



Social Aspects of HIV/AIDS Research Alliance



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CONCEPTUALISING HIV AND AIDS WORKPACE PROGRAMMES FOR THE TOURISM INDUSTRY: A REVIEW OF LITERATURE

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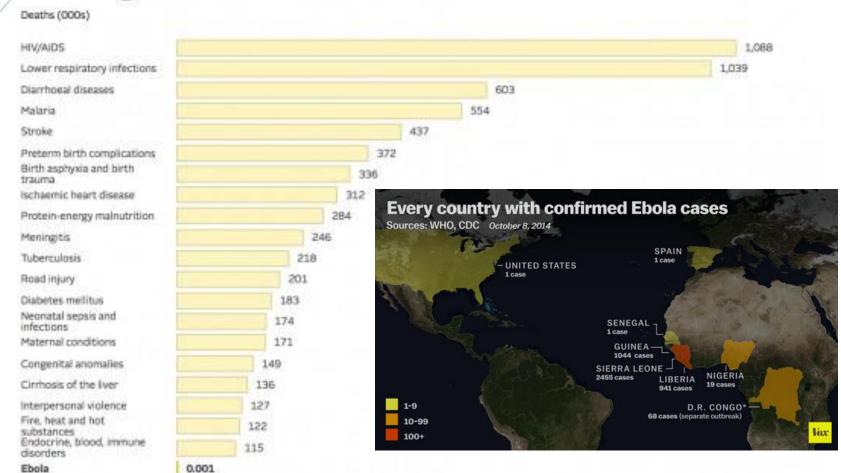
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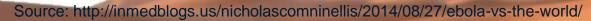


Leading causes of death in Africa





Source: WHO 2012





Regional HIV and AIDS statistics and features | 2013

	Adults and children	Adults and children	Adult prevalence	Adult & child
	living with HIV	newly infected with HIV	(15–49) [%]	deaths due to AIDS
Sub-Saharan Africa	24.7 million	1.5 million	4.7%	1.1 million
	[23.5 million – 26.1 million]	[1.3 million – 1.6 million]	[4.4% – 4.9%]	[1.0 million – 1.3 million]
Middle East	230 000	25 000	0.1%	15 000
and North Africa	[160 000 - 330 000]	[14 000 - 41 000]	[<0.1% - 0.2%]	[10 000 - 21 000]
Asia and the Pacific	4.8 million [4.1 million – 5.5 million]	350 000 [250 000 - 510 000]	0.2%	250 000 [210 000 - 290 000]
Latin America	1.6 million [1.4 million – 2.1 million]	94 000 [71 000 – 170 000]	0.4%	47 000 [39 000 - 75 000]
Caribbean	250 000	12 000	1.1%	11 000
	[230 000 - 280 000]	[9400 - 14 000]	[0.9% - 1.2%]	[8300 – 14 000]
Eastern Europe	1.1 million	110 000	0.6%	53 000
and Central Asia	[980 000 – 1.3 million]	[86 000 - 130 000]		[43 000 - 69 000]
Western and Central Europe	2 300 000	88 000	0.3%	27 000
and North America	(2.0 million – 3.0 million)	[44 000 - 160 000]	[0.3% - 0.5%]	[23 000 - 34 000]
TOTAL	35.0 million	2.1 million	0.8%	1.5 million
	[33.2 million – 37.2 million]	[1.9 million – 2.4 million]	[0.7% - 0.8%]	[1.4 millon – 1.7 millon]

The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information.

Source: UNAIDS







SOUTH AFRICA: HIV and AIDS estimates (UNAIDS, 2013)

- •Number of people living with HIV: 6,300,000 [6,000,000 6,500,000]
- •Adults aged 15 to 49 prevalence rate: 19.1% [18.1% 19.9%]
- •Adults aged 15 and up living with HIV: 5,900,000 [5,700,000 6,200,000]
- •Women aged 15 and up living with HIV: 3,500,000 [3,300,000 3,700,000]
- •Children aged 0 to 14 living with HIV: 360,000 [320,000 390,000]
- •Deaths due to AIDS: 200,000 [170,000 220,000]
- •Orphans due to AIDS aged 0 to 17: 2,400,000 [810,000 2,600,000]





Introduction

- globally, tourism is one of the key economic sectors with excellent potential for growth
- a constant global growth sector for decades.
- has its own challenge, none more ubiquitous than the impact of HIV and AIDS on the profitability and, thus, sustainability of tourism businesses, due to the high level of contact between visitors and tourism employees (ILO, 2012).
- need to therefore implement programmes that effectively deal with HIV in the workplace on a continuous basis.





Background

- outperformed the majority of the key sectors analysed in terms of generating gross domestic product (GDP) across the entire global economy in particular that of communications, financial services, education, agriculture, and mining (WTTC, 2013)
 - considered vital to the economic development of South Africa:
 - fastest growing industry in the country, directly creating (in the tourism industry) 645,500 jobs (4.6% of total employment) in 2013 (WTTC, 2014).
 - directly employs more people than the mining, communication services, automotive manufacturing and chemicals manufacturing sectors.
- future development of the tourism industry is in line with government objectives of transformation, economic development and the promotion of small business, according to DEAT (2007), and is an issue of critical concern for policy-makers





UNAIDS (2014) 2013 HIV prevalence for South Africa's tourism industry

- 2013 HIV prevalence for South Africa is 19.1% (for 15-49 years old)
- suggested that of the 645,000 employees (direct jobs, as in WTTC, 2014) in the South African tourism industry:
 - 123,195 employees are HIV positive,



• of which **73,054** are HIV positive female employees (59.3%).





Background Cont...

- UNAIDS (2010: viii): "sub-Saharan Africa still bears an inordinate share of the global HIV burden" with multiple sources of evidence suggesting that tourism areas are important high-risk environments involving according to Padilla et al. (2010: 74, as in Tassiopoulos, 2012) the following:
 - vulnerable internal migrants;
 - mobile foreign travellers;
 - transactional sex;
 - high levels of HIV risk behaviour;
 - and high levels of alcohol and drug use.





Background Cont: Key drivers of HIV and AIDS in tourism industry



Demand-side social impacts

- Transactional and commercial sex
- Alcohol and drug use
- Changed behaviour



Supply-side social impacts

- · Mobility and migration
- Multiple and concurrent partners (MCPs)
- Inequality on income wealth
- Gender
- Sex workers
- Political accountability





Background Cont...

- HIV and AIDS affect, the profitability and, thus, viability of tourism companies in a range of ways.
- HIV and AIDS reduce worker productivity, increases costs "and diminishes the capacity of national economies to deliver goods and services on a <u>sustainable basis</u>" (ILO, 2003: iii)
- HIV and AIDS data is limited, and little is known about how tourism businesses respond to and cope with the pandemic within their workforce.
- although there has been some research regarding HIV and AIDS workplace programmes (WPPs), there is scant research regarding WPPs in the tourism industry, internationally or even in South Africa.





Purpose

- This paper seeks to develop:
 - a conceptual framework of the various good practice interventions applied in HIV and AIDS WPPs
 - through **reviewing literature of published studies** related to HIV and AIDS in the workplace.





Methodology

- a systematic literature review was identified as the best way to synthesize the literature:
 - Pubmed, Embase, Science Direct, Emerald Insight and the Global Health Database were systematically searched for matching manuscripts
 - comprehensive Google search was performed for grey literature.
- search terms included "HIV" AND "AIDS" AND 'workplace` OR "programme" OR "interventions" OR "good outcomes" AND/OR "tourism" AND/OR "hospitality", amongst other.
- peer-reviewed studies published in English were included. Peer-reviewed conference proceedings were eligible but not comments, editorials and unpublished reports.
- due to the limited number of published studies, the search was not restricted to a specific study type or time period.
- the review synthesised the various ILO reports on the best practice workplace HIV and AIDS policies and programmes that describe good practice workplace HIV and AIDS WPPs.



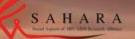


Results

Table 1a

Workplace programmes (WWPs)

	was progra	(11111 0)
	Source	WPP interventions (indicators)
	2005); CDC (2014); Chikane (2013); Jackson Parker, Cawood, Tshose & Connolly (2005)	Increasing HIV knowledge
Jhpiego (2014); DoL (2012); Foster (2010) ; Visser (2012	ILO (2012); IFC (2005); Vaas & Phakathi (2006);	Increasing uptake of HIV Counselling and Testing (HCT) / Voluntary Counselling and Testing (VCT)
UNAIDS (2013); Maveneka (and Social Development (20	2012); DoL (2012); Ministry of Gender, Labour 007)	Reducing discrimination
Maveneka (2012); DoL (2012) Development (2007); Shisar	2); Ministry of Gender, Labour and Social na et al (2014)	Reducing stigma towards People Living with HIV (PLHIV)
	ell, Skovdal, Madanhire, Nyamukapa & Gregson frica Info (2013); George (2006)	Increased uptake of Antiretroviral Treatment (ART)
Turan, Bukusi, Onono, Holz (2013)	zemer, Miller (2011); IFC (2002); South Africa Info	Increasing uptake of Preventing Mother To Child Transmission (PMTCT)
	hnson, Hallett, Rehle and Dorrington (2012); IFC nbete & Gwandule (2011); Fisher & Fisher (2002)	Reducing (personal) risky behaviour





Results Cont...

Reducing occupational risk through postexposure prophylaxis (PEP), universal

precautions, etc.

Johnson, Hallett, Rehle and Dorrington (2012); UN (2004); Grant & Brisbin (1992)

Reduced absenteeism/staff turnover

GBC (2012); Dursi (2011); Grant and Brisbin (1992); Ministry of Gender, Labour and Social Development (2007); CDC (2014); IFC (2005); George, Gow & Whiteside (2009)

Reducing workplace costs (recruitment, supervision, training and lost production time)

NAC (2010); ILO (2003); Coulibaly (2005); George, Gow & Whiteside (2009)

Increasing productivity

HEN (2005); ABC (2008); Jhpiego (2014); Bowler (2004); Leipziger (2010); Flanagan & Whiteman (2007); Fig (2005); Mandimika, Taderera, Nyikahadzoi & Matamande. (2013); Coetzee (2006); George, Surgey, & Gow (2014).

Impact on family/community and corporate social responsibility (CSR) / investment (CSI)

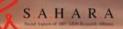


Discussion

number of factors play a role in determining a tourism company's response to HIV and AIDS.

- HIV and AIDS WPPs involve interventions such as raising the levels of consciousness about HIV and AIDS and to alleviate the spread of HIV and AIDS.
- HIV and AIDS WPPS also involve taking care of those who were already infected or affected, with the emphasis being on awareness and prevention
- an HIV and AIDS WPP is thus an action programme that a tourism workplace should implement in order to:
 - prevent new HIV infections,
 - provide care and support for employees who are infected or affected by HIV and AIDS, and
 - manage the impact of the epidemic on the business.







Discussion Cont...

- imperative that a workplace does everything in its power to maintain a consistent and healthy workforce.
- failing which, the business will experience a net decline in efficiency, eventually falling irretrievably behind competition (Grant & Brisbin, 1992).





























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Thank you! Merci! Obrigado!

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