

HSRC RESEARCH OUTPUTS

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BEST PRACTICE WORKPLACE HIV/AIDS PROGRAMMES IN AFRICA: DESCRIPTION OF THE TOP 20 CASE STUDIES

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INTRODUCTION

- SSA has >10% of world's population and 60% (26 m) of all PLWHA. In 2005, about 3.2 m people in SSA became infected, while 2.4 m adults and children died of AIDS (ILO, 2006).
- Over 90% of those living with HIV are adults in their prime (ILO, 2006).
- Concern about the impact of HIV/AIDS on the achievement of sustainable development in sub-Saharan Africa.
- The impact of HIV/AIDS on employees within any workplace has certain common features – increase in morbidity, sick leave and absenteeism and overall labour costs and declines in productivity (ILO, 2003).
- There is a need to review and implement best practice workplace HIV/AIDS interventions that might help us turn the tide in workplaces in Africa.

METHODS

- Review and synthesis of the ILO (2003) report on the best practice workplace HIV/AIDS policies and programmes
- Experts attending an ILO (2003) meeting identified 34 best practice workplace HIV programmes from all over the world.
- From this list, we sifted out best practice workplace HIV/AIDS programmes from countries in the African continent, for review and content analysis.
- 10 criteria were used for identifying best practice workplace HIV/AIDS programmes (next slide).
- Case studies that form the basis for the analysis of best practice in Africa– and the lessons that may be drawn from them - are described

Criteria for evaluating BP workplace HIV policies and programmes

Criterion	Description
Acceptability	Favourably regarded by the beneficiaries...
Accessibility	Involves all social partners and experts...
Ethical soundness	Ethical and sensitive to people's rights
Perceived impact	Reflects best available evidence...
Relevance	Tackles the problems faced by workers
Appropriateness	...to the situation, country and culture...
Innovative	Demonstrates creativity & breaks new ground
Efficiency	Capacity to produce desired results...
Sustainability	...in terms of structures, capacity and funding to continue working over a long term.
Replicability	Essential elements can be easily applied in other workplaces.

RESULTS AND DISCUSSION

1. Policy and legal frameworks

Intervention	Workplace HIV/AIDS programme
1. Sectoral agreement between multinational and trade unions	Anglo Gold South Africa, and the NUM, MWU-S, NETU, SAEWA, UASA
2. Employer and worker organizations at national level	National Confederation of Eritrean Workers and the Employer's Federation
3. Tackling stigma and discrimination – building trust between the partners	Illovo Sugar, South Africa

2. Workplace policies and programmes: prevention

1. Education and information – peer educators in informal settings	Pilot peer education amongst garage owners and hairdressers, Ghana
2. Education and information – peer educators and the community	Geita Gold Mine Ltd. (GGML), Tanzania
3. Behaviour change – personal risk assessment and change strategies	BMW South Africa
4. Behaviour change – self-help groups and partnerships for change	South African Clothing and Textile Workers Union
5. Behaviour change – safe use of needles at work	The Democratic Nursing Organisation of South Africa (DENOSA)

2. Workplace policies and programmes: prevention

6. The gender dimension – making space for men and women	Stepping Stones, Uganda
7. Stigma and discrimination - confidentiality for prevention and care	De Beers, South Africa
8. VCT – increasing uptake of services	Eskom, South Africa
9. VCT and preventing mother-to-child transmission	Chevron, Nigeria
10. Treatment – responding to opportunistic infections through partnership	Pfizer – South Africa Alliance
11. Care, support and reasonable accommodation	Heineken International in Burundi, Ghana, Nigeria, the DRC and Rwanda

3. Links beyond the formal workplace

1. Managing the transition from formal to informal	Placer Dome Western Areas Joint Venture
2. The community – encouraging local entrepreneurship	Kahama Mining Corporation, Tanzania
3. The community – treatment for STDs and social outreach	The Lesedi project
4. Isolated and vulnerable groups – People living with HIV/AIDS	Federation of Kenya Employers and Association of People Living With AIDS (TAPWAK)

4. Knowledge and evidence: data-analysis, monitoring, and feedback

1. Situation analysis – understanding what is needed	Daimler Chrysler South Africa (DCSA)
2. Monitoring and feedback	The Ministry for Public Service and Administration, South Africa

Summary results

34 best practice workplace HIV programmes identified from all over the world.

58.8% (20) of these were from African countries.

Distribution according to intervention type

Intervention type	No. of BP WP HIV interventions	Percent
Policy and legal frameworks	3	15%
Workplace policies and programs focusing on prevention	11	55%
Interventions that provide links beyond the workplace	4	20%
Interventions that focus on knowledge and evidence	2	10%
	20	100%

Regional distribution of best practice workplace HIV/AIDS interventions in Africa

African region	No. of BP interventions	Percent
Southern Africa	13	65%
East Africa	3	15%
West Africa	2	10%
Central Africa	1	5%
North Africa	1	5%
	20	100%

CONCLUSION

- A majority of best practice workplace HIV/AIDS policies and programmes in Africa mainly focused on prevention.
- An encouraging number of interventions are providing links beyond the workplace while some have focused on policy and legal frameworks.
- It is disappointing that only a few workplace HIV/AIDS programmes focused on knowledge and evidence to develop their interventions. African companies should conduct risk assessments before initiating prevention programmes and before providing antiretroviral treatment for their workers.
- There is a need to expand innovative workplace HIV interventions to all other countries in sub-Saharan Africa beyond SA and a few other countries in East and West Africa.

Merci
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