical and Aid tariffs will rise dramatically over the years to come, further reducing expendable income of households; and the average life expectancy is expected to drop from 60 years to 40 years in the next decade. All these factors will have a devastating

effect on organisations to survive. The result is clear: AIDS is going to impact heavily on bottom line profits.

### **3.2 THE PRIVATE SECTOR AND THE HIV/AIDS EPIDEMIC**

The private sector has a special role to play in achieving sufficient economic growth and to raise the general standard of living in South Africa. This can be achieved only if organisations and businesses are functioning properly, with a healthy work force. There are, however, two realities facing managers at present.

- There will be a steady increase in HIV-illness and AIDS deaths in South Africa and much of it will be among the working age population.
- Only limited information is available on the actual impact of HIV/AIDS on businesses.

The vulnerability of the business sector will depend on factors such as the type of production process, risk profiles of employees, the skill factor of employees infected, as well as employee benefit structures, such as medical aid and pension schemes. Representative data on the magnitude of costs to South African organisations are almost non-existent. Available data indicates that, for most organisations, irrelevant of size, the costs of HIV/AIDS among employees are unlikely to be devastating for any one particular year. Time over however, costs will be substantial, and in some businesses, illness or the death of entrepreneurs or even key employees, may prove disastrous (Kingham, 2000:22).

The following table indicates the different types of HIV/AIDS costs to organisations as a percentage of the total HIV/AIDS costs.

Table 3.1 to follows on p.63.

**Table 3.1: Types of HIV/AIDS costs as a percentage of the total HIV/AIDS costs**

Type of costs	Organisation A	Organisation B	Organisation C	Organisation D
Absenteeism	54	32	54	25
Training and recruitment	23	20	24	-
Funerals and travel	1	18	10	5
Medical costs	14	15	12	38
<b>TOTAL</b>	100	100	100	100

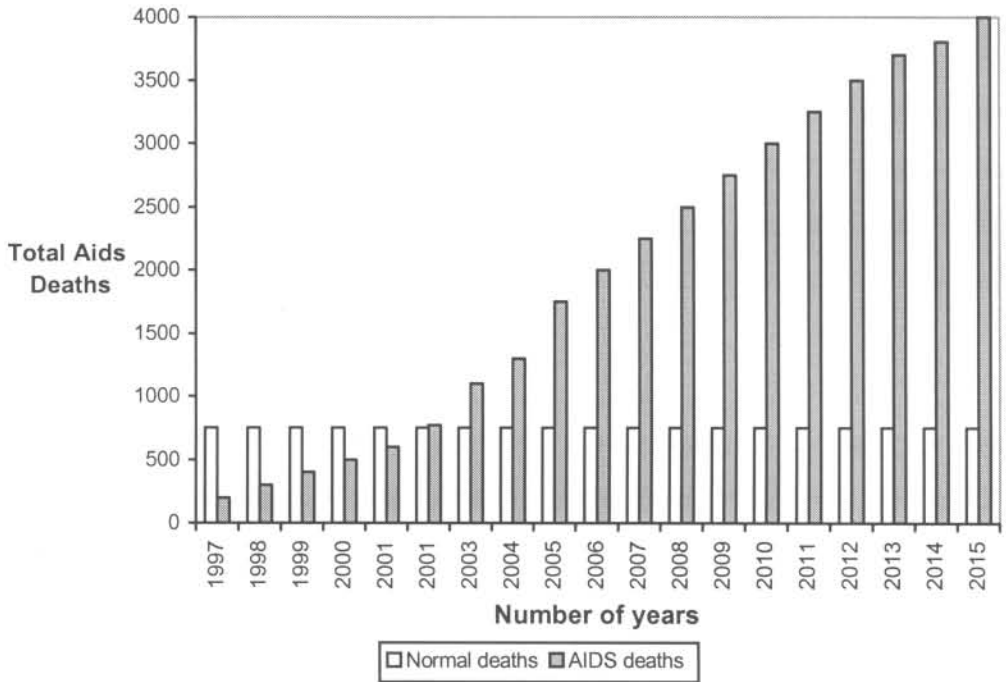
**Source:** World Health Organisation, 1998:68

Many organisations will be affected if suppliers of key inputs fail to manage the HIV/AIDS impacts adequately. As a result, organisations have a direct role to play in ensuring that HIV/AIDS does not unnecessarily affect costs and the business environment. Over the next 10 years, many South African organisations will begin to lose approximately 4 per cent of their employees to AIDS each year. The HIV/AIDS impact will affect every manager and employee (Robinson, 1999:22).

The following figures indicate the projected AIDS death rates, as well as the total HIV prevalence rate among South African employees, age 15 to 59, for the following decade to come, as compared to normal deaths.

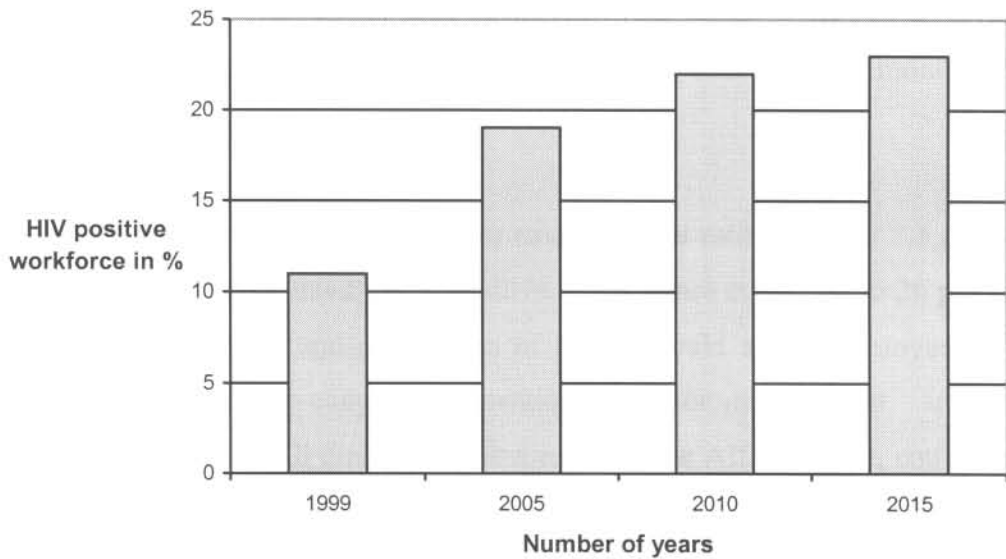
Figures 3.1 and Figure 3.2 to follow on p.64.

**Figure 3.1: Total projected AIDS deaths among South African employees compared to normal deaths**



**Source:** Kinghorn, 2000:22

**Figure 3.2: HIV-prevalence among workforce 15 to 59 Years (total RSA population estimates)**



**Source:** World Health Organisation, 1998:163

Another important fact is that about 45 per cent of South Africa's mineworkers are HIV-positive, according to Janina Slawski, senior director at Alexander Forbes and head of the actuarial society's AIDS committee. A very frightening fact. This has already reduced production figures by 15 per cent and is also widely regarded as the highest infection rate of any industry in the country. Slawski states that about 70 per cent (almost half) of all mine workers already have full-blown AIDS, which means they can only provide one tenth of the production of healthy workers. This will in effect increase production costs and other indirect costs relating to HIV/AIDS impacts.

The result will be, that mine management will have to employ 20 per cent more workers to maintain production levels, thus increasing labour cost by almost a third. Dr. Hagys Guion, an AIDS consultant attached to various Mining Houses in South Africa, confirms the need for extra workers to do the same amount of work: "It is also difficult to decide exactly when to appoint these people – doing it too soon could place an additional burden on the organisation" (Van Zyl, 1999:12).

The mining industry is the only sector that has a relatively good idea of how AIDS will affect it, while the agriculture sector has also started to feel the effects of the high incidence of HIV-positive cases. At a recent Agriculture Union economics symposium held in Gauteng, it was mentioned, that a sugar producer in KwaZulu Natal lost 57 per cent of his total work force of about 150 in recent months through AIDS-related cases (Van Zyl, 1999:2).

In large organisations such as Escom for example, it is estimated that 2,5 per cent of its total work force are already HIV-positive. This figure could rise to 26 per cent by 2005. These estimates and predictions of how it could affect employee levels of production have already caught the attention of senior management. It is further estimated, that the overall direct costs as a result of the AIDS impact, could reach as much as 15 per cent of the organisation's payroll by the end of 2005 onwards. Ill health retirements would amount to almost 10 per cent of the total salary bill (Meeson & Van Meelis, 2000:45).

In the case of government sectors, it is not so clear, yet it is estimated that approximately a quarter of the South African police force and about 15 per cent of all civil servants, are HIV-positive. This could prove vital to the social and political stability of the country. The risk of HIV infection in South Africa tends to be greater among employees who are less skilled and hailed from disadvantaged communities (Robinson, 1999:15).

The effects of HIV/AIDS on organisations, are reduced productivity, increased costs and loss of customers and consumer spending, with the result, that profits will be depressed by a number of factors.

These factors can be summarised as follows.

- Absenteeism is increasing, not only because of ill health experienced by employees, but also because workers take time off to care for their families (these demands are felt especially by women), and for funerals.
- The morale of the work force is sagging.
- Sick workers are less productive at work and cannot carry out the more demanding physical jobs.
- Accidents occur more frequently because of fatigue in the workplace.
- Employees, who die or retire on medical grounds, have to be replaced; their replacements may be less skilled and experienced and, therefore, may require training.
- The average age and experience of workers fall as the proportion of new and younger recruits (novices in the mining industry) rises.
- Employers are increasing the size of their workforce to provide for deaths during apprenticeship and because of absenteeism generally.
- As skilled workers become scarcer, wages have to be increased for the limited pool available.
- The communities in the neighbourhood of a business need more support to weather the crisis.
- The costs of health care, medical aid, and hospitalisation are rising steeply.

- When organisations have granted credit to customers for purchases, and those customers should die of AIDS, the balance of the loans has to be written off.
- Growth in the volume of sales, and in some cases, the actual volume of sales itself, are declining as the market shrinks through sickness and death.

South Africa's private sector thus needs to seek and develop a cost-effective way of combating HIV/AIDS. This can be done both on the short and the long term, by implementing and developing a response programme on the immediate short-term, while dealing with the social determinates on the longer term, as will be discussed in the following chapters. This however, poses a dilemma. It is known that in many Third World countries, a programme-based response is problematic and in many contexts, will only have limited or even no effects, due to social determinants that stem in the way of behavioural change (Adler, 2000:70).

On the other hand, changing the social context is a very long and arduous process, with no guarantees for success. This raises the difficult question of what can realistically be achieved by the business sector in order to address the epidemic head-on. Because an answer is critical for full understanding, the extent to which business can engage directly with the epidemic and what strategy should be pursued to effectively utilise resources on the short- and long term, should be investigated.

### **3.3 THE DIRECT AND INDIRECT COSTS OF MANAGING HIV/AIDS IN THE WORKPLACE**

HIV/AIDS could have a devastating affect on organisations in South Africa and ultimately have a huge impact on economic growth and stability. This would mean, that the absolute number of potential customers, making markets that are relatively saturated and which depend critically on population growth, the most vulnerable. The impact of the epidemic on specific markets will depend on factors such as the demographic profile of consumers. Where the demand of goods is far from saturated and is growing strongly, many consumers who will die or have their disposable income reduced by HIV/AIDS, will be replaced by new earners and consumers. Yet

the strongest markets will feel the impact on their overall GDP and consumption expenditure will be badly affected (Whiteside & Sunter, 2000:109).

It is predicted, that the South African consumer base is likely to grow slowly until 2010. Thereafter, the demographic impact of AIDS will “kick in”, resulting in an 18 per cent decline in consumer-based figures by 2015 in all provinces across South Africa. The effects of the epidemic, will mean that consumption patterns will change as disposable income is reallocated, reducing profits considerably; while in turn, this will have a “knock-on” effect on the granting of credit, because customers’ credit-worthiness may well be impaired. What does this actually mean for business in the private sector?

The bottom line is, that HIV/AIDS will make it more expensive for any organisation to produce a given quantity of its products, unless it can reduce its costs in other ways. Should the increase in HIV/AIDS-related costs be large enough, the organisation may face the result of going out of business. Obviously, top management will try to avert such a prospect by formulating and implementing strategic plans and other methods (refer Chapter 4).

First an analysis of the different types of costs that have an impact on business, has to be done. This includes especially three types of costs.

- Direct costs, which reflect the impacts of increased financial outlays by the organisation.
- Indirect costs, which reflect reduced workforce productivity in terms of both infected employees and employers who are diverted from their normal responsibilities.
- A systemic cost, that refers to costs that is the result of the cumulative impact of total HIV/AIDS cases.

The following figure explains these costs in more detail.



**Figure 3.3:** The different types of costs as a result of the economic impact of HIV/AIDS on business University of Pretoria etd – Venter, F. (2006)



**Source:** Whiteside & Sunter, 2000:112

Most direct costs can be easily measured by using relevant human resources and financial data that large organisations annually collect. Indirect costs are more difficult to measure. Such costs will include the costs as a direct result of absenteeism and morbidity factors. For on-the-job morbidity, estimates are needed of the percentage of productivity loss in terms of man-hours loss experienced by sick workers and duration of productivity loss. Determining the opportunity cost of management time devoted to HIV/AIDS-related issues, is more difficult. System costs are the most difficult to measure, especially in the short-term and for individual organisations. These type of costs include the toll that the illness has as well as total mortality among co-workers on overall employee morale and motivation, as well as the occurrence of slacking and theft and the overall loss of experience and skill in the workforce. To estimate the total costs on the business, requires three other important facts of information. These include the actual HIV/AIDS prevalence rate, morbidity and mortality rates. These must be either measured or modelled through processes such as testing (voluntary or anonymous). Once all potential influences that HIV/AIDS could have on the organisation's internal and external environments have been ascertained, suitable responses to the challenge can be formulated (Anon, 1999:2).

These responses can be divided into the following sectors.

- The impact on production and employees.
- The impact on total costs.
- The impact on markets.
- Business society.

AIDS will make it increasingly difficult for organisations based in South Africa to sustain any competitive advantage they enjoy at the moment: as stated by Moore (1997:28). The direct costs associated with the disease, are likely to continue escalating, especially in ongoing provisions of employee benefits such as life, disability and medical cover. It has been predicted, that for many retirement funds, the cost of an average set of benefits is likely to double by 2005 and triple by 2010, putting more strain on the organisations to maintain a competitive edge (Anon, 1999:3).

AIDS has already cost businesses a great deal of money in respect of direct and indirect costs in managing the illness. Therefore, in order to manage the impacts of HIV/AIDS on employees, operations and competitiveness, effective comprehensive responses must be implemented to the benefit of organisations and will result in the following positive outcomes.

- Visible commitment of businesses to the HIV/AIDS epidemic.
- Well-designed programmes to reduce infection, increase awareness among employees and renew overall total costs as a result of the HIV/AIDS epidemic, if possible.
- Create continued openness and acceptance among workers.
- The implementation of programmes that are guided by sound input assessments, policies and strategies (Kinghorn, 2000:23).

Aside from cost organisations also have to consider the input of HIV/AIDS in terms of organisational downtime to AIDS-related absence. This could have a significant impact on labour costs resulting in lower profits to be made by organisations. It is, therefore, important that organisations have to take an active role in minimising South Africa's economic exposure to the impact of HIV/AIDS (Robinson, 1999:15)

### **3.4 HIV/AIDS AND THE LEGAL FRAMEWORK**

The way, in which employees with HIV or AIDS are treated in the workplace, has various legal implications for both the worker, as well as for the employee. The Employment Equity Act (Act 55 of 1998) is the only act which expressly refers to HIV/AIDS. Management, and especially labour unions, needs to find a balance between the right of workers in the workplace and that of employees. Unfair discrimination against the employee on the grounds of HIV-status that includes medical testing under certain circumstances, can only be intervened with by the authorisation of the Labour Court.

There are, however, many other laws in the field of labour, health and safety, which will impinge on organisations and where they will have to check for compliance. The South African Constitution (Act 108 of 1996) is the supreme law of the country and all other laws must comply with its provisions. The Bill of Rights within the Constitution, sets out a number of rights which protects employees. As a result, there are seven laws of labour in South Africa. These include the following.

- The Employment Equity Act, No. 55 of 1998.
- The Promotion of Equality and Prevention of Unfair Discrimination Act, No. 4 of 2000.
- The Labour Relations Act, No. 66 of 1995.
- The Occupational Health and Safety Act, No. 85 of 1993.
- The Miners' Health and Safety Act, No. 29 of 1996.
- The Compensation for Occupational Injuries and Diseases Act, No. 130 of 1993.
- The Basic Conditions of Employment Act, No. 25 of 1997.

Other pieces of legislation, policies and protection also exist within the common law; although not directly employment-related, they have an impact on the management of HIV/AIDS in the workplace.

Among others, there are the following.

- The Medical Schemes Act, No. 131 of 1998.
- The proposed notification of AIDS disease and death.
- The Department of Health's draft national policy on testing for HIV.
- Common Law protection of the right of privacy and dignity.

South Africa has also become a member of many international agreements and codes such as the International Labour Organisation (ILO) Convention III on discrimination (employment and occupation) 1958. However, the only one which relates specifically to HIV/AIDS in the workplace, is the SADC coding on AIDS and employment which was approved in September 1997 (Whiteside & Sunter, 2000:158).

### 3.4.1 HIV testing, confidentiality and disclosure

To provide an overview of the legal framework for employment relationships, with a focus on aspects that have HIV/AIDS implications, it is necessary to concentrate on certain elements in the broad framework of legislation (RSA, 2000:5).

#### 3.4.1.1 *HIV Testing*

- i) **No employer may require** an employee, or an applicant for employment, to undertake an HIV test in order to ascertain that employee's HIV-status. As provided for in the Employment Equity Act, employers may approach the Labour Court to obtain authorisation for testing.
- ii) Whether section 7 volume 2 of the Employment Equity Act prevents an employer-provided health service supplying a test to an employee who requests a test, depends on whether the Labour Courts would accept that an employee can knowingly agree to waive the protection in the section. The courts have not yet decided this issue.
- iii) In implementing the sections below, it is recommended that parties take note of the position set out in item ii) above.
- iv) Authorised testing.

Employers must approach the Labour Court for authorisation in, among others, the following circumstances.

- During an application for employment.
- As a condition of employment.
- During procedures related to termination of employment.
- As an eligibility requirement for training or staff development programmes.
- As an access requirement to obtain employee benefits.

- v) Permissible testing.
- (a) An employer may provide testing to an employee who has requested a test in the following circumstances.
- As part of a health care service provided in the workplaces.
  - In the event of an occupational accident carrying a risk of exposure to blood or other body fluids.
  - For the purposes of applying for compensation following an occupational accident involving a risk of exposure to blood or other body fluids.
- (b) Furthermore, such testing may take place only within the following defined conditions.
- At the initiative of an employee.
  - Within a health care worker and employee-patient relationship.
  - With informed consent and pre- and post-test counselling, as defined by the Department of Health's National Policy on Testing for HIV.
  - With strict procedures relating to confidentiality of an employee's HIV-status, as described in clause 7.2 of this Code.
- vi) All testing, including both authorised and permissible testing, should be conducted in accordance with the Department of Health's National Policy on Testing for HIV issues in terms of the National Policy for Health Act, No. 116 of 1990.
- vii) Informed consent, means that the individual has been provided with information, understands it and based on this, has agreed to undertake the HIV-test. It implies, that the individual understands what the test is, why it is necessary, the benefits, risks, alternatives and any possible social implications of the outcome.
- viii) Anonymous, unlinked surveillance or epidemiological HIV-testing in the workplace, may occur, provided it is undertaken in accordance with ethical

and legal principles regarding such research. Where such research is done, the information obtained, may not be used to unfairly discriminate against individuals or groups of persons. Testing will not be considered anonymous if there is a reasonable possibility that a person's HIV-status can be deduced from the results. (RSA, 2000:6).

#### **3.4.1.2 Confidentiality and disclosure**

- i) All persons with HIV or AIDS have the legal right to privacy. An employee is, therefore, not legally required to disclose his or her HIV-status to their employer or to other employees.
- ii) Where an employee chooses to voluntarily disclose his or her HIV-status to the employer or to other employees, this information may not be disclosed to others without the employee's express written consent. Where written consent is not possible, steps must be taken to confirm that the employee wishes to disclose his or her status.
- iii) Mechanisms should be created to encourage openness, acceptance and support of those employers and employees who voluntarily disclose their HIV-status within the workplace, including:
  - encouraging persons openly living with HIV/AIDS to conduct or participate in education, prevention and awareness programmes;
  - encouraging the development of support groups for employees living with HIV or AIDS; and
  - ensuring that persons who are open about their HIV- or AIDS-status are not unfairly discriminated against or stigmatised (RSA, 2000:8).

#### **3.4.2 Promoting a safe workplace**

**3.4.2.1** An employer is obliged to provide and maintain, as far as is reasonably practicable, a workplace that is safe and without risk to the health of its employees.

3.4.2.2 The risk of HIV-transmission in the workplace is minimal. However, occupational accidents involving bodily fluids may occur, particularly in the health-care professions. Every workplace should ensure that it complies with the provisions of the Occupational Health and Safety Act, including the Regulations on Hazardous Biological Agents, and the Mine Health and Safety Act, and that its policy deals with, amongst others, the following.

- The risk, if any, of occupational transmission within the particular workplace.
- Appropriate training, awareness, education on the use of universal infection control measures so as to identify, deal with and reduce the risk of HIV-transmission in the workplace.
- Providing appropriate equipment and materials to protect employees from the risk of exposure to HIV.
- The steps that be taken following an occupational accident, including the appropriate management of occupational exposure to HIV and other blood-borne pathogens, including access to post-exposure prophylactics.
- The procedures to be followed in applying for compensation for occupational infection.
- The reporting of all occupational accidents.
- Adequate monitoring of occupational exposure to HIV in order to ensure that the requirements of possible compensation claims being met.

### 3.4.3 Compensation for occupationally acquired HIV

3.4.3.1 An employee may be compensated if he *or* she becomes infected with HIV as a result of an occupational accident, in terms of the Compensation for Occupational Injuries and Diseases Act.

3.4.3.2 Employers should take reasonable steps to assist employees with the application for benefits including:



- providing information to affected employees on the procedures that will need to be followed in order to qualify them for a compensation claim, and
- assisting with the collection of information, which will assist with proving that the employees had been exposed occupationally to HIV-infected blood.

**3.4.3.3** Occupational exposure should be dealt with in terms of the Compensation for Occupational Injuries and Diseases Act. Employers should ensure that they comply with the provisions of this Act and any procedure or guideline issued in terms thereof (RSA, 2000:10).

#### **3.4.4 Management of HIV in the workplace**

**3.4.4.1** The effective management of HIV/AIDS in the workplace, requires an integrated strategy that includes, amongst other, the following elements.

- An understanding and assessment of the impact of HIV/AIDS on the workplace.
- Long- and short-term measures to deal with and reduce this impact, including:

(a) an HIV/AIDS Policy for the workplace, and

(b) HIV/AIDS Programmes, which would incorporate:

- on-going sustained prevention of the spread of HIV among employees and their communities;
- management of employees with HIV, so that they are able to work productively for as long as possible; and

- strategies to deal with the direct and indirect costs of HIV/AIDS in the workplace (RSA, 2000:12).

The above legislation aspects pertaining to HIV/AIDS are only a few that make up the total legislative framework in South Africa.

It is important that the Employment Equity Act stays in touch with the constitutional prohibition that HIV/AIDS should be treated in all relevant respects likewise to other comparable life-threatening conditions. Employees and prospective employees with AIDS should be treated in a just, humane and life-affirming way. Employees, employers and their respective organisations, should acknowledge continued employment of an employee with AIDS. This may constitute a rational policy towards training new employees. HIV-status should, therefore, not be a basis for refusing, continuing or renewing an employment contract, nor refusing to train, develop or promote an employee (Vincent, 2000:6).

### **3.5 CURRENT STRUCTURES IN SOUTH AFRICA TO ADDRESS THE IMPACT OF HIV/AIDS**

The following structures form part of an expanded national response to the impact of HIV/AIDS within the South African business sectors, inclusive of the public and private sectors. It is also important to take note, that all other sectors, including parastatals, NGO's and other related organisations, include persons as co-ordinators dedicated to effectively managing the impact of HIV/AIDS on their organisations. These initiatives and structures are important in ensuring that South Africa has a more co-ordinated response to the impact of the HIV/AIDS epidemic. These structures are by no means exclusive and provide information on only some of the current structures available to minimise the impact of HIV/AIDS and the prevention of STD's.

These structures can be briefly explained and include the following.

### **3.5.1 Cabinet**

The Cabinet is the highest political authority in the country. The Cabinet meets weekly, but HIV/AIDS issues are not regularly discussed at this level, as this has been deferred to the South African National AIDS Council.

### **3.5.2 Interdepartmental committee on AIDS (IDC)**

This committee consists of representatives from all government Departments who co-ordinate HIV/AIDS activities. The IDC meets monthly to review government programmes and to fulfil requests from SANAC. Goals of the IDC include facilitating the development of HIV/AIDS workplace policies in all Government Departments, ensuring that all Government Departments allocates financial resources to HIV/AIDS; and developing minimum HIV/AIDS programmes for all Government Departments.

### **3.5.3 MINMEC**

The MINMEC consists of all Provincial Health MEC's and the national Minister of Health. The MINMEC meets every six weeks, and is the body that approves national policies and guidelines. HIV/AIDS is a standing item, where reports on national and provincial programmes are discussed.

### **3.5.4 South African National AIDS Council**

The South African National AIDS Council is the highest body that advises government on all matters relating to HIV/AIDS. Its major functions are to: (a) advise government on HIV/AIDS/STD policy, (b) advocate for the effective involvement of sectors and organisations in implementing programmes and strategies, (c) monitor the implementation of the Strategic Plan in all sectors of society, (d) create and strengthen partnerships for an expanded national response among all sectors, (e) mobilise resources for the implementation of the AIDS programmes, and (f) recommend appropriate research.

### **3.5.5 Government**

Ministers of Health; Education; Welfare and Population Development; Agriculture; Arts, Culture, Science and Technology; Transport; Labour; Finance; Provincial and Local Government; Defence; Minerals and Energy; Correctional Services; Public Service and Administration; The Deputy CEO of the Government Communication and Information Systems; the Chairperson of the Portfolio committee on Health; and the Chairperson of the Select Committee on Social Services (Anon, 2000:12).

### **3.5.6 Sectors represented**

One representative each from Business; people living with HIV/AIDS; non-government organisations; faith-based organisations; Trade Unions; women; youth; traditional healers; traditional leaders; Legal and Human Rights; disabled people; Celebrities; Sport; Media; Hospitality Industry; NAPWA, and Local government.

### **3.5.7 Technical task teams**

The SANAC is assisted in its deliberations and decisions by technical task teams comprising experts in the following five areas: a) Prevention; b) Care and Support, c) IEC and Social Mobilisation, d) Research, Monitoring, Surveillance and Evaluation; and e) Legal Issues and Human Rights.

### **3.5.8 Provincial Health Restructuring Committee (PHRC)**

This committee consists of all Provincial Heads of Health and meets on a monthly basis in order to discuss the strategic issues of national and provincial importance. HIV/AIDS is a standing agenda item, where reports from the National HIV/AIDS/STD Directorate and Provincial HIV/AIDS Co-ordinators are discussed. Once the PHRC has discussed and approved documentation, it is referred to the MINMEC for political approval.

### **3.5.9 Director-General Forum**

This forum consists of Directors-General from all National Government Departments and meets regularly. HIV/AIDS is a standing agenda item, where reports from the IMC are discussed.

### **3.5.10 HIV/AIDS and STD Directorate, Department of Health**

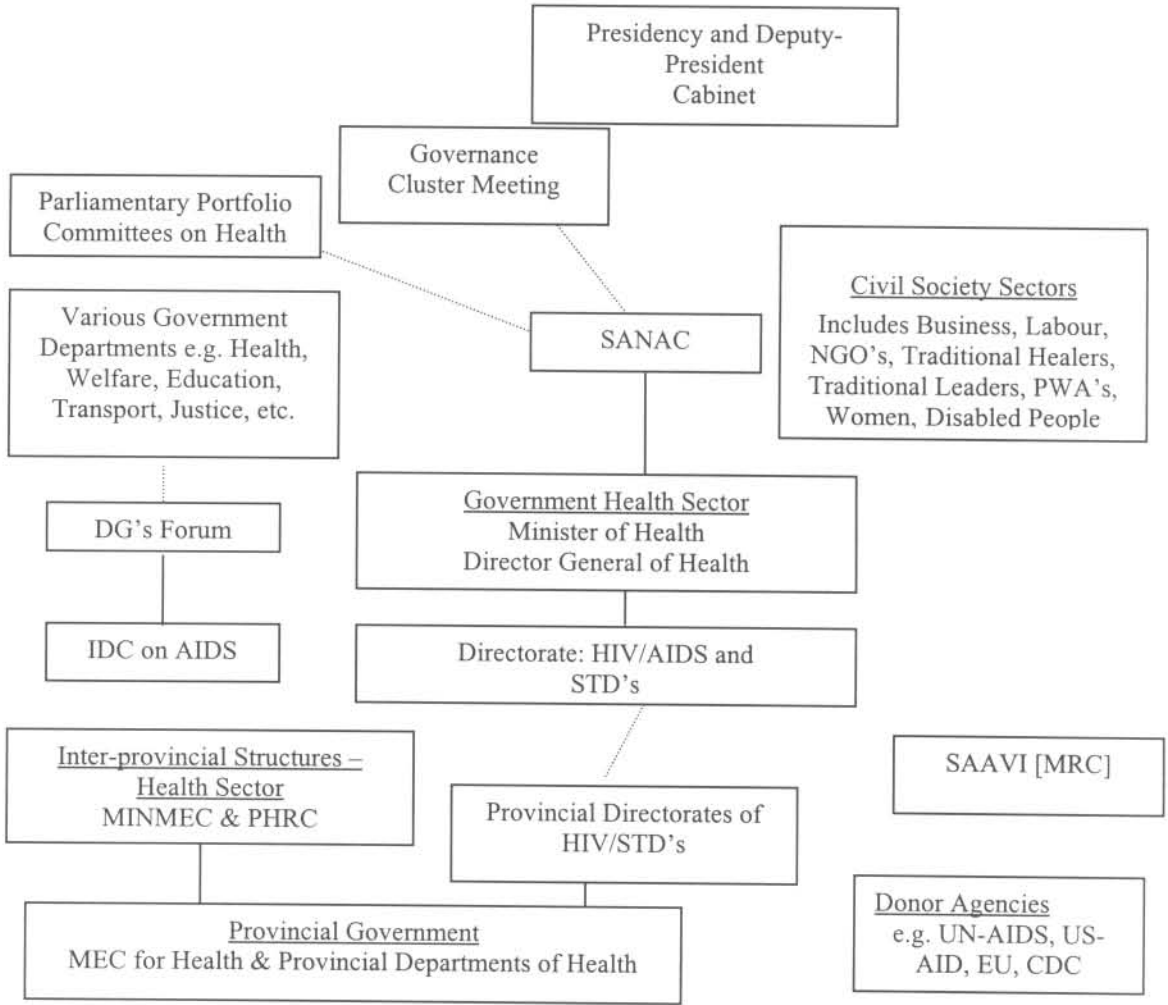
HIV/AIDS issues are brought to the attention of the above national bodies by the Department of Health's Directorate of HIV/AIDS and STDs. This Directorate prepares briefing documents for these national forums, and attends meetings to provide further information to assist in decision-making in these national committees and bodies (Anon, 2000:13).

These structures are needed to establish mechanisms of constant and consistent feedback by means of provincial and national structures and vice versa. Information obtained from regular review, should be used to serve as an information tool in communicating between provinces, as well as used for other stakeholders to provide sustainable guidelines on activities to be involved in relation to the effective management of HIV/AIDS infections and the prevention of increased STD levels across South Africa.

Each sector is also encouraged to establish an AIDS technical committee, which will be responsible for the managing and co-ordination of the implementation of HIV/AIDS activities within the sector. The effective monitoring and co-ordination of these structures, will also identify strengths and weaknesses within various sectors and will also identify areas that need redirection of resources, in order for them to cope with the impact of HIV/AIDS in the working environment. The cost effectiveness of selected interventions will also be determined by way of special operational research policies and programmes (Anon, 2000:29).

These structures available to the government and to other stakeholders in managing the impact of HIV/AIDS, are also diagrammatically represented in the following figure.

**Figure 3.4: National and provincial structures to combat the impact of HIV/AIDS**



**Source:** Anon, 2000:14

South Africa as a whole needs to include all parties and stakeholders in order to successfully formulate and implement well-designed and soundly constructed structures, policies, action programmes and strategies towards minimising the impact of the disease successfully. In order to do so attention must be given to the following factors.

- The reduction of the number of new HIV-infections, especially among the youth.
- Reducing the impact of HIV/AIDS on individuals, families and communities.

### 3.6 CONCLUSION

In the next chapters, attention will be given to just how businesses can be rendered cost-effective in managing the epidemic, by identifying analysing and implementing cost-effective action programmes and strategies. By applying the right strategy for the right work scenario, the impact of both the HIV/AIDS epidemics could be successfully managed.

As Deane Moore, an actuary of Metropolitan Life, rightfully states: a holistic solution to the AIDS problem, should include the following.

- Projection of the impact on staff, employee benefits and consumer markets.
- Customisation of employee benefits to meet specific needs.
- On-going presentation of AIDS evaluation programmes.
- Counselling for HIV-positive employees.
- In-depth Human Resource planning to manage the impact of HIV/AIDS on recruitment, training and productivity.
- Effective management of STD's (Anon, 1999:5).

It is thus important that management and labour collaborate in order to find proactive and holistic solutions. The starting point, is to determine the stage of the epidemic within the organisation. Organisations in general, need to know where they are lying on the AIDS curve (refer Chapter 2). Prevention programmes are best for those organisations having a low level of infection, while those with high prevalence rates, will need to take actions to extend the life expectancy of their HIV-positive employees and plan for the total impact on productivity (Vincent, 2000:1).

This chapter also focuses on various structures within the broad framework of national and provincial government that already exist to deal with the impact and

prevention of HIV/AIDS. In the following chapter (Chapter 4), attention will be focused on identifying alternative sufficient, reliable and cost-effective ways to minimise the impact of HIV/AIDS in the workplace. Attention will be given to various action programmes and strategies available to management, in order for them to manage and control the epidemic more sufficiently.