WHAT WORKS to Achieve Good Outcomes in HIV and AIDS Workplace Initiatives

Côte d'Ivoire Country Report

Phaswana-Mafuya, N.; Chirinda, W.; Kose Z.; Maseko, B.; Tassiopoulos, D.; Davids, A.S; Yah, C.; Zahn, R.; Dadie' P. D. and her country team

28 February 2017~~21 February 2017~~

Acknowledgements

This report is the product of the collective efforts of a large number of people. We wish to acknowledge the following and thank all of them for their expertise and effort over the two-year process that resulted in this report. Without their contributions this research project would not have been successfully completed.

Ms Muriel Visser who researched and wrote the global literature review which provided useful inputs into the subsequent analytical report.

Prof. Nancy Phaswana-Mafuya, Principal Investigator, of the Human Sciences Research Council (HSRC), South Africa and the network Social Aspects of HIV/AIDS Research Alliance (SAHARA), and her team: Mr Witness Chirinda, Ms Zamakayise Kose, Dr Batlile Maseko and Dr Dimitri Tassiopoulos; who were instrumental in conceptualising and implementing the 10- country research projects.

Dr Clarence Yah, Mr Ryan Zahn and Ms Yuan Zhao of HSRC for assistance, in the translations of tools, for summarizing some of the workplace evidence, for sourcing some of the literature and summarizing it for some workplaces, for serving as liaisons for selected countries, and for being involved in the initial phases of data management for some countries.

Ms Prisca Dominique Dadié who played a role in securing evidence for the selection of workplaces; organizing stakeholder meetings; securing in-country study approvals; reviewing of study instruments; negotiating entry to the workplaces; leading data collection, translations and transcriptions in their respective countries.

Ms Zinhle Sokhela, HSRC Master's Intern, for coordinating the originality check for this report

The stakeholders in Côte d'Ivoire who supported the project by providing documents, providing evidence for workplaces that had achieved 'good outcomes', participating in stakeholders meetings and being participants in the key informant interviews.

Acronyms and abbreviations

Term	Description
AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Treatment
ARV	Anti-retroviral
CD4	Cluster of Differentiation 4
CECI	la Coalition des Entreprises de Côte d'Ivoire contre le Sida
CI	Ivory Coast
CNLS	Comité National de Lutte contre le SIDA
CRLS	Centre de recherches linguistiques et sémiologiques
FCFA	Franc CFA
FGD	Focus Group Discussion
FHI 360	Family Health International 360
FNLS	Fonds National de Lutte contre le SIDA
CGECI	Confederation générale des entreprises de Cote d'Ivoire Ivory Coast Confederation of Companies
GOCI	Government of **Ivory Coast**
GTZ	German Technical Corporation
HIV	Human Immunodeficiency Virus
HSRC	Human Sciences Research Council
IDI	In-depth Interview
IEC	Information, Education, Communication
NGO/ONG	Non-Governmental Organisation
NTC	National Tripartite Committee
PLHIV	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child Transmission
PSP	PHARMACIE DE LA SANTE PUBLIQUE DE COTE D'IVOIRE
PUMLS	Project d'Urgence Multisectoriel de Lutte contre le Sida
RIP+	Réseau Ivoirien des Organisations de Personnes vivant avec le VIH/sida
SIDA	Syndrom AIDS
SMIT	Service de Maladies Infectieuses et Tropicales
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
VMMC	Voluntary Medical Male Circumcision
VIH	Immunodeficiency human virus.
VIH/AIDS	HIV and AIDS
WEF	World Economic Forum

Table of Contents

Executive Summary

Introduction

Since 2001, the International Labour Organization (ILO) Programme on HIV & AIDS and the World of Work (ILO/AIDS) and its partners have supported Ministries of Labour, employers' organizations and workers' organizations in more than 60 countries across the world to develop, implement and monitor HIV workplace programmes (WPP), and to implement enterprise level HIV and AIDS workplace initiatives. In Côte d'Ivoire, these initiatives have facilitated access to HIV services for women and men workers in the public and private sectors as well as the formal and informal economies. Workplace HIV and AIDS programmes and policies are rarely evaluated to determine what works in terms of prevention, treatment, care or support for employees. This report brings together practical examples of workplaces that have made a difference in achieving good outcomes through their HIV and AIDS workplace programmes in Côte d'Ivoire. The study assessed what works in achieving good outcomes in HIV and AIDS and the world of work, i.e. how and why, good outcomes were achieved, as well as found out which conducive environmental factors contributed to achievement of good outcomes.

Methodology

The study was conducted in 10 selected countries across Arabic, English, French and Portuguese speaking countries in Africa, namely: Cote d'Ivoire, Ghana, Kenya, Madagascar, Morocco, Mozambique, Namibia, Senegal, South Africa and Zambia. This report focuses on the Côte d'Ivoire component of the multi-country research. Data were collected in six eligible workplaces (both ILO and non ILO supported) in the public and private sector with documented, evidence-based good outcomes. The study employed a mixed-method evaluation approach involving both qualitative and quantitative measures. The qualitative component included part of the situational analysis and primary data collection i.e. in-depth-Interviews (IDIs) with national level stakeholders; workplace levels IDIs and focus group discussions (FGDs). In terms of primary data collection, 15 IDIs (11 males and 4 females) and five FGDs (19 males and 14 females) totalling 48 participants (30 males and 18 females) were conducted in identified eligible workplaces to find out what works in achieving each good outcome and workplace level conducive factors respectively. Thematic content analysis and triangulation was conducted in analysis

Key Findings

What works in achieving 'good outcomes'

Four 'good outcomes' were identified namely; increased HIV and AIDS knowledge, increased VCT uptake, reduced risky behaviour, and reduced HIV incidence. The themes and good practices identified for each of the 'good outcomes' were as follows;

Increased HIV and AIDS knowledge

Four workplaces reported increased HIV and AIDS knowledge. Various methods including; KABP, programme evaluations, assessments of programme uptake and deaths were undertaken to assess knowledge levels among employees. of HIV and AIDS knowledge was done through. These assessments were done at baseline to inform programme implementation and during the course of programme rollout. The assessments were in the form of review of medical records, M&E systems and questionnaire surveys. They were conducted by medical personnel and coordination committees. The workplaces provided accurate, up-to-date and relevant information during awareness sessions conducted at the workplaces and special events. These sessions were done regularly during working hours and annual events, and involved PLWHIV, peer educators, medical staff and management. Novel methods were used for information dissemination such as payslips and online methods. Other approaches used include gender sensitive approach, wellness approach, and Behaviour Change Communication (BCC) approach

Increased VCT uptake

Five workplaces reported increased Voluntary Counseling and Testing (VCT) uptake. The workplaces offered on-going awareness sessions, VCT promotions, campaigns, family counselling and testing, rapid HIV Test, access to ART/ART links, provider initiated counselling and testing and monitoring VCT uptake. The VCT services were offered onsite and referral to external facilities, during working hours and VCT events. In order to facilitate VCT uptake, the workplaces established links with external stakeholders and peer educators used opportunities for meetings as platforms to sensitize people about VCT services being offered.

Reducing risky behaviour

Five workplaces reported reduced risky behaviour. The workplaces provided condoms and ensured that they were available at all times, and provided specific information on correct and consistent male and female condom use. The condoms were being distributed through condom boxes, payslips and condom kits. Peer educators and social assistants were involved in the distribution of condoms to employees during events and occasions such as weddings and on daily basis. To ensure continual supply, the workplaces had partnerships with condom suppliers

Reduced incidence of HIV

One workplace reported reduced incidence of HIV. The workplace engaged in open dialogue and awareness campaigns to sensitize employees and customers on HIV transmission and prevention. They engaged PLHIV to give testimonies to employees at the workplace and emphasize the need to get tested and seek treatment early to those who test HIV positive. Peers were also involved in awareness campaigns which they conducted during working hours and several events. The key success factors to reducing incidence included management support, creation of supportive work environment and access to psychosocial support.

National level conducive factors

A number of national-level factors that lead to successful workplace programmes were identified. The major themes identified by stakeholders include a supportive national regulatory environment, a multi-sectoral response, partnerships, especially public-private partnerships, national HIV and AIDS programmes and events, and availability of funding.

1 Introduction and situational analysis

Cote d'Ivoire has an estimated 20 million people, and has an HIV prevalence of 3.9% in the adult population, which is one of the highest in West Africa (UNAIDS, 2012). The country has a generalized epidemic characterised by huge prevalence differences by gender and geographic location. The low prevalence among males is largely attributed to the high levels of circumcision which is near-universal (96%). In terms of geographical distribution, HIV prevalence is slightly higher in urban areas and more than double (5.5%) in the East and South compared to the Northwest (1.7%) (PEPFAR, 2012). Cote d'Ivoire's HIV epidemic progressed rapidly during the civil crisis lasting for five years, a period which led to disruptions in delivery of health and social amenities. Several response mechanisms have been put in place by the Government of Cote d'Ivoire (GoCI) to fight against the HIV epidemic. These include measures to reduce occupational risk of infection by HIV, Hepatitis B and C among staff and patients in health institutions (PEPFAR, 2012 & Cisse, 2010).

Faced with the challenges of coordinating the fight against AIDS at the decentralized level, the Emergency Multi-sectoral Project against AIDS (Projet d'Urgence Multisectoriel de Lutte contre le Sida - PUMLS) in Côte d'Ivoire was established in October 2008, funded by the World Bank. PUMLS is a strategic intervention to strengthen the leadership of the Regional Committee for the Fight against AIDS (CRLS) in the coordination of the HIV and AIDS response (Republic of Côte d'Ivoire, 2012). Côte d'Ivoire essentially utilizes a decentralized and multi-sectoral strategy in the response to HIV and AIDS. As part of the multi-sectoral approach, all economic sectors are encouraged to get involved and organise to boost the national response to HIV and AIDS which is now also considered a problem for development and security. The implementation of a multi-sectoral approach is based on an organizational framework with sectoral committees in each sector or ministry. Furthermore, to strengthen the coordination of interventions, the State found it necessary to reunite the two ministries in charge of the national response to HIV in one department since June 2011. Civil society is actively involved to support and complement government action, through its main networks against AIDS. Moreover, decentralized authorities are involved in the national response to this collective momentum to strengthen the national response has, in addition, the significant contribution of the private sector whose work is supported by the main ridge (Republic of Côte d'Ivoire, 2012). The first coalition of businesses consolidates the main private sector organisations in Cote d'Ivoire as well as trade unions. The objectives of this coalition are to raise awareness on issues related to HIV and AIDS in the world of work and to coordinate the response in the private sector, and mobilize required resources for the implementation of programmes. In collaboration with development agencies, multinational organizations, and program implementers, this business coalition has developed a unique reference tool for implementing of HIV programmes - Top Performance (WEF, 2008 & WEF, 2006).

This report brings together practical examples of workplaces that have made a difference in achieving good outcomes through their HIV and AIDS workplace programmes in Côte d'Ivoire. Since 2001, the ILO HIV and AIDS and the World of Work Branch (ILOAIDS) and its partners have supported Ministries of Labour, employers' organizations and workers'

organizations in more than 60 countries across the world to develop, implement and monitor HIV workplace programmes. These initiatives have facilitated access to HIV services (prevention, treatment, care and support) for women and men workers in the public and private sectors as well as the formal and informal economies together with their families and dependants, thereby also reaching out to the larger community. Against this background, ILOAIDS commissioned the Human Sciences Research Council (HSRC) to conduct an evidence-based study on what works in achieving good outcomes in HIV and AIDS and the world of work, i.e. how and why, good outcomes were achieved, as well as find out which conducive environmental factors contributed to achievement of good outcomes. The research seeks to investigate what set(s) of actions addressing HIV and AIDS were undertaken in the context of the workplace which led to achieving good outcomes, including economic benefits. The criteria for good outcomes are listed subsequently.

2 Methods

2.1 Study setting

This report focuses on the Côte d'Ivoire component of the multi-country research that was conducted over a period of 9 months from January to December 2013. The study was also conducted across nine other countries, namely: Zambia, Madagascar, Morocco, Mozambique, Namibia, Senegal, South Africa, Kenya and Ghana.

2.2 Study Process

Before the commencement of the research in Côte d'Ivoire, key stakeholders were identified from the public and private sectors, the informal economy, Trade Unions, Employers organizations, UN agencies and organizations representing beneficiary groups. A project inception meeting was held on the 20th June 2013 with the identified stakeholders (Annex A) to explain the purpose of the research, secure their buy-in and to identify eligible workplaces in Côte d'Ivoire. Eligible workplaces included both ILO and non ILO supported, from the public sector, the formal private sector, or the informal economy across various economic sectors using the eligibility criteria i.e. availability of documented evidence (e.g. project evaluations, monitoring systems, surveys, assessment reports) for good outcomes achieved or positive changes brought by the workplace programme. They include the following: reduced absenteeism and staff turnover; reduced employment related discrimination; reduced risky behaviour of men and women; reduced stigma towards People Living with HIV and AIDS (PLWHA); increased uptake of Voluntary Counselling and Testing (VCT); increased uptake of Prevention of Mother to Child Transmission (PMTCT); increased employee knowledge on HIV and AIDS; increased uptake of Antiretroviral treatment (ART); reduced occupational risk; reduced costs; increased productivity; impact on family/community; increased uptake of voluntary medical male circumcision (VMMC).

2.3 Study design and data collection

The study employed a mixed-method evaluation approach involving both qualitative and quantitative measures. The qualitative component included part of the situational analysis and primary data collection i.e. in-depth-Interviews (IDIs) with national level stakeholders;

workplace levels IDIs and focus group discussions (FGDs). The qualitative component of the situational analysis included a desktop review of the HIV and AIDS and the world of work as summarized in section 1, in-country stakeholder consultative meeting, and email and telephonic consultations with local experts. The quantitative component included secondary review of quantitative data from project evaluations, monitoring systems, surveys, assessment reports and other evidence-based means that document the results. The results of both the qualitative and quantitative components of the situational analysis were used to determine eligible workplaces. In terms of primary data collection, 15 IDIs (11 males and 4 females) and five FGDs (19 males and 14 females) totalling 48 participants (30 males and 18 females) were conducted in identified eligible workplaces by trained HSRC researchers using pilot tested tools in local languages as reflected in Main Table 1 to find out what works in achieving each good outcome and workplace level conducive factors respectively. Each IDI lasted for about 50 minutes and each FGD lasted for about two hours. Five IDIs (3 males and 2 females) were also conducted with key national level stakeholders who consented to participate, to determine national level conducive factors that contribute to the success of HIV and AIDS workplace programmes, Main Table 2. Each IDI with stakeholders lasted for about 60 minutes. The qualitative method was chosen because it is the most appropriate method to apply in addressing the research question on 'what works'. It allows an in-depth exploration of individuals' perspectives on a programme, and can lead to increased insight into people's thoughts, feelings, experiences and behaviour on important issues. We ensured that the data were collected with scientific rigor to guarantee that the results are accurate and unquestionable and to make for an authoritative piece of research. The iterative process used to collect and assess evidence allowed for the identification of potential commonalities on what worked and returning to key informants and existing records for corroboration regarding the specificity and generalizability of what worked.

2.4 Data Analysis

Thematic content analysis and triangulation was conducted. We analysed the data by good outcome to find out 'what works' in achieving each 'good outcome' and the 'conducive factors' that contributed to achievement of the 'good outcomes'. The researchers analysed qualitative data as outlined by various researchers which involves using themes (Poggenpoel, 1998: 334-337 in De Vos; Miles & Huberman, 1994: 10 and Clark et al., 1998: 113). Line-by-line coding captured words and phrases in participants' own vocabularies to capture the meaning of what they say or do. Initial codes were turned into focused codes by discussing similarities between them. Finally, axial codes were developed from the focused open codes through similar discussions. Data from literature, in-depth interviews and focus group discussions were triangulated and analysed to answer the research question.

3 Results

The results have been categorized into three sections. The first section provides a description of the workplaces that were included in the study in Côte d'Ivoire and an overview of good

outcomes achieved. The second section presents 'what works' in achieving each 'good outcome'. The third section presents workplace level and national level conducive factors.

3.1 Description of workplaces and overview of 'good outcomes' achieved

Five workplaces were included in the study. The workplaces were mainly private and large due to the difficulties in identifying workplaces with strong recorded evidence of good outcomes in the public sector.

3.2 What works in achieving 'good outcomes'

3.2.1 What works in increasing knowledge?

Evidence of increased knowledge

W1	W2	W3	W5
In 2011, 313 employees were exposed to the programme. In 2012, 629 and 292 employees and community members/family members respectively were exposed to the programme. By mid-2013, 588 employees had accessed the programme	35 awareness sessions were held in 2008, 32 in 2009, 29 in 2010, 30 in 2011 and 35 sessions were held in 2012. A total of 39 440 employees were reached with these awareness sessions from 2008 to 2012. (Company statistics, 2008 – 2012)	In 2003, 63 workers were sensitized. In 2004, 65 workers and 18 spouses were sensitized. In 2005, 456 workers and 45 spouses were sensitized. In 2006, 732 workers and 59 spouses were sensitized In 2007, 744 workers and 60 spouses were sensitized. In 2008, 754 workers and 62 spouses were sensitized. In 2009, 791 workers and 157 spouses were sensitized. In 2010, 1158 workers and 165 spouses were sensitized In 2011, 1447 workers and 218 spouses were sensitized. In 2012, 1697 workers and 679 spouses were sensitized.	In 2011 there was 25 awareness sessions, 1532 workers and their family were exposed to the program,63 hours of training, and 5 workshop and a budget of 18 005 700 Francs CFA dedicated for the program.

Good practice: Assessment of knowledge levels
What was done? • Observe employees dying • Assessment of programme uptake

• Assessment of knowledge • Programme evaluation:
Where was it done? • Workplace
When was it done? • Prior to implementation • Convenient times
Who was involved • Committee of coordination • Medical personnel
How was it done? • Medical records • M&E systems • Questionnaire

3.2.1.1 Good practice: Assessment of knowledge levels to ensure programme responsiveness to knowledge gaps

What activities were done?

In order to assess employee knowledge, workplaces assessed knowledge of employees at baseline using various methods.

Observation of employees dying : W1 observed the number of employees dying due to AIDS, and attributed this to lack of knowledge.

Assessment of programme uptake: W2 assessed the uptake of the HIV and AIDS programme, and attributed poor programme uptake to lack of sufficient knowledge.

Assessment of knowledge: W3 performed HIV and AIDS knowledge assessment

Programme evaluation: W5 performed regular programme evaluation and used the evaluation results to develop the programme.

Where were they done?

Convenient locations: All the 4 workplaces indicated that their activities took place at convenient venues in their respective workplaces

When were the activities done?

Prior to programme implementation: W1 made the assessment of the number of employees dying prior to programme implementation.

Convenient times: W2, W3 and W5 indicated that they performed their activities at times convenient to themselves. For instance, W2 performed the evaluations annually, while W3 and W5 performed its knowledge assessment every 6 months.

"*Each year we try to strike a balance, we make a presentation of results and we discuss about problems*." 52yrs: junior manager: social assistant, W2

Who was involved?

Committee of coordination: W2 reported the committee of coordination was involved in planning HIV and AIDS activities.

Medical personnel: W3, W5 and W1 reported that the medical personnel within the workplace performed the assessment

How were they done?

Medical records: W1 used information in their medical records to assess the number of employees dying due to AIDS

M&E systems: W2 used M&E systems to assess knowledge levels

Good practice: Accurate, up to date, relevant, timely information made available and accessible at convenient times by trusted individuals at convenient location using comprehensive innovative participatory methods
What was done? • Awareness sessions
Where were they done? • At the workplace • Special events
When were they done? • Working hours • Any available time • Various sections/departments
Who was involved • Committee of coordination • Peer educators • Medical staff • PLHIV • Management
How were the activities done • Wellness approach • Behaviour change communications • Gender sensitive approaches • Payslips • Online method • Notice boards/billboards

3.2.1.2 Good practice: Accurate, up to date, relevant, timely information made available and accessible at convenient times by trusted individuals at convenient location using comprehensive innovative participatory methods

What was done?

Conducting awareness sessions: All five workplaces reported that they conducted awareness sessions in order to provide accurate, up to date, relevant, and timely information.

Where were activities done?

At the workplace: All workplaces reported that the activities were done at the workplace

"*The activities are done at work during working hours*, "Male: 42: middle management, focal point, W1

At special events: W3 also performed some sessions at wedding venues, where they provided HIV prevention and awareness messages to the bridal couples.

"*We implemented the system of collective wedding to allow HIV positive or HIV negative workers to be faithful to their husband or to their wives and to have a happy life with their family.*" female: 52yrs: junior manager: social assistant: focal point, W3.

Sections/Departments within the workplace: W3 reported that their sessions were performed at various sections/departments of their workplaces

"*Activities have been conducted annually in all the sections for workers and their families".* Male: 49yrs: middle manager: wellness coordinator, W3

When were the activities done?

During working hours: All five workplaces reported that their awareness sessions were conducted during working.

"The activities can be done at work during working hours, "Male: 42: middle management, focal point, W1

Any available time

"*And every time, we need to gather ourselves or we have activities, our respective manager has never said no*. "Male: 42: middle management, focal point, W1

"*Whenever there is a meeting of five to ten people we ask for an hour to remind employees about the importance of AIDS. It is not a fate and workers know*"- Male: 42: middle management, focal point, W1

"*The activities can be done at work during working hours*, "Male: 42: middle management, focal point, W1

Annually: W2 conducted its activities annually

"*Activities have been conducted annually in all the sections for workers and their families".* Male: 49yrs: middle manager: wellness coordinator, W2

During consultations: "*We have per day 90 medical consultations, and every worker consults one or two times per year, it is here that we provide HIV and AIDS awareness* "Male: 42yrs: senior manager: occupational doctor, W3

Who was involved?

Committee of coordination: W1 and W2 reported that the Programme is done by the committee of coordinators, management, focal point, M&E officer and trained male and female peer educators in W1

"*The committee set up is composed of dynamic individuals whose roles are shared. In addition to this committee of coordination, we have also sectorial committees led by peer educators. Executive Management wanted that all regional managers be involved*. »"Male: 42: middle management, W1

"This committee is composed of the chairman of the board, the executive manager, the executive manager assistant, and the general secretary. Then we have committee of coordination who conceives the strategy and assist the local committee through peer educators. It is composed by the social insurance manager who is the focal point, and 4 doctors who is in charge of prevention, therapeutic support, follow up and assessment ,communications and external relations, and all the doctors , nurses and social assistants. And finally we have 36 local committees which assure the local awareness and which is composed by workers". Male: 49yrs: middle manager: wellness coordinator, W2

Workers'committee: W2 indicated that a committee representing workers is responsible for organising awareness sessions and ensuring consultation as well as supervision and mobilization of resources. The programme involves everybody from executive management to the lowest employee, since the fight against AIDS is everybody's business, not just the medical department.

Peer educators: W3 indicated that the programme was conducted by peer educators (they had 30 of them).

So we give necessary resources to peer educators to remind workers each time that AIDS is a reality but it is not a fate. "Male: 42: middle management, W1

"Campaign activities on HIV are conducted by peer educators from different sub-committees and work units"- Male, 48 years, middle management, W5

Health care providers: W3 had 4 occupational doctors and Coordinator.

"*For the coordination and the implementation of program against HIV, W3 appointed a coordinator who is the occupational doctor. The company put in place a committee lead by the social assistant who is the focal point person. This committee is composed of a representative of each site. The members belong to syndic union, to medical department and human resources management*." – Female, 44 years, Junior management, W3

PLHIV: **"***The head of the committee during the carnival involved PLWHA who are also workers in the awareness." female: 52yrs: junior manager: social assistant: focal point, W3*

Management: W3 and W5 indicated that the programme was fully supported by their management

"The executive management is the pillar of the AIDS committee. It supports the program financially and is very involved. They budgeted 4.64 million FCFA for the programme." Female: 52 years: junior manager: social assistant: focal point", W3.

"The conception of activities is made by management, the focal point, peer educators, care commission members and each of them implements the activities. Management takes care of coordination, peer educators takes care of awareness through communication for sustainable behaviour change, and care commission take care of infected patients and directed them towards specialized structures" – Male, 45 years, junior management, W5

How were they done?

All four workplaces used various approaches to deliver HIV messages to their employees. Approaches used included wellness-, gender-sensitive- and behaviour change communication - approaches as well as using online and payslip messaging methods.

Wellness approach: The W1 HIV and AIDS programme was integrated into other programmes, including malaria and TB, and was supported by a business coalition with whom they had a partnership. The programme at W2 is not a stand-alone programme, as it is integrated with other programmes such as TB and Malaria.

Behaviour Change Communication Approach: The workplace used clusters, posters, regular campaigns to cascade information W1 and W4 dissiminated behaviour change information. W1 used flyers, posters and charters for this purpose, while W4 also used posters.

"*We have in all the company flyers, posters, charters for the awareness*." Male: 39: junior management, W1

Gender sensitive approach: At W1, awareness sessions were responsive to gender as they addressed HIV matters in terms of gender, including empowering women in condom negotiating skills. W3 purchased both male and female condoms to ensure gender sensitivity to the programme. W5 ensured gender inclusivity by ensuring that both males and females are represented in their AIDS committees

"*We also empower women in condom negotiation Awareness campaigns are really focused*."- Male, 42 years, Middle management, W1

Some specific activities carried out toward wives and children also to allow greater freedom of speech and understanding" Female: 52yrs: social assistant: focal point, W2

"Presence of women in AIDS committee" Male, 45 years, junior management, W5

Payslip approach: Each time during payday, W2 would write HIV and AIDS messages on the payslips of each worker.

And each month, we put an awareness message in the pay slip. "female: 52yrs: junior manager: social assistant: focal point, W2

Online approach: W2 introduced an online method of information dissemination. They used intranet and emails to disseminate information to employees.

"*We use intranet and mail to send awareness messages to all the workers.* "female: 52yrs: junior manager: social assistant: focal point, W2

Notice boards and Billboards: W2 utilized the notice boards at the workplace to put in messages.

"We have a notice board that provides information about HIV/AIDS and the support policy. female": 52yrs: junior manager: social assistant: focal point, W2

3.2.2 What works in increasing VCT uptake

All five workplaces in Cote d'Ivoire reported increased VCT uptake.

Evidence of increased VCT uptake

W1	W2	W3	W4	W5
From 2007 to 2010, 294 people tested. In 2011, 183 tested and from 2012 to July 2013 777 people tested.	In 2008, 314 people tested for HIV. In 2009, the number of people tested increased to 1096, and in 2011, 1156 people tested. In 2012, a total of 1534 people tested for HIV	In 2005, 341 workers were tested. In 2011, 789 were tested, and in 2012, 932 workers were tested.	In 2008, 2096 employees were tested for HIV, and in 2009, 2748 were tested, whereas in 2010 there were 3405 people tested, and in 2011 there were 2485 employees tested, with 3055 people tested in 2012	In 2010, 791 employees and family members were tested for HIV, and in 2011, 961 were tested whereas in 2012, 623 people were tested.

What works in increasing VCT Uptake?

Good practice: Facilitating increased uptake of VCT
What was done to promote VCT uptake? On-going awareness sessions VCT promotions Campaigns Caravans Family counselling and testing Rapid HIV Test

Access to ART/ART links Provider initiated counselling and testing Monitoring VCT uptake
Where was VCT offered? Onsite Referral to external facilities
When were VCT and VCT promotion offered? During working hours During VCT events
Who conducted VCT and VCT promotion? Trained medical personnel Peer educators, management, focal point & care commissioner
How was VCT promoted? VCT links Meetings

3.2.2.1 Good practice: Facilitating increased uptake of VCT

The five workplaces that reported increased VCT uptake engaged in a number of activities which aimed at facilitating access to VCT.

What was done?

On-going awareness sessions: All five workplaces indicated that they held on-going awareness sessions with an intention of increasing uptake of VCT among their employees.

"Awareness sessions on HIV are held for employees, their children, spouses and dependents"- Human resources manager: 38, W5

VCT Promotion: W3 held VCT promotion sessions during which employees were informed about VCT and access to ART, support systems in place as well as the workplace's HIV policy.

We have VCT Promotion. Workers are informed about free treatment and support. They share communication on the policy about the commitment of executive management to fight against stigma and discrimination, about the commitment of executive management not to dismissal the PLHIV."- Female: 52yrs: junior manager, W3

"*We are at ease because there is support. Promotion is made to patients, telling them they have free treatment"- Female: 52yrs: junior manager: social assistant: focal point".-W3*

VCT Campaign: W1, W2, W4 and W5 reported that they conducted on-going events such as VCT campaign which led to the increase in VCT uptake. They also distributed flyers with messages about VCT during meetings. The workplace also distributed T-shirts to promote VCT.

"Campaign activities on HIV are conducted by peer educators in different sub-committees and work units."- Male, 48 years, middle management, W5

"We have conducted the campaign for workers and their families" Male: 49yrs: middle manager: wellness coordinator, W2

"During the annual visit assessment of workers as imposed by national legislation, we do campaigns through interpersonal communication. This activity is the most efficient for VCT campaign. Male: doctor: focal point: 47, W4

Caravan

"Every year we organise the caravan for screening"- Female: 52yrs: junior manager: social assistant: focal point"-W3

"*We also have the big annual caravan, led by the social assistant, assisted by two nurses and by the social assistant. The caravan furrows all the sites of W3 according to the planning and there is free distribution of condoms and gadgets, and the screening sessions"- Female*: 39yrs: midwife, W3

Access to ART/ART links: W1 reported that they made ART accessible to employees, and this contributed to the increase in VCT uptake. They also reported that they have links with other national organizations to provide ART

"*We have many workplace clinics, we have ambulance, we have nutritional support and all the members have access to treatments free of charge*"- Male:39: junior management, W1

"We also have an agreement with the national organisation to provide ART each 3 months to our Patient. Each patient has an identifying number in this organisation. Then the medical department is in charge to retrieve the ARV from this organization and to distribute to patients". -Female: 46: doctor, W1

Family counselling and testing: W3 reported that extending counselling testing and treatment services to spouses and children of their employees was a contributory factor to increasing VCT uptake.

"The company agreed to support over 100%, the balance sheet, chemoprophylaxis, ARV, psychological care, not only for workers but also for spouse which are not workers to avoid the risk to be infected again."- Female: 52yrs: junior manager: social assistant: focal, W3

Provider-initiated counselling and testing (PICT): An opt-in counselling and testing strategy, as adopted by W3 and W2, was reported to have had a positive impact on increasing VCT uptake. All employees who visited the W3 health facilities were offered VCT, with a choice to accept or decline.

"We also have the punctual screening done by the medical department. If somebody comes to hospital we conduct counselling. If he accepts to be tested, the test is done". Male: 42yrs: senior manager: occupational doctor, W3

"We make awareness to convince. And if somebody wants to make his test…." female: 42yrs: junior manager, W2

Rapid HIV test: W2 reported that availability of rapid HIV test kits at their facilities made it possible for employees to be tested during their consultations. Since these tests are rapid, employees could know their status immediately.

"In all our medical services we have rapid test, each year during systematic visits VCT are available and also during the daily consultation." female: 42yrs: junior manager, W2

"Today the rapid tests are available for all the workers in our medical center here or during consultations and annual medical visits". Female: 57yrs: social assistant: focal point, W2

M&E: W2 and W3 performed regular monitoring of VCT uptake at their facilities

According to monitoring records In 2008 there were 35 awareness sessions, 9311 employees were sensitized. In 2009 there were 32 awareness sessions and 8790 employees were sensitized. In 2010 there were 29 awareness sessions, 5504 employees were sensitized. In 2011 there were 30 awareness sessions, 7067 employees were sensitized. In 2012 there wrer 35 awareness sessions, 8768 employees were sensitized.W2

"*Our monitoring records that 45 workers were on ART and chimio in 2008 ,34 persons in 2009 , 46 persons in 2010, 48 persons in 2011 and 50 in 2012"", W3*

Where were the activities done?

Onsite: Four workplaces reported that their activities took place on site. These four workplaces are W1, W2, W3 and W4.

"The doctors in each consultation provide VCT"- Male, 53 years, Senior Management, W1

"*You know we have a medical center in each site. And the VCT is available in each of them"- Female: 46: doctor"-W1*

"We have each year the medical visits and the screening is during the medical visit and during counselling with doctor. And we have also rapid test at any given time which encourages many persons to make their test. 49yrs: middle manager: wellness coordinator-W2

W3 has a center for screening. With the local pharmacy, we got the screening materials. Then the screening is made every work day and we make awareness. Every year we organise the caravan of screening". Female: 52yrs: junior manager: social assistant: focal point-W3

"*And in all our medical services we have rapid test, each year during systematic visits VCT services are available and also during the daily consultation. The medical support for ART are guaranteed in all the medical centers , the confidentiality and the respect of medical secret are well preserved*".- Male: 49yrs: middle manager: wellness coordinator, W2

"*Voluntary testing is done on site to the medical center which provides rapid tests".* Male: doctor: focal point: 47, W4

Referral sites: W1 and W5 indicated that their VCT was also conducted by an external provider, which contributed in an increase in VCT uptake in that, they reported, employees were more comfortable with this arrangements for purposes of confidentiality.

"Also the opportunity is given to workers to be tested outside according the signed agreement with a private firm". «male: 53: senior management, W1

"We outsource the care to a biomedical research center and it is coordinated by the medical service". «Male: 42: middle management, W1

"People are more confident when they are tested by an external laboratory that's why we make the screening with the research center. Manager" - human resources manager: 38, W5

When were the activities conducted?

During working hours: All five workplaces which have reported an increase in VCT uptake indicated that having VCT services done during working hours contributed to the achievement of this outcome.

"*We have as I said medical centers where VCT is available at any times."* Male: 53: senior management, W1

"Today the rapid tests are available for all the workers in our medical center here or during consultations and annual medical visits" Female: 57yrs:social assistant: focal point, W2

"If somebody comes to hospital we conduct counselling" Female: 39yrs: midwife, W3

"We have approximately 120 peers educators. Awareness sessions are regularly organized by the peer educators during working hours" .Male: doctor: focal point: 47, W4

"*Because the management makes available resources for execution of activities and gives facilities to act, the managers allow peer educators to take part on the activities during working hours or at the end of the day."* – Male, 45 years, junior management, W5

During VCT events: All workplaces reported that they regularly hold VCT events during which both information is given, as well as VCT offered. The workplace [W1] reported that they held VCT campaigns annually during medical annual assessments as part of their on-going awareness sessions.

"We have annual VCT campaigns during medical annual assessment"-Male: 53: senior management, W1

"We have made the campaigns sessions about the interest for workers and their family to be tested precociously. And in all our medical services we have rapid test, each year during systematic visits VCT services are available and also during the daily consultation. The medical support for ART are guaranteed in all the medical centers , the confidentiality and the respect of medical secret are well preserved. ." Male: 49yrs: middle manager: wellness coordinator, W2

"Yes you see we have 3 tours per year but the main is the caravan. And it is only during this caravan that we have VCT, but except this moment all is done in the department medical every day". Male: 42yrs: senior manager: occupational doctor, W3

"Each year, the activities begin with a launch ceremony where all the workers and their families are invited. This ceremony is usually closed by football competition for men and women. These activities are a way to sensibiliser all the workers, the family and sometimes the local community" Male: doctor: focal point: 47, W4

"We put emphasis on awareness; Then from January to august we make only awareness and in the month of September or October we make one week of screening in collaboration with the research center." Male: Human Resources manager: human resources manager: 38, W5

Who was involved?

Trained medical personnel: All five workplaces reported that VCT is provided by trained medical personnel within the clinics. The availability of trained medical personnel to provide VCT might have contributed to increased uptake of VCT.

The doctors in each consultation provide VCT". Male: 53: senior management, W1

All doctors, nurses and social assistant have been trained in VCT by specialists from the infectious disease services." *female: 57yrs:social assistant: focal point, W2*

"We have five medical and social service, 17 infirmaries, 7 doctors, 26 nurses and 10 social assistant for psychosocial and therapeutic support." Male: 49yrs: middle manager: wellness coordinator, W2

"*We also have the punctual screening done by the medical department. Female: 39yrs: midwife, W3*

"Medical and paramedical technicians are trained in counselling and screening technique for the rapid screening tests. Male: doctor: focal point: 47, W4

"The staff of the medical department is trained to do VCT. The VCT is done during consultations and other daily activities. Note that the largest consultancy screening is during the annual medical examination and it is an opportunity to meet all the workers individually. Voluntary testing is done on site to the medical center which provides rapid tests". Male: doctor: focal point: 47, W4

Peer educators, management, focal point, & care commissioner: The use of peer educators contributed to the increase in VCT uptake. At least two workplaces, namely W4 and VW5, reported that their activities involved utilising peer educators. This is part of task-sharing and it mitigates the staff shortages.

"We have approximately 120 peer educators. Awareness sessions are regularly organized by the peer educators during working hours" .Male: doctor: focal point: 47, W4

"The conception of activities is made by management, the focal point, peer educators, care commission members and each of them implements the activities. Management takes care of coordination, peer educators takes care of awareness through communication for sustainable behaviour change, and care commission take care of infected patients and directed them towards specialized structures" – Male, 45 years, junior management, W5

How were the activities done?

VCT links: Four of the five workplaces indicated that they had link with external stakeholders. These links contributed to increasing the VCT uptake.

"Also the opportunity is given to workers to be tested outside according the signed agreement with a private firm"- Male: 53: senior management, W1.

"We have also the support through a collaboration with a biomedical research center."- Male: 42: doctor, W1

W3 has a centre for screening. With the local pharmacy, we got the screening materials. Then the screening is made every work day and we make awareness. Every year we organise the caravan of screening.- Female: 52yrs: junior manager: social assistant: focal point, W3

"People are more confident when they are tested by an external laboratory that's why we make the screening with the biomedical research center. Manager"- human resources manager: 38, W5

Meetings: Meetings were used as platforms to promote VCT at W1. During meetings, peer educators would request a slot to promote VCT.

"During the meeting, we have a stand where we make distribution of flyers, condoms and T-shirts. Also we propose to workers a rapid test in collaboration with a medical department"- Female: 46: doctor, W1

3.2.3 What works in reducing risky behaviour

Five workplaces reported increased condom uptake

Evidence of increased condom uptake

W1	W2	W3	W4	W5
From 1st January 2012 to 15 February 2013, 15 361 condoms was distributed.	In order to reduce risky behaviour among its employees, the workplace distributes condoms to its employees. Fifteen thousand six hundred and twenty four (15624) condoms were distributed in 2008. There were was an increase from this number (15624) in 2008 to 22635 condoms in 2012. 2012 (Company statistics, 2008 – 2012)	In 2011, 60000 condoms was distributed In 2012, 80000 condoms distributed from January to November 2013 ,70000 condoms distributed	In 2010, 26980 condoms was distributed, In 2011, 54720 condoms was distributed In 2012, 73728 condoms was distributed And from January 2013 to October 2013 , 17800 condoms was distributed.	In 2011, we distributed 12673 condoms

What works in reducing risky behaviour

Good practice: Facilitating access to condoms
What was done? • Promotion of condom use • Ensuring availability of condoms • Gender considerations • Provide specific information on correct and consistent male and female condom use
Where were condoms distributed? Provide access to condoms • Condom kits • Condom Box • Payslips • Medical centre
When were condoms distributed? • Throughout • Events

• Weddings
Who was involved in condom distribution (e.g. peers, focal points) • Focal points/peers • Social Assistant
How did workplaces access condoms? • Condom supply partnerships

What was done?

Promotion of condom use: All workplaces conducted condom promotion sessions. They mentioned that they employed several means to advertise and promote condoms to create awareness of the product and motivate their employees to utilise them. At W4 they mentioned that they ensured the messages were also in local languages since some of the employees were not conversant in French. At W3 they mentioned that they gave presents together with condoms at wedding ceremonies

"The awareness about the use of condom is made each time that we have an activity through peer educators. During our awareness there is not a taboo subject, and before the awareness sessions there is funny story to relax" W1

The awareness is done with advices, condom distribution, proximity awareness, and the most of time during all the meeting there is time for aids awareness. There is some posters, flyers, condom distribution, and awareness documents and especially during big celebration, the weeks, the days and also each local committee organise the activity that it wants according the annual goal" W2

"We had several slogans for awareness days; we offer gadgets, small baskets with condoms inside" W3

"We make the promotion through our peer educator during awareness and you know because in our plantation and factory many workers don't speak French we make the demonstration of the use of condom in different local languages" W4

"We have a program; we make awareness, demonstration of the use of condom, in our different activities with peer educators. We have a support of red ribbon for the demonstration to avoid the monotony" W5

"We make campaign about the use of condoms and we provide them everywhere in the workplace. 42: junior management. Peer educator" W1

"We have many communications with workers to see their level of knowledge about the use of condom" W4

Ensuring availability of condoms: All workplaces indicated that condoms were available for free.

"We have an annual action plan and we have a budget about the purchase of condom. Then we bought the condom progressively all the year and according the activities" W5

"We have a monthly report about the frequency of sexually transmitted diseases which has considerably decreased due to condom use" W1

"Everybody, the vast majority is satisfied about the condom distribution. We have a feedback from infirmary which makes a report about the use of condom and the reduction of sexually transmitted diseases" W5

"We buy the condoms. We don't have any support for external organisation" W3

Gender considerations: The workplaces mentioned that they were providing both male and female condoms to their employees.

"The condoms are available for women and men" W1

"We have condom of women and men. But we distribute more for men" W2

"…we have Free distribution of condoms, female and male" W3

Provide specific information on correct and consistent male and female condom use and lubricants, condom use negotiation: Several strategies were being used to provide information about condom use. This included demonstrations and information, education and communication (IEC) materials being distributed with information on correct a condom usage

"We use wood condom for demonstration for men and ZOE for women. We also have flyers and others documents which explain the use of condom" W1

"We have flyers, posters notice board about the use of condom" W2

"The use of condom is shown to workers always during the awareness days" W3

"There is only the demonstration with the wood condom" W4

"We show to men or women how use the condom. We have document which states about the use of condom" W5

Where were the condoms made available?

The workplaces indicated that condoms were made available in different ways

Condom kits: *Each peer educator and each committee coordination has in his possession many kits composed of condoms, flyers which explain the use of condom, Then workers can have at any time access to this kit. Condoms are available from the focal points and peer educators'kits" W1*

Condom Box

"In our head office we have a condom box, but in our plantation and factory the condoms are only available in the medical center" W4

"We have condom box in our medical center" W5

"Each Friday we provide the condom box then each worker know that each Friday condoms are available" W5

Payslips: At W5 innovative means were being used such as putting condoms in pay slips, in addition to distributing them at the medical center

"And each month in each payslip we put 3 condoms." W5

Medical centre: At W2, W3, W4 and W5 they were available at either the medical centers.

When were the condoms distributed?

Throughout: All workplaces distributed condoms everyday, throughout the week, throughout the day, during working hours by placing them in accessible points where employees can access them anytime. Condoms were also distributed during special events.

Events: *"...we have 3 tours per year but the main is the caravan. And it is only during this tour that we have condoms distribution, awareness but except this moment all is done in the department medical every day" W3*

Weddings: *"During the wedding we offer to husbands and wife presents with condoms" W3*

Who distributed condoms?

Besides the condoms being available and accessible at different points at the workplace, there were individuals across the workplaces who distributed condoms.

Focal points/peers: *"We can find condoms through the focal point, through the Peer educators and the doctors, and we have also condom box inside the company. And we put at the end of each year condoms in each payslip and also during the world day" W1*

Social Assistant: *Inside the company we can have the condoms with social assistant, but the condoms are available in the medical center", W2*

How did workplaces access condoms

Partnerships: In terms of supply of condoms, some of the workplaces mentioned several sources including partnerships with a business coalition. This was done to ensure continuous uninterrupted supply of condoms. W3 does not have external condom supply and solely relies on their own budget

"Condoms are provided by a coalition of businesses in the country." W1

"...we have many activities with the business coalition which provide condoms" W2

"…the business coalition give us a box for condom distribution" W3

"In reality we don't have a partnership with an organisation but what we done is that we bought the condom with an NGO A, it is our manner to help this NGO" W4

"We have a partnership with the business coalition and the ministry against AIDS with which we have condoms" W5

3.2.4 What works in reduced incidence of HIV

Evidence of reduced HIV incidence in W3

2005	2011	2012
In 2005 on a sample of 341 workers tested, we recorded 22 positive workers. Then the prevalence was 6,5%.	In 2011 on a sample of 789 workers tested, we recorded 25 positive workers. Then the prevalence was 3,2%.	In 2012, on a sample of 932 workers tested, we recorded 20 positive workers. Then the prevalence was 2,2%

What works in reducing HIV incidence

What was done? • Open dialogue about HIV transmission and prevention • Testimonies by PLHIV
Where was it done? • At the workplace in meeting venues
When was it done? • During working hours
Who was involved in working towards reduced incidence? • Having a committee that coordinates HIV • Involvement of PLHIV • Using peers
How was reduced incidence achieved? • Management support • Providing a supportive work environment • Access to psychosocial support

What was done?

Open dialogue about HIV transmission and prevention: A dynamic committee which had the mission to convince people to make their test through activities of awareness was set up.

"W3 conducted an online awareness through multiple choice questionnaires. You know our company is a supermarket grouping. Then this multiple choice questionnaire is sent in all the sites, workers and even customers fill them , and they send it back to the medical department which give the correct answer and send it back again to workers. And when we start the

awareness the External Relations and Human Resources manager gave example by making its screening before all the workers. This has really boosted the moral of all the workers. All the staff felt really touched." female: 52yrs: junior manager: social assistant: focal point".

Testimonies by PLHIV: W3 began to do awareness first of all with shocking pictures, showing pictures of patients who were very infected, almost died, saying that the worker who accepts to be tested will never get to that level. And after it, there was a testimony of PLHIV who was in good health. This contributed to employees desire to remain negative. In W3, everyone knows how to not have HIV.

"We provide counseling to those who need to test. Male: 42yrs: senior manager: occupational doctor

Who was involved?

Having a committee that coordinates HIV: For the coordination and the implementation of program against HIV, W3 appointed a coordinator who is the occupational doctor. The company put in place a committee led by the social assistant who is the focal point. This committee is composed of a representative of each site. The members belong to a union, to medical department and human resources management.

Testimonies by PLHIV: W3 began to do awareness first of all with shocking pictures, showing pictures of patients who were very infected, almost died, saying that the worker who accepts to be tested will never get to that level. And after it, there was a testimony of PLHIV who was in good health. This contributed to employees desire to remain negative.

"What worked is that we considered the HIV and AIDS like any other disease." female: 52yrs: junior manager: social assistant: focal point".

Using peers: The workers in W3 found it comfortable to be addressed by the focal point who was a social assistant at their level. The focal point was well trained, and had the skills to address HIV and AIDS, to support people and to advocate for the rights of PLHIV. The focal point provided regular reports to administration.

When was sensitization done?

Every day: Every day during the visit to a doctor, there is a continual sensitization.

"Screening is made every work day and we make awareness. Every year we organise the caravan of screening. female: 52yrs: junior

How was reduced incidence achieved?

Management support:*"The company contributed truly to the fight against AIDS as making the resources available what allowed the establishment of a real system of support." female: 52yrs: junior manager: social assistant: focal point".*

Providing a supportive work environment: *"I know my patient, if I see that my patient needs rest I give him 3 or 4 days to rest." Male: 42yrs: senior manager: occupational doctor*

Access to psychosocial support: *"We have a psychological support by a psychologist. And all this in a discretion and total confidentiality." female: 52yrs: junior management*

3.3 National level conducive factors contributing to successful workplace programmes

A number of national-level factors that lead to successful workplace programmes were identified. The major themes identified by stakeholders include a supportive national regulatory environment, a multi-sectoral response, partnerships, especially public-private partnerships, national HIV and AIDS programmes and events, and availability of funding.

3.3.1 Supportive Regulatory Environment

Many national stakeholders who were interviewed identified that the regulatory environment with factors such as national policies or legislation, was an important factor in the success of workplace programmes. These factors ranged from an **enabling tax code** to protection of human rights.

"In Côte d'Ivoire, the foundation for success is already done - integration of HIV programs in the workplace as a national strategy taking into account the world of work in the policies concerning the fight against HIV." Female, national health organization

There is an article in the Tax Code which exempts from taxes on wages and salaries the expenses dedicated by the employer to the medical and paramedical care. This provision allows the employer to directly support medical costs incurred for the support of sick workers, or to pay contributions or grants to specialized organizations or associations of public interest with the main purpose of funding the medical and paramedical support of workers. If the employer chooses the second solution, he must ensure that organizations or associations employ at least 85% of contributions or grants to finance actions." Male, international NGO

"The legal environment has contributed to the achievement of these results. We have human rights and workers' protection which was provided by Ivorian legislation. Moreover, the involvement of some human rights NGO have contributed significantly to achieve these good outcomes by creating a climate of confidence of workers living with HIV. The legal environment must state against AIDS and protect the PLHIV." Female, national organization for PLHIV

3.3.2 Multi-sectorial Alliances, Partnerships, and Networks

It is recognized that the fight against HIV and AIDS goes beyond only the health sector. Every key informant interviewed emphasised the importance of partnerships and factors that

lead to successful workplace programmes. Many types of partnerships were discussed as they built capacity and assisted workplaces in running programmes:

"Under the influence of the AIDS ministry, the actors' commitment in the world of work was marked by the creation of HIV committees in workplaces and the capacity building of leaders of HIV committees. Through this strategy, workplaces are better able to run the programmes, the HIV awareness is made in the place of work, HIV testing is offered in the workplace, care for infected workers is ensured." Female, National health organization

"The multi-sectorality decree defined sectoral committees and focal cells in several ministries and structures and in workplaces. It is these focal cells that have developed the fight in the workplaces. This has been very critical." Male, National health organization

"Only a few years after the discovery of the first case in 1983, the will of the government was shown by the creation of a committee attached to the Presidency and charged on HIV issues Then, a program to fight against STIs, HIV, and TB was created in 1988. Now a ministry in charge of HIV that has been created. And finally, a Ministry for the Fight against AIDS was created in January 2001, which has chosen a multi-sectoral approach in the fight. The year 2004 was strongly marked by political will to deal with this pandemic. Indeed, in January a national HIV and AIDS organization and an committee were created. In September 2004, was the creation of a fund for HIV and AIDS work.." Female, National health organization

Public-private partnerships were especially highlighted:

"Through a public and private partnership with civil society, goods results have been achieved at the national level in the fight against HIV in the workplace. Internal policies and good conduct charter have been adopted by workplace for the respect of workers' rights. Public health facilities have contributed to ensure medical care for infected workers. NGOs have supported campaign and HIV testing in workplaces. Civil society, private and public partnership was recognized in Côte d'Ivoire as a good practice in the fight against HIV and AIDS in workplace. These best practices were documented in 2006." Female, National health organization

"The social environment has contributed to the involvement of all the structures in the fight against AIDS. This commitment has allowed the establishment of a multi-sectoral committe, which includes the government, employers and trade unions to coordinate actions. The social environment is very important to achieve good outcomes." Male, international NGO

"The public-private partnership should be promoted and each actor must fully play its role. For formal companies, we should include committees to fight against AIDS in all health activities and the objectives of the people in charge of these activities must take into account health actions. For informal structures, actions against AIDS should be entrusted to NGOs or any other entity in charge of health in a partnership framework. It required also the commitment of each stakeholder to fight against AIDS in the workplaces." Male, international NGO

These partnerships also including linking with networks of PLHIV to assist workplaces in building successful programmes:

"Approaches such as the partnership between the companies and PLHIV organizations were used at national level to respond to HIV and AIDS in the workplaces. This partnership has been good factor to develop or revitalize AIDS committees anti or provide care for PLHIV. Thus, workers who refused the treatment because of stigma, finally accepted the medical care." Female, national organization for PLHIV

"The national response to HIV and AIDS is dynamic. The companies have created AIDS committees to fight against AIDS which manages awareness and developed a support policy for infected workers. There is also good collaboration and synergism between these companies, NGOs and networks involved in the fight against AIDS. This collaboration and public-private partnership strengthens the capacity of corporate and support campaigns in the workplaces" Female, national organization for PLHIV

Key informants also identified a tripartite structure which includes the government, employers, and workers as being important:

"The social environment has contributed to the involvement of all the structures in the fight against AIDS. This commitment has allowed the establishment of a multi-sectoral committee which includes the government, employers and trade unions to coordinate actions. The social environment is very important to achieve good outcomes." Male, international NGO

"A public-private program with civil society partnership - a synergy between actors for a better management of HIV and AIDS in the world of work has been put in place. This public-private partnership with civil society covers the various components of HIV programmes in the workplace. The ownership of the policy document by each stakeholder in tripartism is very important." Male, national health organization

3.3.3 Commitment of Leadership and Political Will

The key informants mentioned that strong commitment from all key stakeholders such as trade unions, employers and governments was also highlighted as an important success factor:

"Political commitment is the basis for the strengthening of fight against HIV and AIDS in the workplace. This commitment has resulted in: creating a ministry dedicated to HIV and AIDS, public-private partnership - civil society program, installation of a national fund for the fight against AIDS, the establishment of a council to fight HIV and AIDS chaired by the President of the Republic and assured by the Minister in charge of the fight against AIDS, the creation of a multi-sectoral committee to fight against HIV and AIDS in the workplace chaired by the Minster for Labour" Male, DSST/MEMEASFP

"Achieving this success has been possible because of several factors like political will which established the fight against AIDS in business as a national priority in order to increase their

profitability and reduce prevalence, the active involvement of business leaders, who are aware of the impact of HIV in companies." Female, national organization for PLHIV

3.3.4 National HIV and AIDS Programmes and Events

Two stakeholders interviewed expressed the importance of national HIV and AIDS programmes or events in supporting workplace success. These included access to free VCT and ARVs and events such as World AIDS Day:

"The budget line implementation allows the creation of many focal units in several ministry departments and improves the government's fight. The free ART and the provision of Voluntary Counselling and Testing Centres (VCT) favoured the diagnosis and patients care. The creation of a solidarity fund of workplaces favoured voluntary testing and treatment of infected persons." Male, national health organization

"The fight against HIV in Côte d'Ivoire is effectively supported by the social environment. Indeed, social dialogue, national campaigns, the organization of World AIDS Day is a reality. Through the private-public partnership against AIDS, social dialogue is ensured. During national VCT campaigns and World AIDS Day, public and private sector and civil society is strongly involved in the organization." Female, national health organization

3.3.5 Financial resources

The key informants interviewed also mentioned that financial resources have also been made available from the public sector towards the fight against HIV and AIDS in the world of work:

"Nothing can be made without financial resources. As I said, the financial support helped a lot in everything that has been achieved in Cote d'Ivoire. I think that to defeat AIDS, in addition to resources of funders, we must mobilize resources to the national level for the fight against AIDS. The good way would be to have a social protection system that will help to take charge of health." Male, international NGO

"The economic environment has been an important factor which has contributed to these results. Both national strategic plans (2006-2010 and 2011-2015) which take into account the interventions against HIV / AIDS in the world of work have been funded to achieve such results. To have a good result, the economic environment must be favourable.." Female, national organization for PLHIV

References

UNAIDS, (2012) HIV and AIDS estimates http://www.unaids.org/en/regionscountries/countries/ctedivoire/

Cisse, M. 2010. Assessment of Evaluations on HIV/AIDS: Pandemic In Ivory Coast. [http://www.globalhood.org/articles/HIVAID%20IVORY%20COAST%20GH%20FINAL.pdf].

PEPFAR, 2012. Cote d'Ivoire Operational Plan Report FY 2010. [http://www.pepfar.gov/documents/organization/145716.pdf].

Republic of Côte d'Ivoire. 2012. National Rapport GARP for Côte d'Ivoire: Monitoring the policy statement on AIDS in June). National Council on Aids: Technical Secretariat.

Clark, M.A.; Riley, M.J.; Wilkie, E. & Wood, R.C. 1998. Researching and writing Dissertations in Hospitality and Tourism. International Thomson Business Press, London.

Poggenpoel, M. 1998. *Data analysis in qualitative research. In De Vos, A.S. (ed) Research at grassroots: A primer for the caring professions. J.L. Van Schaik Publishers, Pretoria.*

WEF (World Economic Forum). 2006. *Coalition of Ivorian Businesses against HIV/Aids (CECI) Profile (July).* [http://www.weforum.org/pdf/GHI/Cote_dIvoire.pdf].

WEF (World Economic Forum). 2008. *Business Coalitions Tackling AIDS: A Worldwide Review.* [http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/FinalBusinessCoalitionsTacklingAIDSWorldwide08.pdf].

Main Tables

Main Table 1: IDIs and FGDs at Workplace level

Name of Workplace	IDI		FGD		Total
	Male	Females	Male	Females	
W1	2	1	4	3	**10**
W3	2	1	2	2	**7**
W4	3	-	4	4	**11**
W2	1	2	6	3	**12**
W5	3	-	3	2	**8**
Total	**11**	**4**	**19**	**14**	**48**

Main table 2: Stakeholder Interviews

Name of organization	Gender of Participant
national organization for PLHIV	Female
National health organization	Female
National health organization	Male
International NGO	Female
Business coaliton	Male
Total: 5	**Males: 3** **Females: 2**

Main Table 3: Description of workplaces

	Name of workplace	Economic sector	Type of workplace	Location	Size	Good outcomes
1.	W4	Agribusiness-processing of rubber.	private	Abidjan - Toupah-Bongo-Yacoli, Bettié- et Rapides Grah	6224	· Increased employee knowledge on HIV and AIDS · Reduced risk behaviour · Increased VCT uptake · Increased uptake of ART services
2.	W5	Agribusiness-processing of cocoa	private	Abidjan	200	· Increased employee knowledge on HIV and AIDS · Reduced risk behaviour · Increased VCT uptake
3.	W1	Water distribution	private	Abidjan	1684	Increased employee knowledge on HIV and AIDS · Reduced risk behaviour · Increased VCT uptake · Increased uptake of ART

						services
4.	W3	Supermarkets group	private	Abidjan	2,000	Increased employee knowledge on HIV and AIDS · Reduced risk behaviour · Increased VCT uptake · Increased uptake of ART services · Reduced HIV incidence
5.	W2	production, transport, export, import, distribution and marketing of electricity	private	Abidjan	3880	Increased employee knowledge on HIV and AIDS · Reduced risk behaviour · Increased VCT uptake

Main Table 4: Overview of good outcomes

	W1	W3	W4	W2	W5	**TOTAL**
Increased employee knowledge on HIV and AIDS	√	√	√	√	√	**5**
Reduced risk behaviour	√	√	√	√	√	**5**
Increased VCT uptake	√	√	√	√	√	5
Increased ART uptake	√	√	√			3
Reduced HIV incidence		√				1
TOTAL	**4**	**5**	**4**	**3**	**3**	