CHAPTER 4

ANALYSING STRUCTURES/STRATEGIES AND ACTION PROGRAMMES FOR THE EFFECTIVE MANAGEMENT OF HIV/AIDS IN THE WORKPLACE

4.1 INTRODUCTION

Education and training around HIV/AIDS in the workplace, are fast becoming buzz concepts in major corporate boardrooms around South Africa. Many human resource and employee assistance managers, are also becoming more aware of the necessity to put HIV/AIDS on the top of their priority lists. It is estimated, that by the year 2005, one in every five workers in South Africa will be HIV-positive. With this in mind, it is suggested, that it will become increasingly more difficult for South African organisations to maintain a competitive advantage (Meeson & Van Meelis, 2000:44).

HIV/AIDS significantly impact on everyone in the modern workplace. It is not just the individual, who has to deal with the disease on a personal level, but also co-workers who will be affected in both a direct and an indirect way. They may have exaggerated fears that they may "catch" the disease at work. Managers therefore should be trained on how to handle the different diverse issues related to HIV/AIDS. Both managers and workers need to understand HIV/AIDS transmission and treatments, as well as the psychosocial implications and they must thus be able to anticipate irrational fears and negative reactions from co-workers (Smith, 2000:1).

Besides personal fears and negative reactions by workers, management must also face the impact of HIV/AIDS on organisations' resources and profits. The effects of HIV/AIDS on organisations, are reduced productivity, increased costs and the loss of customers. As organisations begin to feel the effects of HIV/AIDS within the workforces, concern is growing about the economic impact the disease will have on formal-sector organisations, and the best way to manage rising costs associated with the ever-increasing levels of HIV/AIDS within the workplace (Miller, 2001:2).

The direct and indirect costs associated with the disease, are likely to escalate, especially with the on-going provision of employee benefits such as life, disability and medical cover (refer Chapter 3). AIDS prevention and cure has been sold to organisations for a long time by health experts, on the basis that dealing "… with HIV/AIDS in the workplace, is good for workers". However, experience has already shown, that both management and workers have important parts to play in the battle against HIV/AIDS in the workplace (Anon, 1999:3).

It is with this frame of mind, that effective structures, action plans, policies and strategies need to be investigated, formulated, evaluated and implemented in order for those concerned to manage the impact of HIV/AIDS more successfully. Different organisations will have different and varying strategies for HIV/AIDS intervention and management within the particular business environments. The bottom line is, however, that the epidemic will have a significant impact on productivity, costs, markets and ultimately, profitability. HIV/AIDS is already costing businesses a great deal of money in terms of the loss of resources and organisational downtime. Organisations who take the initiative to take a leadership role by lending their name and resources in order to fight the epidemic in the workplace, as well as in local communities, will bear the fruit of success in managing and controlling the epidemic more successfully (Meeson & Van Meelis, 2000:44).

Comprehensive action programmes, structures and HIV/AIDS strategies, therefore, need to be evaluated and established within the workplace for a small portion of the total cost, that would otherwise be incurred as a result of HIV/AIDS-related illnesses and deaths.

4.2   CORPORATE RESPONSE TO HIV/AIDS

Undoubtedly HIV/AIDS is rapidly becoming a top workplace priority.   Many organisations have begun to invest in HIV/AIDS programmes for their employees, and some have also started providing education programmes for employees' families, their suppliers and other members of community. It is no illusion any more, that most

organisations, most valuable resource is its workforce, whether they be blue- or white-collar workers. An employee's capacity to perform his/her daily task is, therefore, a serious management concern (Jacobs, 1995:1).

In order to sustain a competitive advantage, businesses have to keep their workforce healthy, skilled and adequately compensated. In failing to do, so organisations will have to face the consequences that could generate the following results.

- The loss of experienced personnel – particularly at middle management and skilled worker levels.
- The need for increased resources to hire and retain replacements.
- An increase in absenteeism and labour turnover.
- A decrease in productivity levels.
- An increase in healthcare costs (Anon, 1999:2).

How can organisations then reduce the impact of HIV/AIDS in the business environment? Organisations' experiences have indicated, that pro-active and transparent management action, will be important key factors in the implementation of suitable and sustainable structures, strategies and action programmes, in order to minimise the impact of the epidemic in the workplace (refer Appendix E). Most organisations have found that long-term strategic planning is useful to them, as well as managing employee welfare in order to allow them to reduce overall costs (Smith, 2000:3).

In South Africa, labour market adjustments to HIV/AIDS, such as increasing capital intensity of the use of less skilled labour that is cheaper to replace, may exacerbate economic and political polarisation. Market growth for goods and services may also be severely affected, resulting in lower profits and increasing costs for organisations (Whiteside & Sunter, 2000:105).

As the HIV/AIDS epidemic becomes worse, so will the employee-related issues that organisations must face. To deal effectively with these issues, organisations need recruitment and employment policies that are both fair and based upon sound medical

facts (refer Chapter 3). These policies need to be communicated clearly and applied constantly across the organisation's labour force (Miller, 2001:3).

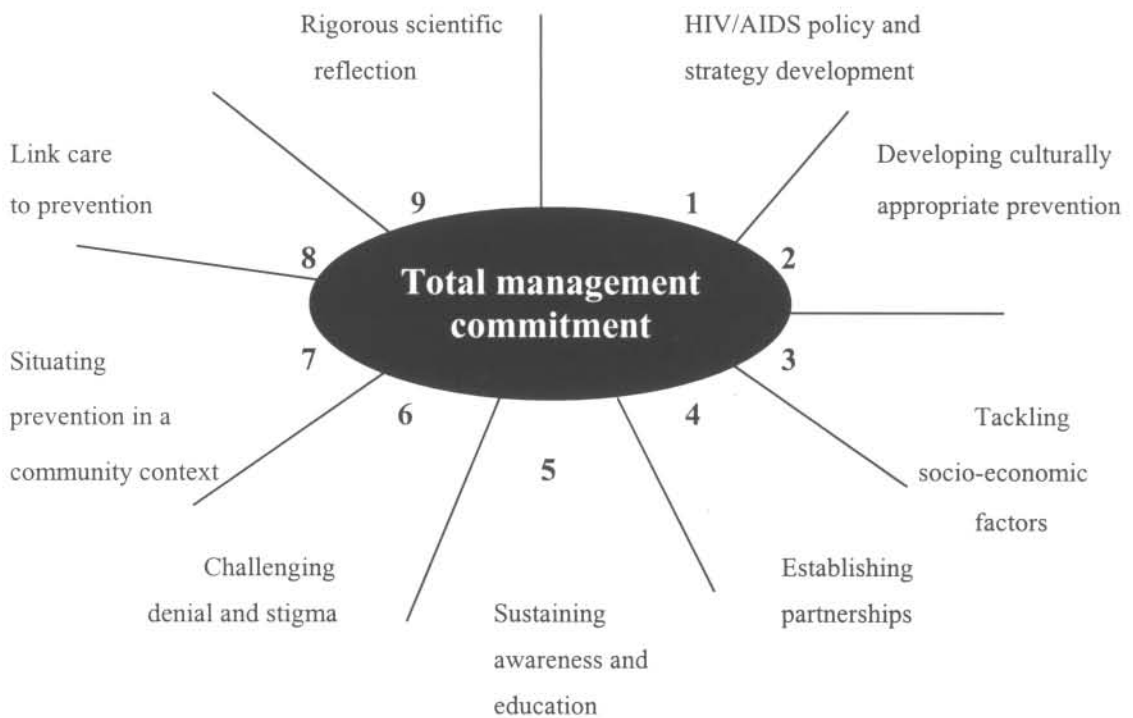A number of key policy areas that employers must deal with, include:

- health care
- employee benefits (pensions and disability)
- training
- work duties and performance
- recruitment, and
- costs.

Another important fact is that organisations have become more globally linked: politically, economically and technologically, affecting the character and culture of many organisations' workforce, their customers and their products and services, as well as the communities in which they are operating. These socio-economic changes have been found to have direct links with the risk and spread of the HIV/AIDS disease. This may create or aggravate circumstances that will have a significant impact on the general spread of the epidemic or the prevention thereof (Anon, 1999:8).

The following figure identifies certain key elements that are necessary in order to compile a comprehensive HIV-prevention programme and policy.

Figure 4.1 to follow on p.89.

Figure 4.1:   **Key elements that are essential to a comprehensive HIV-prevention programme**

Rigorous scientific
reflection

HIV/AIDS policy and
strategy development

Link care
to prevention

Developing culturally
appropriate prevention

9   1

8   **Total management
commitment**   2

Situating
prevention in a
community context

7   3

6   4

Tackling
socio-economic
factors

5

Challenging
denial and stigma

Sustaining
awareness and
education

Establishing
partnerships

Source: Whiteside & Sunter, 2000:104

Many businesses also need to utilise a number of tactical plans in their aim to deal with the various issues relating to the effective management and control of HIV/AIDS: these will be discussed in detail.

These include the following.

- Establishing AIDS action programmes and policies for employees and other stakeholders.
- Creating links between organisations and the local community.
- Undertaking cause-related marketing.
- Implementing and evaluating suitable cost-effective structures and strategies (Anon, 1999:9).

It is, therefore, absolutely necessary for organisations to find cost-effective ways in order to reduce, minimise and manage the impact of the HIV/AIDS epidemic as effectively as possible. In failing to do so, many organisations will have to face the consequences.

4.2.1 Establishing AIDS action programmes and policies for employees and other stakeholders

Organisations across South Africa have already invested a lot of money and resources in various HIV/AIDS campaigns and programmes for their employees.

A peer-led and education programme that was introduced across 40 factories in Zimbabwe, showed that new HIV-infections among employees were 34 per cent lower in participating business than in factories that were not part of the programme. This particular programme cost Zimbabwe only ± $6 per worker which, as one individual stated, is less than the cost of a set of protective overalls. It shows that organisations do not have to spend millions of Rands to fight the epidemic, but that they need to invest only a fraction of their total costs in the effective management of HIV/AIDS awareness programmes, that will save them actually millions of Rands in the long term (Smith, 2000:4).

The following case study illustrates the lessons that can be learned from the experience of organisations that have already established HIV/AIDS programmes and policy structures in their businesses.

CASE STUDY: VILLARES

Villares is a speciality steel and elevator manufacturer with 8 000 employees and 18 000 employee dependants

Villares is an excellent example of a organisation that has established a comprehensive programme at a modest cost, and are already reaping the benefits. Their programme was established in 1995 and includes the following.

AIDS/STD education via:

- presentations,
- teamwork,
- training sessions,
- distribution of information materials (refer Appendix C),
- condoms sold to employees and dependants at below-market prices, and
- offering counselling and encouragement to HIV-positive employees to act responsibly.

These, and other efforts by Villares, have resulted in a **31 per cent reduction in the incidence of new HIV-infections** after one year of the programme (Anon, 1999:10).

From the above case study, it is evident that a dedicated business response to the management of HIV/AIDS has the potential to make a substantial impact on the spreading rate of the disease, as well as a positive difference and impact in areas such as -

- overall business operations,
- markets, and
- different stakeholders.

Another tactic that organisations are currently employing, is to train some of their employees to act as "peer-educators". These so-called "peer-educators" are responsible for talking to colleagues about the risks of the disease and also to discuss signs and symptoms of the illness that might occur. The focus is, however, on the implementation of preventive methods that are discussed and encouraged, with the emphasis on condom use and safer sex practices by employees (Haskins & Kleiner, 2001:1).

4.2.2   Creating links between businesses and local communities

It is absolutely imperative, that organisations in all sectors of all shapes and sizes understand the implication and total impact of HIV/AIDS on organisational resources and economic growth.   Small organisations with a lack of organisational, financial and even human resources may, collaborate with the public health care facilities in order to provide adequate services and care for their employees and families.   Many non-governmental organisations (NGO's) have well-established educational, condom-distribution and counselling programmes in order to help employees.   A partnership between businesses and these organisations, could help a lot in order to prevent, educate and save costs associated with the management of the illness (Smith, 2000:5).

In the case of bigger and more financially secure organisations, the picture is more colourful.   Many organisations have already embarked upon "Social Investment" programmes where the focus is on AIDS-related initiatives within the external environment.   These action programmes and policies already yielded benefits such as:

-       the improvement of the overall corporate image,
-       reduced costs, and
-       a healthier workforce.

Escom's 1999 annual report on dealing with HIV/AIDS activities and action programmes, indicates that the results of the report provided a good base line against which future progress can be measured.   According to Mrs. Biothoko Makhooane, AIDS co-ordinator within the Employee Assistance Programme (EAP) at Escom, believes that the report will act in favour of the organisation's AIDS awareness policies and is a clear indication that the variety of fears associated with the HIV/AIDS epidemic, are decreasing and that more employees are now committed to acknowledging and understanding the various issues related to the epidemic (Meeson & Van Meelis, 2000:44).

By working together, large co-operations, organisations and local communities can use a variety of AIDS-prevention programmes and strategies based on suitable and

sustainable corporate structures. These various AIDS-prevention action programmes include:

- video tapes,
- exhibitions,
- group workshops,
- comic books, and
- peer -educators.

A combination of rapid assessment techniques and health communication skills, is needed and can also be combined with financial and human resources of other interested partners so as to produce an effective, continuous on-going AIDS initiative programme in the workplace. Once again, Escom's strategic initiatives towards the effective management of HIV/AIDS in the workplace, is a good example of partnerships formed between various stakeholders including -

- the Department of Health,
- the Department of International Development (Southern-Africa),
- non-governmental organisations (NGO's), and
- various other role players across the corporate sector.

The result of Escom's successful HIV/AIDS programme has received international attention, with the result that the International Labour Organisation (ILO) has commissioned a report on Escom's HIV/AIDS action programmes, in order to assist other organisations around the world to get workplace initiatives, structures and policies on HIV/AIDS up and running (Meeson & Van Meelis, 2000:45).

4.2.3   Cause-related marketing

It has also become a popular practice in many organisations to promote the HIV/AIDS message as part of the total "product offering" made to consumers. The tactic employed in the strategy, is to include an AIDS-related message and the highly recognised AIDS ribbon on products, while various organisations have also donated proceeds to support AIDS activities, national programmes and NGO's. These methods and strategies used by organisations can both help the organisations and their

AIDS programmes through public awareness of AIDS-related issues that affects worker and their families (Anon, 1999:12).

Various organisations have already extended their AIDS programmes and policies into wider society. Examples of this include the following activities.

- Organisations have donated equipment and technical support to assist AIDS organisations at local, national and international levels.
- Many organisations have already engaged in local philanthropic programmes, giving free use of their facilities and equipment in order to manage the epidemic more effectively.

These actions undertaken by most organisations cost only a small portion, but are invaluable to the HIV/AIDS efforts. However, contributions made by organisations, offer minimal or even no financial returns to businesses, but do provide benefits in terms of strengthening the organisations' standing and their corporate image in the community (Anon, 1999:13).

4.2.4 Implementing and evaluating suitable cost-effective structures and strategies for organisations

Two significant factors about HIV/AIDS make it a strategic issue to business. The first lies in the degree of social stigma and injustice that surrounds the illness, the second reason is, that of its epidemic scale and magnitude – so exceptional, that no other disease could begin to parallel it. Besides the impact of the illness on socio-economic development, attention must also be given to what impact the epidemic will have on organisations' costs and resources on the long term. Representative data on the magnitude of costs to South African organisations are very scarce. Without restructuring and the implementation of effective action programmes and strategies, the cost of an average set of risk benefits is expected to double over the next five to ten years (Gresak, 2000:13).

The following table provides a good explanation and analysis of the progression of HIV/AIDS cases and the costs associated with the illness within the workforces of organisations, as well as the impact of these costs on organisational resources, profitability and productivity levels.

Table 4.1:   **Progression of cases and costs of workforce HIV/AIDS**

Progression of HIV/AIDS in the workplace	Economic impact of individual case	Economic impact of all cases
1. Employees become infected with HIV virus	• No cost to organisation at this stage	• No cost to organisation at this stage
2. HIV/AIDS-related morbidity begins	• Sick leave and other absenteeism increase • Work performance declines due to employee illness • Overtime and contractors' wages increase to compensate for absenteeism • Use of organisations' on-site health clinics increases • Employee requires attention of human resource and employee assistance personnel	• Overall productivity of workforce declines • Overall labour costs increase • Additional use of medical aid benefits causes premiums to increase • Additional medical staff must be hired at the organisation's health clinics • Managers begin to spend time and resources on HIV-related issues. • HIV/AIDS interventions are designed and implemented
3. Employee leaves workforce due to death, medical boarding, or voluntary resignation	• Payout from death benefits or life insurance scheme is claimed • Pension benefits are claimed by employee or dependants • Other employees are absent to attend funeral • Funeral expenses are incurred • Organisation loans to employee are not repaid • Co-workers are demoralised by loss of colleague	• Payouts from pension fund cause employer and/or employee contributions to increase • Returns on investment in training are reduced • Morale, discipline, and concentration of other employees are disrupted by frequent deaths of colleagues
4. Organisation recruits a replacement employee	• Organisation incurs costs of recruitment • Position is vacant until new employee is hired • Cost of overtime wages increases to compensate for vacant positions	• Additional recruiting staff and resources must be brought in • Wages for skilled (and possibly unskilled) employees increase as labour markets respond to the loss of workers
5. Organisation trains new employee	• Organisation incurs costs of pre-employment training (tuition, etc.) • Organisation incurs costs of in-service training to bring new employee up to level of old one • Salary is paid to employee during training	• Additional training staff and resources must be brought in
6. New employee joins the workforce	• Performance is low while new employee comes "up to speed" • Other employees spend time providing on-the-job training	• There is an overall reduction in the experience, skill, institutional memory and performance of the workforce • Work unit productivity is disrupted as labour turnover rates increase

Source: Whiteside & Sunter, 2000:111

The result of increased cost on restrictive employee benefits can also have a profound impact on workers' morale and discourage early disclosure, making responses such as succession planning very difficult for organisations in general. It is, therefore, important that action programmes policies and strategies will include and address key issues that will have a definite impact on productivity, profitability and the availability of resources within the organisation (Kinghorn, 2000:23).

These key issues will include and address the following aspects.

- Identify and reduce vulnerability of key aspects of production processes.
- Health care and support for infected and affected employees, to sustain their productivity, combat problems such as TB, and create supportive conditions for employees to disclose their HIV status early.
- Strengthen human resource management, planning and development.
- Develop appropriate employee benefit structures, which balance sustainability and effectiveness in keeping workers motivated and productive.
- Invest in training and education, and the prevention of infection in learners, to ensure sustained growth of skills in organisations and the economy.
- Improve information on HIV/AIDS impact and effective responses. At both organisational and sectional level, more information is needed for better planning.
- Co-ordination between businesses, labour, government and communities at all levels, is needed to facilitate feasible, cost-effective responses. Many organisations have found that they cannot manage HIV/AIDS impacts on employees without looking "beyond the fence". Inadequate or inappropriate responses by individual sectors or businesses can also have knock-on effects on other organisations (Kinghorn, 2000:23).

Besides the above key issues and aspects that form part of an integrated action programme and strategy, certain responses are also likely to reduce and minimise the impact of HIV/AIDS on organisations.

These include:

- visible commitment of business leadership to address HIV/AIDS issues,
- HIV-prevention. Well-designed action programmes and policies that target all employees, including management,
- reducing the stigma of HIV/AIDS,
- workplace impact management.

With these key issues, aspects and responses already mentioned, attention can now be given to the identification, evaluation and implementation of various key alternative structures and strategies available to management for the successful management and control of HIV/AIDS-related issues in the workplace. These various structures and management strategies are based on actual case studies and background information, which include certain criteria and situations on how to deal with the effective management and control of the epidemic and its consequences on the worker level.

It is important to note, that these case studies are only a broad guideline and act as mere indicators on how to manage certain and specific situations within business environments and do not provide any immediate solution to various complex issues and situations that might be experienced elsewhere. It must be seen as a complex problem that could result in various positive outcomes for organisations if they should implement and follow the right action programmes, structures and strategies applicable to their specific needs and circumstances.

4.2.4.1   *Case Study: Organisation A*

The interviewed individual at **Organisation A** states, that HIV/AIDS is a problem among their workforce, particularly in those areas where the known incidence is high (areas such as Northern KwaZulu Natal). The individual believes that the problem is growing. **Organisation A** does not have any exact figures for the incidence of HIV/AIDS among employees. This is because he/she feels they are unable to measure these figures, due to the confidentiality surrounding the HIV/AIDS status of infected employees.

Organisation A has not calculated the cost of the impact of HIV/Aids on the bottom line. However, the interviewed individual states that as workplace costs are felt, it may soon be necessary to develop management guidelines in this area. The individual at **Organisation A** feels, that the impact of HIV/Aids is likely to be most strongly felt by the organisations' healthcare and retirement funds. The individual states, that the medical aid society has provided for a maximum benefit for the treatment of HIV/Aids. The insurance premiums which are payable for death and disability benefits in the retirement funds, have been capped.

Organisation A has formal organisation policies and guidelines in place to deal with the problems of HIV/Aids. These policies and guidelines have been distributed to all managers. In some instances, operational managers have developed joint local policies with their trade unions. Educational programmes that are supported by local health authorities have been provided to employees at operations. Occupational Health Nurses working at **Organisation A** have also received ethical training (Corporate Leadership Council, 1999:14).

Organisation A's policies and strategies are communicated by utilising the following two main methods.
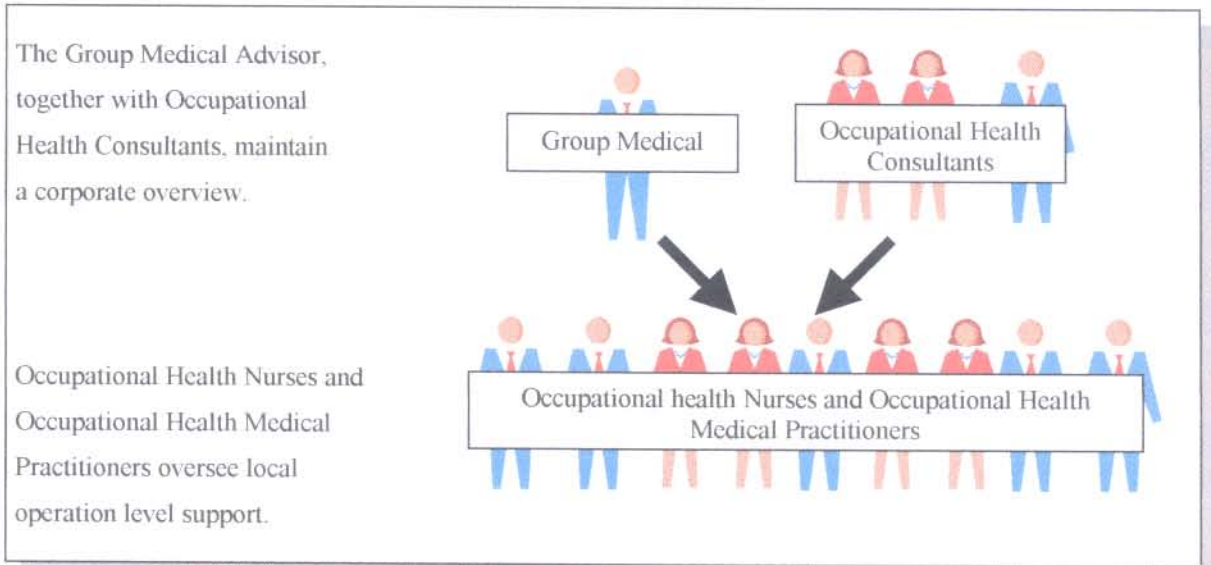
-        Operation Level Workers' Forums.
-        Educational programmes.

Corporate level policy at **Organisation A** is communicated to managers by using human resources Intranet.

Organisation A has supported and implemented all local and national regulations regarding HIV/Aids.

The figure below presents the structure of **Organisation A**'s approach to the problems of HIV/AIDS. The interviewed individual at **Organisation A** states, that they do not have a formal project team in place at present.

Figure 4.2:   Organisation A's approach in dealing with the HIV/AIDS situation

The Group Medical Advisor, together with Occupational Health Consultants, maintain a corporate overview.

Group Medical

Occupational Health Consultants

Occupational Health Nurses and Occupational Health Medical Practitioners oversee local operation level support.

Occupational health Nurses and Occupational Health Medical Practitioners

Source: Corporate Leadership Council, 1999:15

Organisation A also maintains a mutual relationship with their local community health organisations. **Organisation A**'s corporate AIDS policy reflects the guidelines that have been provided by the Department of Health.

4.2.4.2   Case Study: Organisation B

The interviewed individual at **Organisation B** states, that the organisation sees HIV/AIDS as a real problem, although they are unable to provide figures as to the number of employees affected.   The individual maintains, however, that their workforce is well-educated and generally follow lifestyles that caution against those risk factors connected to HIV/AIDS (Corporate Leadership Council, 1999:15).

The interviewed individual at **Organisation B** states, that the organisation has undertaken a number of calculations, looking at the financial impact of HIV/AIDS.

Organisation B does have policies and programmes in place to deal with the problems of calculations, looking at the financial impact of HIV/AIDS.   The

interviewed individual states, that they generally pursue a strategy of using education in the workplace as a preventative intervention, including –

- awareness talks,
- information brochures,
- AIDS days.

Organisation B also reactively has policies in place, which are managed by senior HR managers, and are dealt with in a confidential manner, and on a 'need-to-know' basis.

Organisation B has supported and implemented all local and national regulations regarding HIV/AIDS.

Organisation B has a standing team in place to guide the organisation on the issue of HIV/AIDS. The structure of this team is presented in the following figure.

Figure 4.3:   Organisation B HIV/AIDS standing team
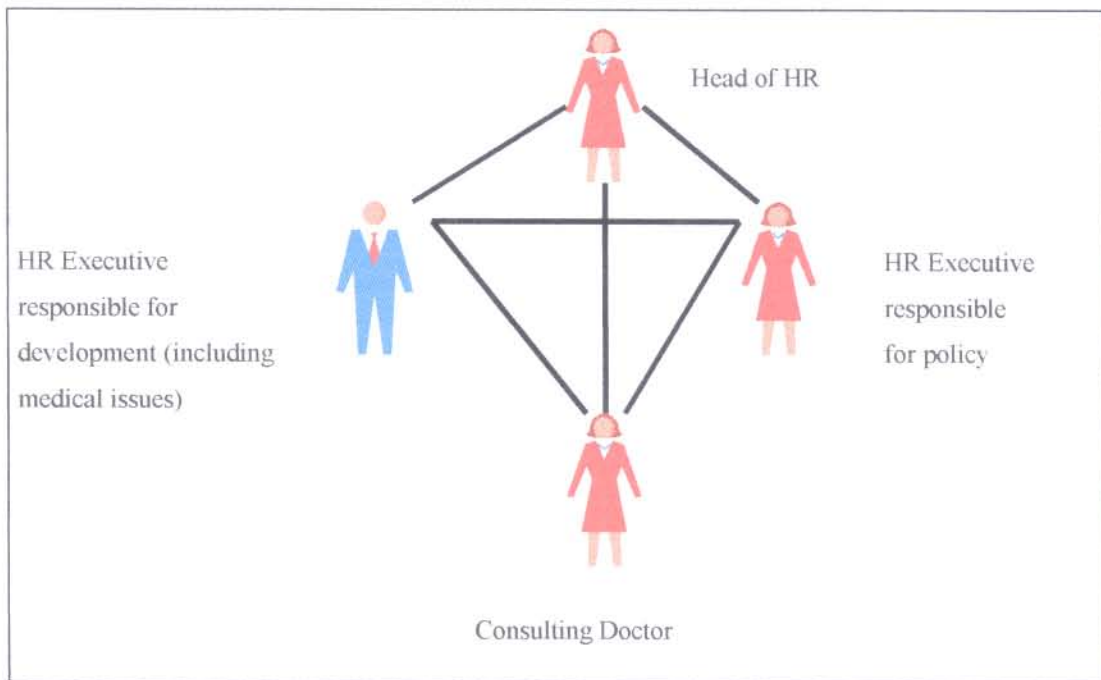
Source: Corporate Leadership Council, 1999:16

The interviewed individual at **Organisation B** states that the organisation does not communicate their policies on HIV/AIDS. They feel it is best for the organisation to keep policies in the background and to only apply them only as and when necessary.

4.2.4.3   *Case study: Organisation C*

The interviewed individual at **Organisation C** states, that AIDS is a problem among their employees, although they do not have any exact figures regarding the number of employees who have been affected by HIV/AIDS. The individual at **Organisation C** states, that this was due to the fact that the employee's confidentiality must be protected.

Organisation C is examining the costs to the organisation caused by HIV/AIDS, but they have not as yet come up with any figures to support their concerns regarding the effect HIV/AIDS is having on the organisation. The interviewed individual feels, that the rises in healthcare and pension costs will be the most keenly felt (Corporate Leadership Council, 1999:17).
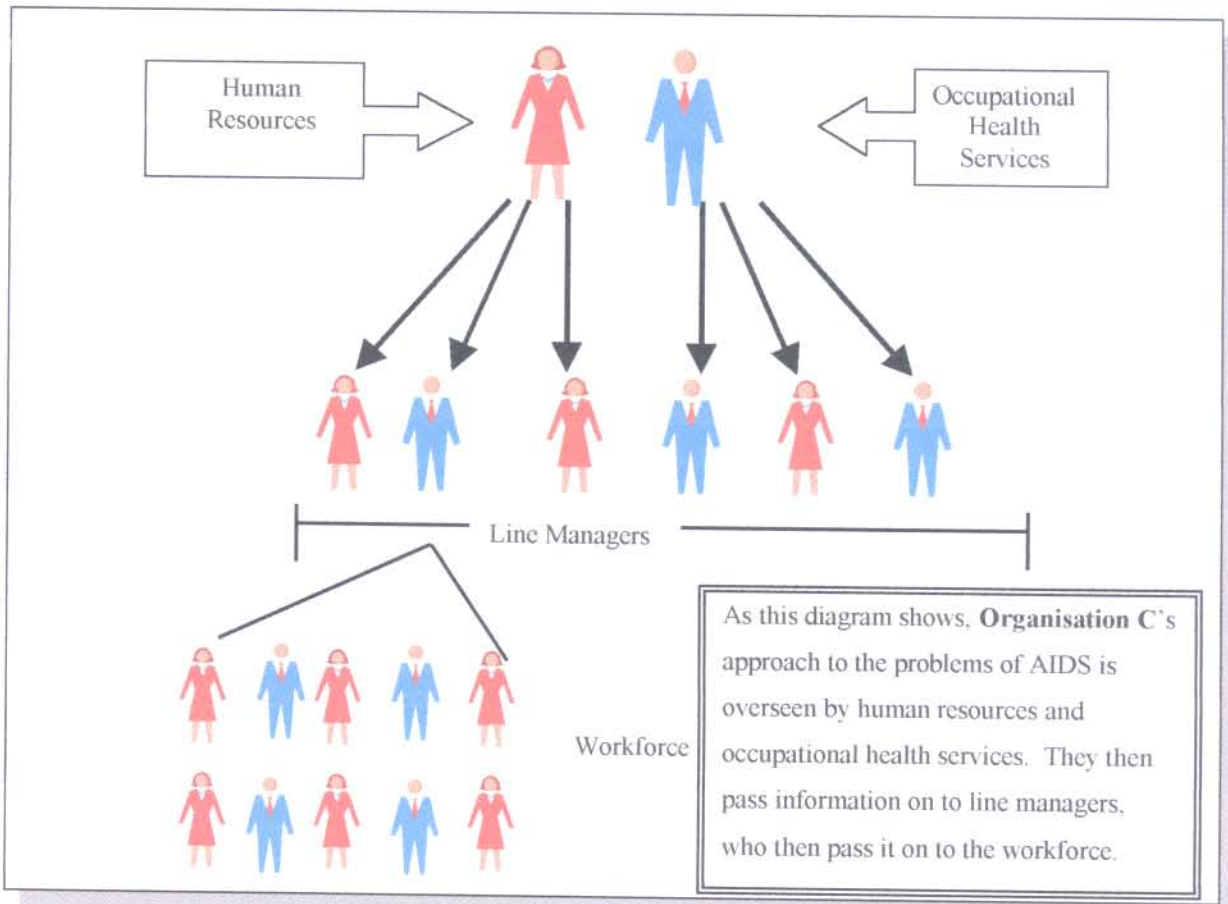
Organisation C has formal organisation policies and guidelines in place to deal with the problems of HIV/AIDS. These policies and guidelines have been distributed to all managers. Educational programmes are provided to employees at operations.

Organisation C has supported and implemented all local and national regulations regarding HIV/AIDS.

Organisation C's approach to the problems of AIDS is explained in the next figure.

Figure 4.4 to follows on p.102.

Figure 4.4:   **Approach to problems of HIV/AIDS**

Human Resources	Occupational Health Services

Line Managers

Workforce

As this diagram shows, **Organisation C's** approach to the problems of AIDS is overseen by human resources and occupational health services. They then pass information on to line managers, who then pass it on to the workforce.

Source: Corporate Leadership Council, 1999:17

HIV/AIDS policies and strategies at **Organisation C** are communicated through the line managers to the employees, or they are posted onto the organisation's Intranet.

Organisation C has had contact with a number of NGO's, while developing organisation HIV/AIDS policies, and are also in contact with UN-AIDS.

4.2.4.4   Case Study: Organisation D

The interviewed individual at **Organisation D** works in human resources in a business unit of the organisation, and their views, therefore, only reflect the policies of that business unit.

The interviewed individual at **Organisation D** does not feel that HIV/AIDS is a major problem for their business unit. This is because the majority employees are educated up to degree level, and are thus better informed in respect of HIV/AIDS. It is also felt that it would unlikely for them to be engaging in high-risk activity. They stated that if the workforce changes, they might have to look more closely at the problem. Due to this, it is thought that there is not 'more than a handful' of employees having HIV/AIDS. **Organisation D** does not see itself as having a major problem with HIV/AIDS; however, they have not produced any figures as to the cost and impact of HIV/AIDS on the organisation or business unit.
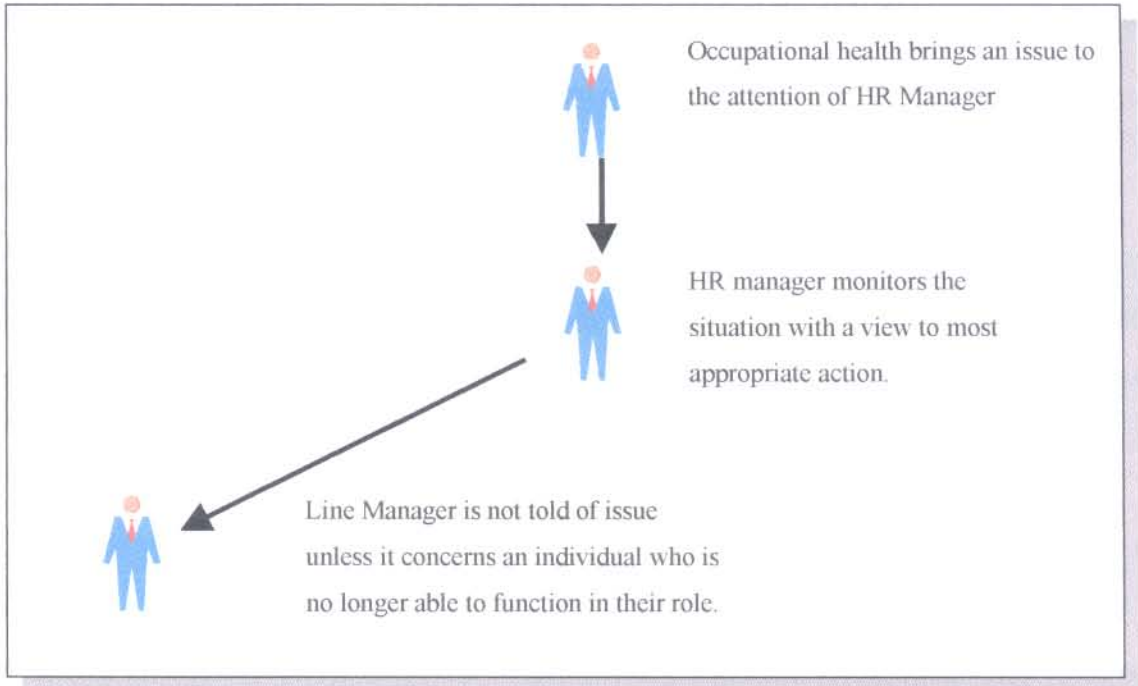
Organisation D's policies relating to HIV/AIDS, are decided by corporate headquarters, and passed down to the business unit. These policies cover both preventative and reactive policies providing education for employees and raising awareness. The business unit decides when these policies need to be put into practice, depending upon the need within the workforce (Anon, 1999:17).

Organisation D has supported and implemented all local and national regulations regarding HIV/AIDS, and they feel that they have usually pre-empted and exceeded these directives.

The structure, through which **Organisation D**'s approach to HIV/AIDS is overseen, is presented in the following figure.

Figure 4.5 to follows on p.104.

Figure 4.5:   Organisation D's HIV/AIDS policy structure

Occupational health brings an issue to the attention of HR Manager

HR manager monitors the situation with a view to most appropriate action.

Line Manager is not told of issue unless it concerns an individual who is no longer able to function in their role.

Source: Corporate Leadership Council, 1999:18

4.2.4.5   Case Study: Organisation E

The interviewed individual at **Organisation E,** does not see HIV/AIDS as the most important issue facing the organisation at this time, although it is recognised that it constitutes a real problem for other organisations, that it could also be for them. **Organisation E** does not have figures in respect of the number of their employees affected by HIV/AIDS, as testing is not compulsory and due to the confidential nature of the information, no record is kept.

Organisation E has not made any calculations regarding the costs of HIV/AIDS or the impact of HIV/AIDS on the bottom line.

The interviewed individual at **Organisation E** stated, that the organisation had formulated policies to deal with the problems of HIV/AIDS, and that these policies are in line with local and national regulations regarding HIV/AIDS.   The only problem **Organisation E** sees in dealing with employees working with food is that these people may not have been tested.

Organisation E communicates policies and strategies relating to HIV/AIDS by using three main methods.

- During employees orientation period with the organisation.
- During the induction period at the organisation.
- Over the organisation's Intranet system.

Organisation E brings external trained counsellors to assist in dealing with HIV/AIDS-related problems on a discretionary basis (Corporate leadership Council, 1999:18).

4.2.4.6   Case Study: Organisation F

The interviewed individual at **Organisation F** states, that HIV/AIDS is not yet a major problem at the organisation. They are aware of only two known cases of HIV-positive individuals at the organisation. However, the individual states, that because it is not obligatory to disclose one's HIV/AIDS status, it is not known what the full extent of infection within the organisation is.

The interviewed individual at **Organisation F** states that no calculations have yet been made regarding the impact and costs for the organisation resulting from HIV/AIDS.

Organisation F has no formal policy to deal with HIV/AIDS within the organisation. Intensive awareness programmes took place in 1997. Although this has not taken place on an organisation-wide level since 1997, the material is still available to line managers who wish to run the programme for their subordinates. **Organisation F** does, however, fund various HIV/AIDS awareness and education projects that take place outside of the organisation (Corporate Leadership Council, 1999:19).

The interviewed individual at **Organisation F** states, that apart from the forbidding of discrimination on the basis of HIV/AIDS, the organisation's chief medical officer is responsible for any matters relating to HIV/AIDS.

The interviewed individual at **Organisation F** states, that at present there are no policies or strategies relating to HIV/AIDS. They do not, therefore, have any methods to communicate these to employees.

4.2.4.7   *Case Study: Organisation G*

The interviewed individual at **Organisation G** states, that HIV/AIDS is a problem at their organisation. Up until 1998, the cumulative number of HIV-positive diagnoses was 89, and the total number of AIDS cases was 35.

The interviewed individual at **Organisation G** states that a number of financial analyses have been carried out around the impact of HIV/AIDS on the organisation:

- **Organisation G** has undertaken projections in respect of the likely impact on benefits by the year 2005. **Organisation G** estimates, that by 2005 the costs to benefits will be R15 million, which is 15 per cent of **Organisation G**'s annual payroll. Of this 15 per cent of the annual payroll, the interviewed individual believes, that 10 per cent will be on the pension fund, 4,1 per cent on medical aid, and the remainder on benefits such as motor insurance, funeral benefits and mortgage bonds (Corporate Leadership Council, 1999:19).
- The interviewed individual also states, that **Organisation G** has analysed the actual costs of HIV/AIDS.

This includes the following.

-     HIV/AIDS education cares and support.
-     HIV/AIDS surveillance study.
-     Employee benefits.
-     Health personnel salaries.

Organisation G's calculated costs for the past two years are:

-     1998:   R108 multiplied by 38,000 employees = R4.2 million
-     1999:   R125 multiplies by 37,700 employees = R4.7125 million.

The interviewed individual at **Organisation G** states, that the organisation has had a formal HIV/AIDS policy in place since January 1993, which is made up of the following key components.

- Provisions of HIV/AIDS education and information.
- Preservation of confidentiality of those infected and their families.
- Provision of health services. The organisation has developed a protocol for care of those with sexually transmitted diseases that supports and cares for infected employees. This is paid for by the organisation, but does not include anti-retroviral therapy, which is available through the employees' organisation-subsidised medical aid.
- HIV/AIDS testing – voluntary, at employee's request.
- Non-discrimination against individuals who are living with HIV/AIDS.
- Health retirement – granted on the basis of the employee's health status.
- Provision of prophylactic devices – including gloves and condoms (Corporate Leadership Council, 1999:19).

The interviewed individual at **Organisation G** also states, that they have a number of informal HIV/AIDS programmes, which include the following.

- Awareness campaigns – such as industrial theatre.
- Radio Talk Shows – Programmes on local and national radio.
- World AIDS Day – Involving every business unit within **Organisation G.**

Organisation G also has formal training and support programmes in place regarding HIV/AIDS, including the following.

- Training of HIV/AIDS peer educators – a training programme consisting of seven days' training.
- Training of mentors – a one-day programme.
- Training of management and trade unions – a one-day programme.
- Counselling and therapy – using an internal and external network of professional officers, social workers and psychologists.

- Medical support – treatment of STD's, HIV-testing and HIV/AIDS monitoring, including CD4 counts.

The interviewed individual at **Organisation G** states, that their organisation policy regarding HIV/AIDS preceded national regulations. An example of this, is that the Equity Bill prohibiting pre-employment HIV-testing, is due to be published later this year, whereas this has been **Organisation G**'s policy since 1993. **Organisation G** has also agreed to form a partnership with the government and other organisations as a forerunner in AIDS programmes. **Organisation G** has worked with some government departments to establish their programmes (Corporate Leadership Council, 1999:20).

Organisation G has worked with a number of external organisations regarding their HIV/AIDS policy, which includes activities of the following departments and organisations.

- **Organisation G** has established joint ventures with NGO's working on such areas as training curricula.
- **Organisation G** has established joint ventures with local government and other organisations for community-based educational programmes.
- **Organisation G**'s peer educators have also trained community members such as teachers, students and priests in peer education.

The interviewed individual at **Organisation G** states, that HIV/AIDS policies or strategies are communicated in the following ways.

- Manager and peer-education training.
- Education Road shows.
- Newsletters and organisation television.
- Educational items such as T-shirts and mugs (in 1998 **Organisation G** distributed 18 000 T-shirts and 2 000 mugs to employees).

The interviewed individual at **Organisation G** is the overall co-ordinator of the organisation's approach to HIV/AIDS. The structure of those working with HIV/AIDS at **Organisation G** is presented in the following figure.

Figure 4.6:   **Organisation G's HIV/AIDS policy structure**
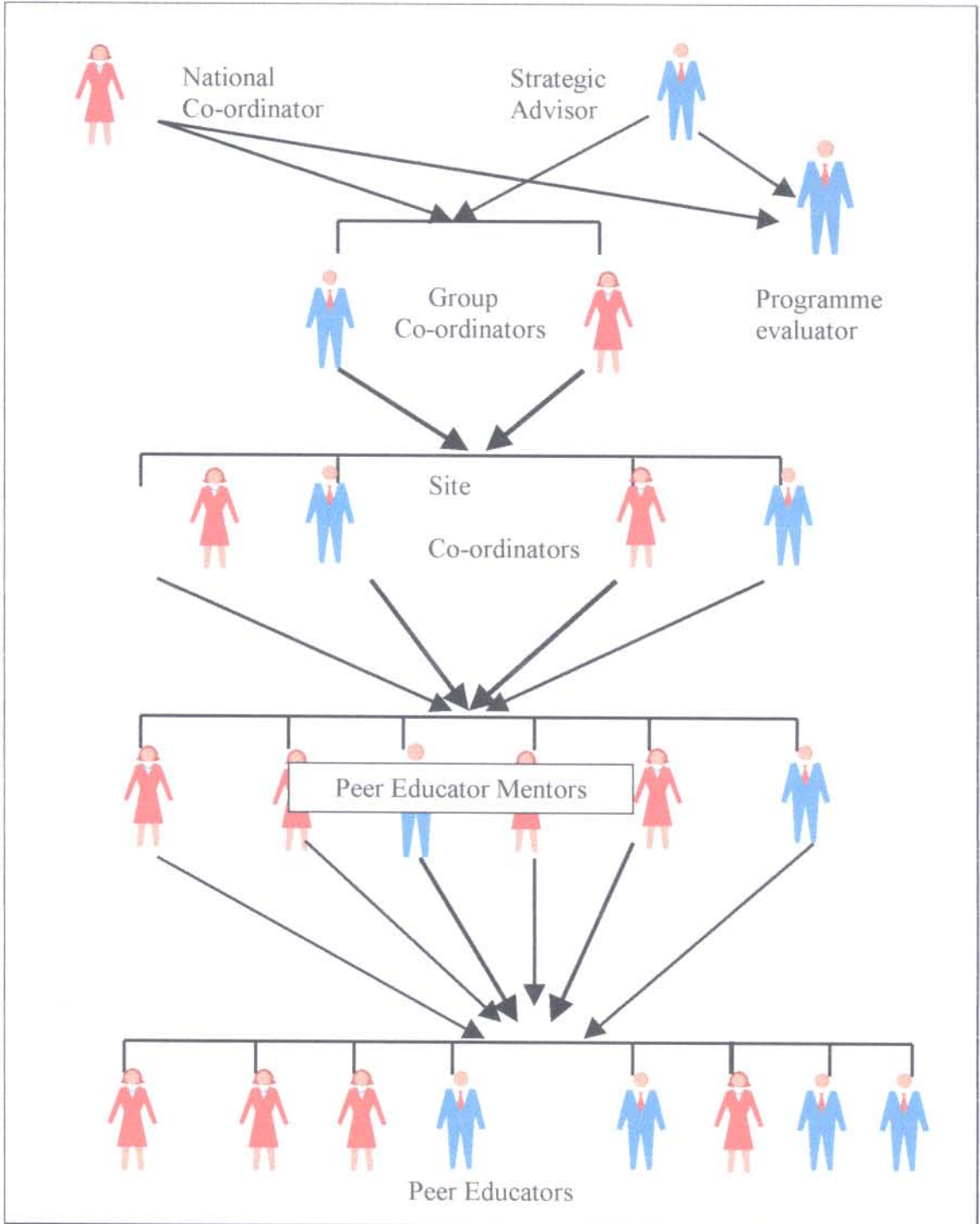
| Source: | Corporate leadership Council, 1999:21 |

Based on the various structures above, management can formulate suitable and cost-effective strategies for the implementation and management of HIV/AIDS in the workplace. Beside these structures, action programmes and policies management also needs to pay attention to the effective management of EAP's as well.

4.2.4.8 *Implementing cost-effective employees assistance programmes*

EAP's have long been noted to provide adequate counselling for a broad range of issues that affect the workers' ability to work, thus indirectly effecting productivity and profits. EAP's are responding positively to the increased impact that HIV/AIDS have on the workplace and are increasingly becoming an important tool for management to provide adequate counselling for a broad variety of issues (refer Appendix D). Many more EAP's need to become more pro-active in promoting and managing HIV/AIDS in the workplace, as well as introducing more cost-effective policies and action programmes (Haskins & Kleiner, 2001:2).

It's important for EAP's to make staff more sensitive to HIV/AIDS-related issues. They must understand the relationships that could exist between someone who has the disease and his or her co-workers, as well as be able to deal with conflicts that may arise as a result. Other issues include physical and emotional pain, dying processes and fear of losing the ability to take care of oneself. EAP's also need to keep in touch with management objectives, so that they can accomplish goals and work together with HR and Union representatives to establish a steering committee task force that will ensure a safe, fair, legally consistent and humane work environment for workers at all levels in the business environment. Through teamwork, the appropriate roles of all affected departments and groups within the working environment can address and properly reduce the impact of HIV/AIDS (Haskins & Kleiner, 2001:3).

In order for EAP's to function effectively and be able to assist workers within the broad framework of business that includes various departments, business units and functions, it is absolutely necessary to have well-established and well-formulated guidelines for the effective management of HIV/AIDS in the work environment.

4.3   GUIDELINES FOR THE EFFECTIVE MANAGEMENT OF HIV/AIDS IN THE WORKPLACE

Predictions indicate, that over two-thirds of large corporations and one out of ten small businesses will employ a number of infected persons. With the majority HIV-positive people aged 20 to 45, the primary workforce will be the hardest hit by the impact of the disease (Smith, 2000:1).

It is, therefore, important that employees must be able to remain on the job while learning how to manage the impact of the disease effectively. This can only be achieved only by focusing on the following criteria that will serve as general guidelines in reducing the impact of HIV/AIDS in the workplace.

4.3.1   Educate management

Managers and supervisors set the standards for workplace behaviour. Stress confidentiality, non-discrimination and compliance with state and laws and regulations. Encouraging managers to pursue corporate AIDS goals, regardless of employee resistance or apathy.

4.3.2   Communicate with employees

Never assuming that employees understand HIV risks or how to avoid infection. Generally, employees are most concerned about *AIDS* facts and myths; contagion and transmission; legal, discrimination and accommodation issues; employment and termination concerns; insurance and health benefits; and human resources and confidentiality issues.

4.3.3   Conduct AIDS training

Taking the AIDS prevention message into the community. After all, HIV/AIDS can impact the lives of customers, vendors, employees' friends and families, as well as the employees themselves.

4.3.4 Establish an AIDS policy

A written workplace AIDS policy should be developed and implemented before problems arise (refer Appendix E). A work force that understands how the disease is transmitted, are less likely to panic when an infected employee announces his or her status.

4.3.5 Confidentiality statement

Legally, the confidentiality of employee medical records and insurance documentation must be protected and cannot be shared without the employee's written consent. Any breach of confidentiality, including water-cooler gossip, shall not be tolerated.

4.3.6 Non-discrimination policy

Strict adherence to all state and local laws covering HIV/AIDS discrimination is necessary. Treat HIV/AIDS-infected employees with the same dignity, respect and compassion shown to sufferers of other long-term, chronic illnesses.

4.3.7 Personal protective equipment

If employees operate within a workplace in which latex gloves or other personal protective equipment (PPE) can be used to reduce risk of injury or disease transmission to co-workers, it should be provided.

4.3.8 Mandatory education

A degree of AIDS training is required, for example, mandates blood-borne-pathogens training for those whose job place them at higher risk in respect of HIV, Hepatitis B and other blood-born infections.

4.3.9   Employee exposure plan

Organisations that provide first aid or other medical treatment, should include an action plan covering workplace exposure to HIV or Hepatitis B, including protocols for testing employees in the event of workplace exposure (Smith, 2000:2)

From the above information, the following conclusions can be made regarding the perceptions of management towards the management of HIV/AIDS.

-   Managers must understand HIV/AIDS transmission and treatments, as well as psychosocial issues. Unfortunately, many people still believe that HIV/AIDS is transmitted easily. Managers must be able to anticipate the irrational fears and negative reactions from co-workers, including their disclosure of the worker's HIV-status to others.

-   Managers must learn about the corporate culture regarding HIV/AIDS. Before managers can counsel employees, they must know how their corporate culture views the disease, whether the organisation has a specific policy that addresses HIV/AIDS and whether the policy is associated with training. For example, if a corporation has a specific policy, it should prohibit workplace discrimination. The HIV-positive employee may be unaware of such a policy. Consequently, managers who can describe the policy should be ready to ease the employee's mind with regard to the tenor of the corporate culture.

-   Managers must learn the legal issues related to HIV/AIDS. A common concern among HIV-positive individuals include the need for advice about advanced directives for healthcare, financial matters, guardianship concerns to ensure for the care of children in the event of incapacity or death, application for Social Security disability benefits (sometimes available while the person is still working), insurance coverage disputes or related problems and the ability to obtain or maintain access to healthcare (Miller, 2001:3).

Despite the involvement of private organisations across the business sector to cope with the impact of HIV/AIDS as well as the management thereof, the infection rate has increased significantly over the last five years.   This calls for a renewed commitment from all South Africans to face the challenge and impact of the epidemic head-on.

4.4 CONCLUSION

During the last two decades, the HIV/AIDS epidemic has taken a terrible human toll, laying claim to millions of lives, inflicting pain, causing fear and threatening economic devastation.   According to the joint United Nations Programme on HIV/AIDS (UN-AIDS) and the World Health Organisation (WHO), the number of people living with HIV/AIDS at the end of 1998 was estimated to be 33,4 million, a 100 per cent increase as compared to that of 1997. Assuming that no cure is found, it is estimated, that more than 40 million people globally will be infected with HIV by 2000.   As already mentioned, the impact of the epidemic on economic growth is already being felt in many countries, especially in South Africa, with life expectancy estimated to drop considerably (Anon, 2000:5).

With these factors in mind, organisations across the South African Business sector are becoming increasingly aware of the need to formulate and implement cost-effective structures, action programmes, policies and strategies for the effective management of HIV/AIDS within the workplace. This chapter briefly focuses on the necessity for cost-effective ways in order to reduce the spread and impact of the HIV/AIDS epidemic on business organisations.

Attention is also given to suitable and sustainable strategies and action programmes for the education of workers, managers and community. Together the private and public sectors can play a significant role in managing and reducing infection rates by implementing cost-effective and sustainable structures, action programmes and policies that will form the basis for the implementation of suitable strategies in coping with the effects of the disease head-on.

The aim of this chapter lies in the fact that structures first needs to be identified, formulated and implemented before actual cost-effective strategic alternative can be introduced successfully. The following chapter will investigate and identify such a possible strategy that can be introduced into the corporate structure for the effective management and control of HIV/AIDS within the workplace.