What Works in HIV and AIDS and the World of Work Initiatives in South Africa

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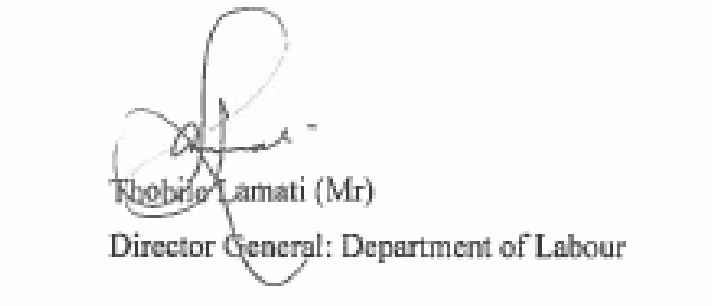
Foreword

This study, undertaken by the Human Sciences Research Council, was intended to highlight the initiatives made by employers in the fight against HIV and AIDS in the workplace. HIV and AIDS continue to ravage our society and consequently our workplaces. Even though the government has improved its HIV treatment programme, the HIV infection rate continues to increase. Certainly, this remains a cause for concern for all South Africans. We all need to work together in order to bring down these high rates of HIV infection.

This study is being undertaken at a time when our country is also grappling with declining economic growth. This is a time when we need to harness our productive potential in order to see the economy through this difficult period. We cannot achieve this objective if workplaces do not also deal with the risks posed by HIV and AIDS in the workplace. The Occupational Health and Safety Act (OHSA), 87 of 1993, classifies HIV as a "hazardous biological agent". This legislation goes on to prescribe to all employers to, where reasonably practicable, control the exposure of employees to any hazardous biological agent in the working environment. In addition to what the OHSA prescribes, the Department of Labour has developed "Technical Assistant Guidelines" (TAG) that addresses HIV and AIDS in the workplace. The TAG equips employers, workers and their organizations in the public and private sectors and informal economies, including other key stakeholders, with practical tools to enable them to take action in their HIV and AIDS response and to eliminate unfair discrimination in the workplace.

How workplaces deal with the risks posed by HIV and AIDS in the workplace will have a strong bearing on the effective functioning of the labour market and the national economy as a whole. It is therefore gratifying to see the effectiveness of the initiatives implemented by those employers who agreed to be a subject of this study. Their initiatives are indeed recognition of the importance of taking the welfare of all employees into account, and in society in general. It is common knowledge that what happens at the workplace eventually permeates through into society. Their efforts have to a degree also provided some measure of relief to the over-burdened primary health care system.

My sincere gratitude also goes to the Human Sciences Research Council team led by Professor Phaswana-Mafuya, for their sterling work in bringing to the fore "What Works" in HIV and AIDS and the World of Work Initiatives. The recommendations of this study will indeed go a long way in increasing HIV and AIDS awareness as well as reducing the rate of these infections. Hopefully, this will motivate those workplaces that have not yet begun such initiatives, to indeed do so.



Acknowledgements

There are a number of individuals and organizations that contributed to the success of this study and we wish to acknowledge their contributions.

The *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ) GmbH, the German Government's Technical Development Agency, for entering into a three-year partnership with the Human Sciences Research Council (HSRC) and for commissioning the study on behalf of the German Government, under the leadership of Dr Bernd Appelt and Dr Andrea Knigge.

The Social Aspects of HIV/AIDS Research Alliance (SAHARA) team of the HIV/AIDS/STI/TB (HAST) Research Programme of the HSRC that provided scientific leadership to the study: Prof. Nancy Phaswana-Mafuya (Project Champion and Principal Investigator) and her team: Dr Martin Weihs, Dr Ebrahim Hoosain, Mr Adlai Davids, Ms Azola Tunzi and Ms Zinhle Sokhela all of whom contributed to conceptualising, implementing, analysing and co-authoring the interim report. Special thanks to the late Dr Dimitri Tassiopoulos, who was part of the conceptualization of the study, initial implementation activities of the study, successful negotiations with stakeholders and workplaces for their inclusion, and some data collection through in-depth interviews.

The Department of Labour (DOL), collaborating partner on this project, in particular Minister Mildred Oliphant (Project Champion) and the Director General (Project Director), who led the partnership on the DOL side. They ensured workplace cooperation, advocated for support, buy-in and uptake of the study results, facilitated the launch of the study, assisted in identifying eligible workplaces and key national stakeholders, set up and hosted project steering committee meetings, set up a project reference group and hosted the meetings thereof, co-developed the

project communication platform in order to ensure maximum dissemination of the project outputs.

All 40 workplaces[1] that provided solid quantifiable verifiable documented evidence of successful policies, measures, initiatives, strategies and actions that contributed to HIV prevention, treatment and care.

The national stakeholder representatives who participated in in-depth interviews and provided critical information on national conducive factors for HIV and AIDS workplace programmes in South Africa.

The South African Business Coalition on Health and AIDS (SABCOHA), the Automotive Industry Development Centre Eastern Cape (AIDC EC), the Ndlovu Care Group and Education Training and Counselling (ETC) for helping with facilitating access to workplaces.

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The International Labour Organization-AIDS (ILO-AIDS) Division of the International Labour Organization (ILO-Geneva) for commissioning the HSRC to conduct the initial study on "What Works in HIV and AIDS and the World of Work" in 66 workplaces (including 8

[1] Each workplace has been assigned a number for anonymity purposes

South African workplaces) across 10 African countries. This project is an extension of the above-mentioned study and involves 40 South African workplaces.

The various sections in the HSRC that supported the study, namely: the HAST Research Programme where the research team is based, the HSRC legal team for reviewing and vetting contract between the GIZ and HSRC; and the finance department for financial management and reporting, among others.

The Project Steering Committee for inputs on the recommendations emanating from the study findings.

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Acronyms

TERM	DEFINITION
AIDC EC	Automotive Industry Development Centre Eastern Cape (South Africa)
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Treatment
ARV	Antiretroviral Therapy
BMI	Body Mass Index
BP	Blood Pressure
CD4 count	Cluster of Differentiation 4: Laboratory test that measures the number of CD4 cells in a sample of blood
CF	Compensation Fund
CBOs	Community Based Organizations
COSATU	Congress of South African Trade Unions
CSR	Corporate Social Responsibility
CHCT	Couples' HIV Counselling and Testing
DIP	Detailed Implementation Plan
DOH	Department of Health
DOL	Department of Labour
DPSA	Department of Public Service & Administration, South Africa
EAP	Employee Assistance Programme
EHW	Employee Health and Wellness
GIZ	Gesellschaft für Internationale Zusammenarbeit GmbH
GO	Good Outcome
HCT	HIV Counselling and Testing
HEAIDS	Higher Education HIV/AIDS Programme
HIV	Human Immunodeficiency Virus
HR	Human Resource
HSRC	Human Sciences Research Council
IDI	In-depth Interview
ILO	International Labour Organization
ILO/AIDS	ILO Programme on HIV/AIDS and the World of Work
IYDA	International Youth Development Agency
KAPB	Knowledge, Attitudes, Practices and Beliefs
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
MIPA	Meaningful Involvement of People Living with HIV/AIDS
MHIVP	Multi-sector HIV Prevention Programme
NAC	National AIDS Council
NSP	National Strategic Plan for HIV, TB and STIs 2017-2022
NDOH	National Department of Health
NGO(s)	Non-Governmental Organization(s)

NPO	Non-Profit Organisation
NUMSA	National Union Metalworkers of South Africa
OHNP	Occupational Health Nurse Practitioner
OEM's	Original Equipment Manufacturer
PEP	Post Exposure Prophylaxis
PICT	Provider Initiated HIV Counselling and Testing
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
SABCOHA	South African Business Coalition on HIV/AIDS
SHE	Safety, Health and Environment
SANAC	South African National AIDS Council
SANBS	South African Blood Service
SANCA	South African National Council on Alcoholism & Drug Dependence
SAPAWU	South African Postal Workers Unions
SME	Small and Medium Enterprises
STI	Sexually Transmitted Infection
TB	Tuberculosis
TOT	Trainer of Trainers
UIF	Unemployment Insurance Fund
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
MMC	Medical Male Circumcision
WAD	World AIDS Day
WDMS	Wellness and Disease Management System
WHO	World Health Organization
WP	Wellness Programmes
WPP	Wellness Workplace Programme

Executive Summary

Background

Almost 19% of the 6.4 million people living with HIV and AIDS in South Africa are in the economically active (24-49 years) age group (Shisana et al., 2014). Therefore, HIV and AIDS remain a challenge for both workers and employers, requiring focussed attention for continued workplace viability and sustainability. There is limited available evidence on good practices, initiatives and interventions (good outcomes) that work for achieving success in addressing HIV and AIDS in the workplace. It is critical to understand "what works" in achieving good outcomes in order to inform planning and programming (International Labour Organization (ILO) Recommendation 200, 2010).

The Human Sciences Research Council (HSRC) was commissioned by the International Labour Organization (ILO) based in Geneva Switzerland to conduct a continent-wide ground-breaking 10-country study on HIV involving 66 workplaces. While that study provided verifiable, quantifiable and measurable documented evidence of what works in running successful HIV and AIDS workplace programmes across the 10 countries involved, only eight workplaces were investigated in South Africa (Phaswana-Mafuya et al., 2015). Given this limited number of workplaces, it was felt that there was a need to expand this study further in order to gain a more diverse country-specific perspective across workplace types and economic sectors in the nine provinces of South Africa. The current study therefore involves 40 workplaces in order to examine "What Works" in South Africa on a much broader scale. The study has been conducted by the HSRC in collaboration with the Department of Labour (DoL) commissioned by the *Deutsche Gesellschaft fur Internationale Zusammenarbeit (GIZ)* on behalf of the German Government.

The study seeks to provide a more diverse country-specific perspective on what works in achieving good outcomes across workplace types and economic sector.

Aim and objectives of the study

This study aimed at conducting a comprehensive assessment of HIV and AIDS workplace initiatives in 40 South African workplaces across various economic sectors. The study sought to identify, analyse and document successful and replicable interventions used in achieving good outcomes and to determine national conducive factors in this regard.

Methodology

The study included a purposive sample of 40 South African workplaces across all major economic sectors (such as mining, farming/agriculture, and forestry (primary sector) textile, manufacturing, and construction (secondary sector) and tourism, communications, healthcare, banking and transportation (tertiary sector). The study was implemented in all provinces (North West, Limpopo, Gauteng, Mpumalanga, Free State, KwaZulu-Natal, Northern Cape, Western Cape and Eastern Cape) to accommodate sector and geographic diversities. A preliminary comprehensive assessment of HIV and AIDS workplace initiatives, strategies and practices that were deemed to be innovative, effective and efficient and that led to the achievement of successful outcomes was completed from the outset to determine eligibility for inclusion in the study. This involved reviewing relevant documents to obtain verifiable and quantifiable evidence such as project evaluations, monitoring records, survey reports, assessment reports or other evidence-based means that document the results. Workplaces with credible verifiable and quantifiable evidence of good outcomes were selected. The design of the study was exploratory-descriptive involving both quantitative and qualitative approaches. The quantitative approach involved collection, collation and analysis of quantifiable and verifiable evidence (in the form of monthly, quarterly and annual statistics) supporting the achievement

of good outcomes across the 40 workplaces. The qualitative approach involved conducting a total of 131 workplace in-depth interviews with key informants in each workplace in order to determine and explain "what worked" in achieving documented good outcomes. Ten (10) in-depth interviews were also conducted with stakeholders. Both descriptive and qualitative analyses were conducted; data from the various sources were triangulated.

Findings

The 40 workplaces investigated were distributed across all major economic sectors in South Africa with the vast majority (25) from the private sector. Twenty-one (21) workplaces had been operating for more than 21 years, 34 were large in size and 12 operated in the manufacturing sector, and a relatively large number (11) was located in Gauteng Province.

The results of this study showcase the centrality of "the workplace" in addressing HIV and AIDS in as far as contributing to the 90-90-90 strategy is concerned (National Strategic Plan on HIV, STIs and TB, 2017-2022).

The good outcomes that workplaces achieved, based on verifiable and quantifiable evidence, were in descending order: Increased HCT (67.5 %), increased ART uptake (40%), increased HIV knowledge (27.5%) and reduced risky behaviour (22.5%). Furthermore, reduced absenteeism (10%), increased PMTCT (5%), increased voluntary medical male circumcision (5%) and reduced stigma and discrimination (2.5%) were also recorded.

Various drivers of the ten good outcomes achieved were identified and include the following:

- **Management commitment:** Availability of frameworks, structures, mechanisms, resources such as policies, committees, procedures and practices towards the execution of HIV and AIDS awareness raising activities
- **Peer education approach:** Utilization of empowered, well-equipped peers to make HIV and AIDS activities more acceptable, accessible, feasible, and sustainable.
- **Wellness approach:** HIV and AIDS incorporated in broader health activities to ensure receptiveness, sustainability and non-stigmatization, i.e. wellness sessions, occupational health and safety, comprehensive health screening/assessment, medical surveillance, etc.
- **Strategic partnerships:** Workplace establishing partnerships with government, industry and NGOS offering similar activities
- **Meaningful involvement of PLHIV:** Putting people living with HIV and AIDS at the centre of the workplace programme reduces stigma and discrimination and provides disclosure and openness as well as opportunity to gain from lived experiences
- **Monitoring and evaluation:** Monitoring and Evaluation systems available to assess and track HIV and AIDS activities to ensure responsive, relevant, reliable, context specific strategies, e.g. surveys, periodic evaluations, literature reviews, keeping and reviewing records, pre training assessment, consultations with staff, partners and stakeholders
- **Gender-based approaches:** flexible, context specific HIV programmes that take into consideration gender related HIV vulnerabilities
- **Utilization of competent staff:** Availability of well trained, dedicated, trusted and friendly staff who provide quality HIV and AIDS related services
- **Promotion and advocacy:** Wellness programmes to be included in magazines, posters, etc.

- Family and community involvement: Extending wellness services to contractors and families
- **Psychological support:** having support groups facilitated by qualified clinical social workers for all chronic diseases
- **Confidentiality and privacy guaranteed:** guaranteed privacy and confidentiality
- **Continuum of care, treatment and care support:** insuring provision of total package of care by linking or referring

Conducive Factors

The national conducive factors for each good outcome are indicated below.

- HIV Counselling and Testing (HCT): establishment of HCT centres, public HIV testing by the State President, national HCT campaign - Know your status campaign, etc.
- Voluntary Medical Male Circumcision (VMMC): VMMC campaign (dual protection), establishment of VMMC centres, corporate leaders taking part in VMMC, president launching the national VMMC campaign, availability of national policies on VMMC.
- HIV & AIDS knowledge: HCT campaign, Know your status campaign, health sector HIV Prevention Strategy.
- Reduction of risky behaviour: distribution of free condoms, promotion of universal safety precautions, legislation on occupational health and safety, legislation on labour relations, introducing a combination prevention intervention package.
- Reduction in occupational risk: health and safety legislation, implementing a labour-relations framework.
- Uptake of Antiretroviral treatment (ART): HCT campaign, free ART at public health care services, campaigns to screen for and treat TB, introducing syndromic management of sexually transmitted infections.
- Reduction of stigma and discrimination toward PLHIV: advertisement campaigns, know your status campaigns, etc.
- Impact on family and community: provision within the medical aid of employees for family dependents, community screening and treatment campaigns.
- Reduction of absenteeism and staff turnover: enacting labour relations legislation, national mutually-agreed annual salary adjustments with unionized labour.

- Reduction of workplace costs and improving productivity: mutually-beneficial national bargaining council agreements between employer-employee organizations, incentivised workplace strategies, national employer and employee recognition awards
- Reproductive health care: the development and implementation of PMTCT guidelines, promoting breastfeeding practices and spaces.

Recommendations

Ten recommendations emanated from the study as follows:

- Workplace programmes should utilise both internal and external services providers to implement workplace-based HIV programme initiatives to maximize the benefit of employee health services.
- Workplaces should utilize a "wellness" approach incorporated into existing and statutory health programmes in order to facilitate a decrease in stigma and address the diverse health needs of employees.
- Comprehensive health-related absenteeism should be assessed versus "disease-specific" specific absenteeism to avoid victimization.
- Workplaces should become "Centres of Health" due to their accessibility and efficiency for workplaces and the already burdened health care system.
- Workplaces should engage in public-private partnerships (PPP) and tripartite arrangements to ensure sustainability of their workplace programmes given limited or shrinking resources as a result of the current economic downturn.
- The cluster approach should be adopted in order to support Small and Medium-sized Enterprises (SMEs). This involves having big companies mentoring smaller ones in the implementation of their HIV and AIDS workplace programmes.
- Workplaces should involve suitably-trained employees, especially those who have self-disclosed their HIV status, in the role of "peer educator" to become mentors, life-coaches and HIV-awareness creators for "positive living" and to improve HCT uptake among their peers.
- Effective collaborative absenteeism management strategies to control absenteeism in the workplace working with partners as well as maximize return on investment/business case are needed.
- Workplaces to develop a Monitoring and Evaluation framework in order to improve their capacity to generate their own data on the various aspects of wellness (i.e. conduct surveys, desk-top reviews, etc.) including the leveraging of wellness data from external

service providers through negotiated service agreements for the purpose of improving employee wellness.

- Workplaces should use motivational approaches (e.g. incentives) to encourage and motivate healthy employee behaviour for a more sustained impact of workplace programmes.

Conclusion

This study supports the implementation of workplace HIV programmes to prevent HIV transmission as well as increase access to HIV testing, treatment and care among workers. The study provides information about "What Works" in workplace settings and what was learnt from the successes of such workplaces. The study further provides examples of practices that can be adopted or adapted for more effective and efficient responses to HIV and AIDS in workplaces' own settings. Documenting and disseminating good practices provide the basis for policy development, as well as to define suitable and scalable interventions that can be implemented sustainably. This study provides informative and valuable insights as well as knowledge and an improved understanding of what works (i.e. good practices, initiatives, interventions) in achieving good outcomes.

1. Background

1.1. Introduction

It is well known that globally, South Africa is the country most affected by the HIV and AIDS epidemic with about 6.4 million people living with HIV (PLHIV) (Shisana et al 2014). Of greatest concern is that almost 19% of PLHIV form part of South Africa's economically-active (24-49 years) population (Shisana et al., 2014). HIV and AIDS remains a challenge affecting workers and business operations in South Africa requiring urgent workplace attention. The negative impact of HIV and AIDS on workplace operations and eventually the economy is well documented (SABCOHA, 2003; Booysen et al., 2003; Coates et al., 2007; Lamontagne et al., 2010). Workplaces are compelled to implement interventions to address HIV and AIDS in order to ensure their viability and sustainability.

There is limited evidence on good practices, initiatives, interventions for achieving good outcomes. Good outcomes are successes that workplaces could achieve in addressing HIV and AIDS as espoused in Recommendation 200 and the ILO Code of Practice on HIV and AIDS and the World of Work (ILO, 2010). These include increased uptake of HIV testing and counselling (HCT), reduced occupational risk through Post-exposure Prophylaxis (PEP), reduced costs (recruitment treatment, precaution, TB supervision, training and lost productive time), HIV and AIDS knowledge, increased uptake of prevention of mother to child transmission (PMTCT) of HIV, reduced absenteeism and staff turnover, increased uptake of anti-retroviral therapy (ART), reduced sexually risky behaviours, and medical male circumcision (MMC).

The Human Sciences Research Council (HSRC) was commissioned by the International Labour Organization (ILO) based in Geneva (Switzerland), to conduct a continent-wide

ground-breaking 10-country (Morocco, Côte d'Ivoire, Senegal, Ghana, Kenya, Zambia, Madagascar, Mozambique, Namibia and South Africa) study involving 66 workplaces (Phaswana-Mafuya et.al, 2015). While the study provided verifiable, quantifiable and measurable documented evidence of what works in running successful HIV and AIDS workplace programmes across the 10 countries involved, only eight workplaces were investigated in South Africa. There was a need to expand this study further in order to gain a more diverse country-specific perspective across workplace types and economic sectors in the nine provinces of South Africa. The current study therefore involves 40 workplaces in order to examine "What Works" in South Africa on a much broader scale.

This study provides information about "What Works" in workplace settings and what was learnt from the successes of such workplaces. The study further provides examples of practices that can be adopted or adapted for more effective and efficient responses to HIV and AIDS in workplaces' own settings. Documenting and disseminating good practices provide the basis for policy development, as well as to define suitable and scalable interventions that can be implemented sustainably.

This study was conducted by the HSRC in collaboration with the Department of Labour (DoL) commissioned by the Deutsche Gesellschaft fur Internationale Zusammenarbeit (GIZ) and funded by the German Government. HIV and AIDS was declared a focal area of the South African-German development cooperation programme in 2011. On behalf of the Federal Ministry of Economic Cooperation and Development (BMZ) of Germany, GIZ started the Multi-sector HIV Prevention (MHIVP) Programme of GIZ South Africa to include the prevention of HIV and AIDS in the world of work. Specifically, MHIVP endeavours steadily to identify best practices focussing on HIV prevention, which could also provide an evidence-based foundation for future planning.

This study was launched by the Honourable Minister Mildred Oliphant on the 2nd October 2015 at the DoL Offices in Pretoria in the presence of various stakeholders including representatives of the Tripartite Alliance (African National Congress, COSATU and the South African Communist Party), the private sector and other social partners who pledged their support. This study showcases the work that is currently being implemented by South African workplaces towards HIV prevention, treatment and care. It contributes towards the visibility and acknowledgement of the centrality of workplaces in addressing the epidemic and particularly in contributing to the 90-90-90 UNAIDS strategy through increasing HIV testing, ART uptake and more likely ART adherence (National Strategic Plan on HIV, STIs and TB, 2012-2016). The findings of this study support the implementation of workplace HIV programmes to prevent HIV transmission, and increase access to HIV testing, treatment and care. Such an approach will help safeguard the health and fundamental labour rights of South Africa employees. This study is one of the many large-scale, applied, responsive, policy-relevant and development-focused research studies that the HSRC conducts.

1.2. Aim and objectives of the study

1.2.1. Aim of the study

To conduct a comprehensive assessment of HIV and AIDS workplace initiatives, strategies, and practices that are feasible, sustainable, acceptable, efficient and effective in the prevention, treatment and care of HIV and AIDS in real workplace settings, i.e. in a variety of South African workplaces (public and private, formal and informal, large and small, across various economic sectors).

1.2.2. Objectives of the study

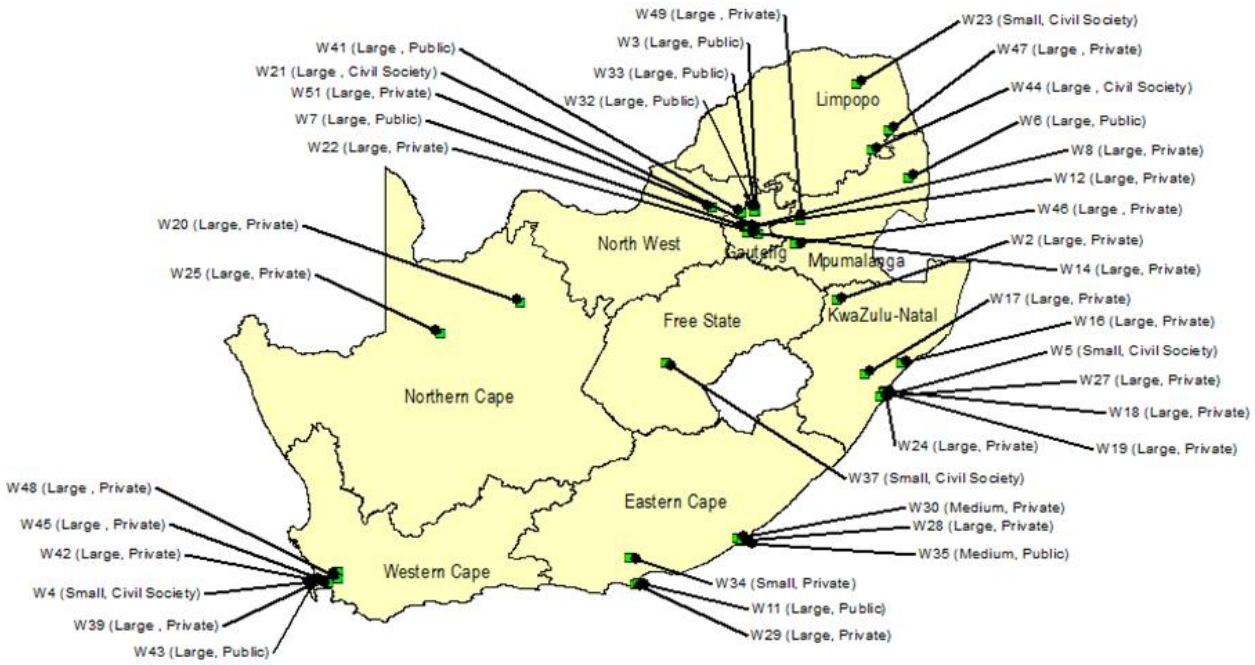
- To describe the profile of workplaces involved in the study
- To identify, analyse and document successful, replicable initiatives, strategies, practices, policies and measures that worked in achieving good outcomes
- To determine national conducive factors - HIV and AIDS plans, strategies, laws, policies that created a favourable environment to achieve good outcomes

2. Methodology

2.1. Setting

The research was conducted from 2015 across the nine (9) provinces of South Africa to accommodate geographic diversity, namely: North West, Limpopo, Gauteng, Mpumalanga, Free State, KwaZulu-Natal, Northern Cape, Western Cape and Eastern Cape (see Figure 1)

Figure 1. Distribution of Workplaces by numbers and sizes across the country (n=40)



The research shows that there are good outcomes in all provinces and sectors surveyed. We determined the South African provincial contribution to the national GDP. After determining the contribution of the sectorial contribution to the respective province's GDP, we selected eligible workplaces belonging to the strongest provincial economic sectors with credible evidence of good outcomes.

2.2. Design and Approach

This is an exploratory-descriptive study involving both quantitative and qualitative approaches. The quantitative approach included obtaining evidence of the achievement of good outcomes. The qualitative approach involved conducting 131 workplace in-depth interviews with key informants in each workplace in order to determine and explain "what worked" in achieving documented good outcomes. It also involved conducting 10 key stakeholder interviews.

2.3. Sampling

A comprehensive assessment of HIV and AIDS workplace initiatives, strategies and practices that were deemed to be innovative, effective and efficient and led to the achievement of successful outcomes was done from the outset to determine eligibility for inclusion in the study. This involved reviewing relevant documents to obtain evidence (such as project evaluations, monitoring records, survey reports, assessment reports or other evidence-based means that document the results).

Evidence for each good outcome was collected using Tool 0 (see appendix 1) analysed and only workplaces that had demonstrable quantifiable evidence of having achieved a good outcome were included in the study. Based on this selection, we compiled lists of eligible workplaces by province, type of workplace, size, economic sector, structure and composition of workforce such as distribution by gender, age and employment levels. Eligible workplaces were those with documented, evidence-based good outcomes, irrespective of type, size and other characteristics of the workplace. A total of 40 workplaces were purposefully chosen on the basis of demonstrable quantifiable verifiable evidence of good outcomes. A total of 131 employees (42 males and 89 females) and 10 external key stakeholders participated in the study.

2.4. Data collection methods

Quantitative data that demonstrated eligibility for the study was collected, reviewed and analysed. Following this, 131 repeat interviews were conducted in an iterative manner with key personnel in the 40 workplaces to find out what works in achieving each good outcome and workplace level conducive factors respectively. The W5H Framework was used to obtain rich in-depth information for each good outcome backed by quantifiable evidence: What worked well? , When? , Where? , Who? , Why? and How? for workers, their families, dependents and communities. Detailed notes were taken and interviews were tape-recorded where possible. Ten in-depth interviews were also conducted with national-level stakeholders to determine national-level conducive factors that contribute to the success of HIV and AIDS workplace programmes in South Africa. The research was conducted by a team of experienced and trained researchers from the HSRC. The team secured study approvals from the respective workplaces including ethics approval for each workplace.

2.5 Ethical Considerations

Ethical clearance for this study was provided by the HSRC Research Ethics Committee Administration, South Africa (reference number REC 8/19/11/14). The prescribed ethical principles, i.e. informed consent, voluntary participation, confidentiality and anonymity, were followed. Site permissions to conduct interviews in the 40 workplaces were obtained followed by individual written informed consent forms from all participants. Written consent forms were also obtained from external key stakeholders.

2.6. Data Analysis

Data from various sources was triangulated. Descriptive and thematic content analyses were conducted. We determined the number of workplaces that achieved a particular good outcome which served as the denominator, i.e. from the workplaces surveyed, how many workplaces achieved a particular good outcome. Within each good outcome, we determined the drivers responsible for achieving the particular good outcome. Actions and strategies that were implemented within each driver are described and quantified (in instances where this was possible), i.e. backed by proof for credibility purposes. The analysis builds on the Phaswana-Mafuya et al. (2015) study in order to provide continuity and to inform the development of an implementation framework on what works**.** From the actions and strategies, indicators that employers can use for achieving good outcomes can be developed, as well as guidance for further research, policy and programming. A report for each workplace was compiled in accordance with a standardized format describing what, who, when, where, why and how strategies and actions were implemented**.**

3. Findings

3.1. Description of workplaces involved in the study

Workplace characteristics were explored in terms of years of operation (where confirmed), size, type and economic sectors. The workplaces explored produced a wealth of information on what works in HIV and AIDS workplace programmes. As depicted in Table 1 below, out of the 40 workplaces included in this study, 21 had been operating for more than 21 years, 34 were large in size and 25 were from the private sector. Furthermore, 12 workplaces operated in the manufacturing sector, and the majority (11) were located in Gauteng province.

Table 1. Description of Workplace characteristics (n=40)

Workplace Characteristics	**Frequency**
Years of operation	
1-10	4
11-20	7
21+	21
Unknown	8
Workplace size	
Small	4
Medium	2
Large	34
Category of workplace	
Public	9
Private	25
Civil society	6
Economic sector	
Agriculture, forestry and fishing	3
Mining and quarrying	4
Manufacturing	12
Wholesale, retail, motor trade and accommodation	2
Construction	1
General government services	7
Finance, real estate and business services	2
Transport, storage and communication	3
Electricity and water	1
Personal services	5
Provinces	
Gauteng	11
Kwazulu-Natal	8
Western Cape	6
Eastern Cape	6
Mpumalanga	3
Northern Cape	2
Limpopo	2
Free State	1
North West	1

Category of workplace

The formal public sector, the formal private sector and civil society workplaces were all included in this study based on the documented evidence of good outcomes.

The workplaces included in the study, based on robust evidence, were from primary (mining, farming/agriculture, and forestry), secondary (textile, manufacturing, and construction) and tertiary (tourism, communications, healthcare, banking and transportation) economic sectors.

Eligible workplaces across the different types of economic sectors differed from province to province. Some of the provinces and economic sectors are over-represented and others under-represented since the primary criterion was documented, evidence-based good outcomes in HIV and AIDS workplace response.

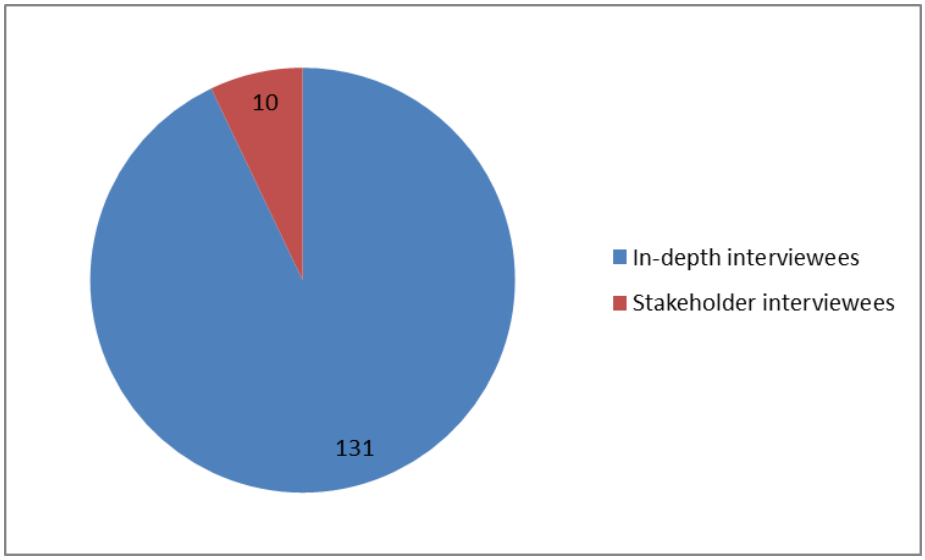
Province

Workplaces for Phase 1 (15 March 2015 - 30 June 2016) of the study were selected mainly from the Gauteng (11), Kwazulu-Natal (8), and Eastern Cape (6) provinces. One (1) workplace was from the Free State and two (2) were from the Northern Cape.

Workplaces in Phase 2 (01 July 2016 - 31 August 2017) of the study were selected mainly from the Western Cape (6), Limpopo (2), Mpumalanga (3) and North West (1).

Number of individuals interviewed

Figure 2. Total number of individuals interviewed for in-depth interviews and stakeholder interviews



3.2. Description of HIV Workplace programmes

As depicted in Table 2 below, from the 40 workplaces 7 workplace programmes have been in place for 11-15 years, 30 offered programmes that included wellness, comprehensive, holistic, chronic disease and management, and 32 workplace programmes were offered by both internal staff and external consultants.

Table 2. Description of HIV workplace programmes

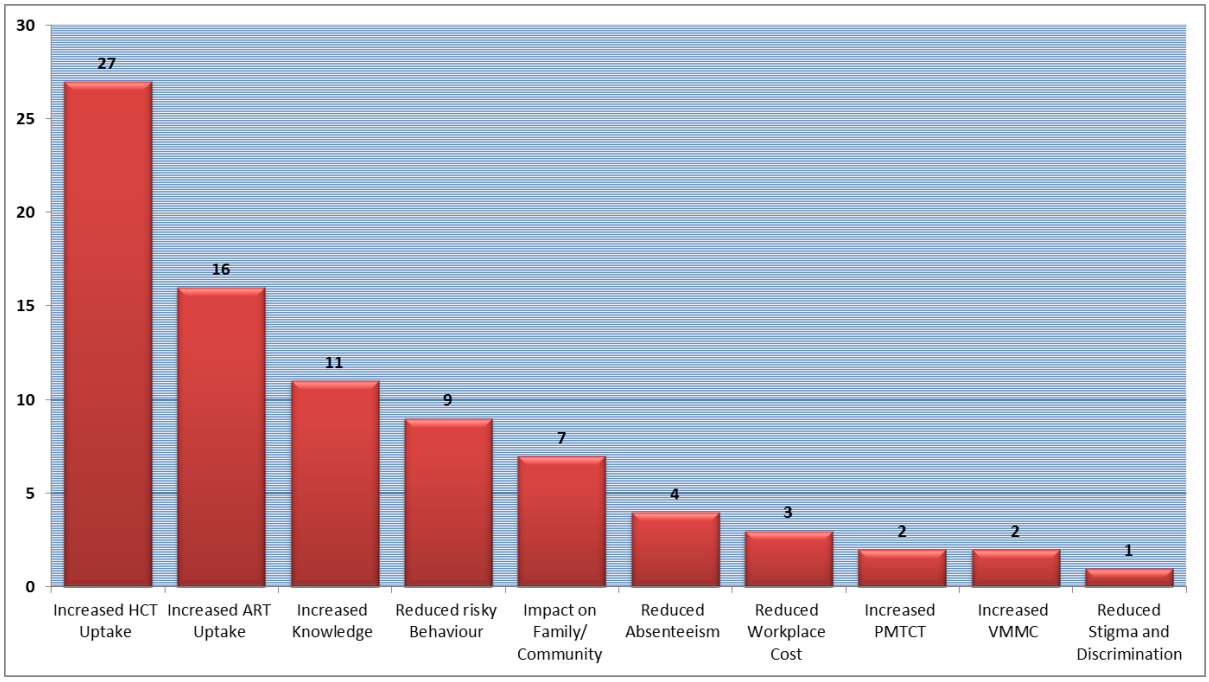
Duration of workplace programmes (Involving HIV)	**Frequency**
1-5 years	3
6-10 years	2
11-15 years	7
16-20 years	4
20+ years	6
Unknown	18
Types of programmes offered by workplaces	**Frequency**
HIV	10
Wellness/ comprehensive/ holistic/ chronic disease/ management	30
Who offers the programme	**Frequency**
Internal staff	0

External staff	8
Internal staff and external consultants	32

4. Good Outcomes Achieved

This study identified the good outcomes that were achieved (evidence-based, scientifically rigorous) at the selected workplaces. We determined the number of workplaces that achieved a particular good outcome which served as the denominator, i.e. out of the workplaces surveyed, how many workplaces achieved a particular good outcome.

Figure 3. Good Outcomes Achieved (n=40)



5. Increased HIV and AIDS knowledge

Table 3. Evidence of increased knowledge in HIV and AIDS across respective workplaces

WORKPLACE NUMBER	DESCRIPTION	YEAR		
W4		**Baseline Jan 2013**	**End line Dec 2013**	
	You are more likely to get HIV if you already have an STI (TRUE)	78,8% (43)	91.7% (50)	
	Having an older sexual partner increases your risk of getting HIV (TRUE)	81% (45)	100% (55)	
	Having one mutually faithful partner reduces your risk of getting HIV (TRUE)	93.7% (52)	100% (55)	
	Medical male circumcision makes it less likely for a man to get HIV (TRUE)	75.2% (41)	96.7% (53)	
	An HIV positive person is most likely to spread HIV in the 6-8 weeks after they get infected (TRUE)	68.4% (37)	88.3% (48)	
W5		**Jan- March 2014**	**July- Sept 2014**	
Q1: Jan-March 2014 Q3: July-Sept 2014	Total number of attendees at trainings sessions	6	53	
W11		**2013**	**2014**	
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	Number of health information events held	1	5	
W21		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan- Dec 2015	Yearly total numbers of employees who took part in HIV and AIDS awareness sessions	818	1283	
W25		**April 2015**	**June 2015**	
20 April 2015 11 June 2015	Informal conversation on HIV and toolbox talks on HIV	6	43	
W27		**Oct-Dec 2014**	**Jan-Mar 2015**	
Q1: Oct- Dec 2014 Q2: Jan- March 2014	Number of employees participating in HIV and AIDS training and awareness campaigns	44	67	
W33		**Sep 2014**	**April 2015**	
Wellness Day 1: Sept 2014 Wellness Day 2: April 2015	Number of employees attending educational talks on Wellness days	57	101	
W39		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	Number of employees attending outreach (per year)	171.538	178.762	

W42		**Jul 2013 – Jun 2014**	**Jul 2014 – Jun 2015**	**Jul 2015 – Jun 2016**
Year 1: Jul 2013-June 2014 Year 2: Jul 2014-June 2015 Year 3: Jul 2015-Jun2016	Number of employees attending HIV training (per year)	84	84	97
W44		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan- Dec 2015	Number of employees attending Dialogues (per year)	7602	32.367	
W51		**2014**	**2017**	
Year 1: Jan- Dec 2014 Year 2: Jan-Dec 2017	Peer education meeting attendance	23	30	
Total number of employees from all WPs who received trainings and attended dialogues on HIV and AIDS		9007538	2108129	97
Grand total number of employees from all WPs who received trainings and attended dialogues on HIV and AIDS				**11115764**

Disclaimer: The grand total figure represents the total attendance of HIV and AIDS education sessions, reports on surveys and Knowledge, Attitude, Practices and Behaviour (KABP)'s in HIV and AIDS in the WPs for the periods the Good Outcome (GO) was considered for. However, this grand total is not representative of the total number of sessions attended, surveys participated in and KAPB surveys distributed by the WPs.

Table 4. Description of HIV and AIDS awareness sessions

Description	**Delivery of HIV and AIDS Awareness**
Session Venue	Office based / Other (canteen, etc.)
Delivery Method	Formal sessions (structured) / Informal sessions (flexible)
Communication Methods	One-on-one communication / Group communication (more than 1 person)
Session Frequency	On-going / Event based
Session Focus	HIV-specific awareness sessions / Wellness sessions
Session Facilitators	Onsite health team / External health team

Figure 3. Drivers of increased HIV and AIDS knowledge

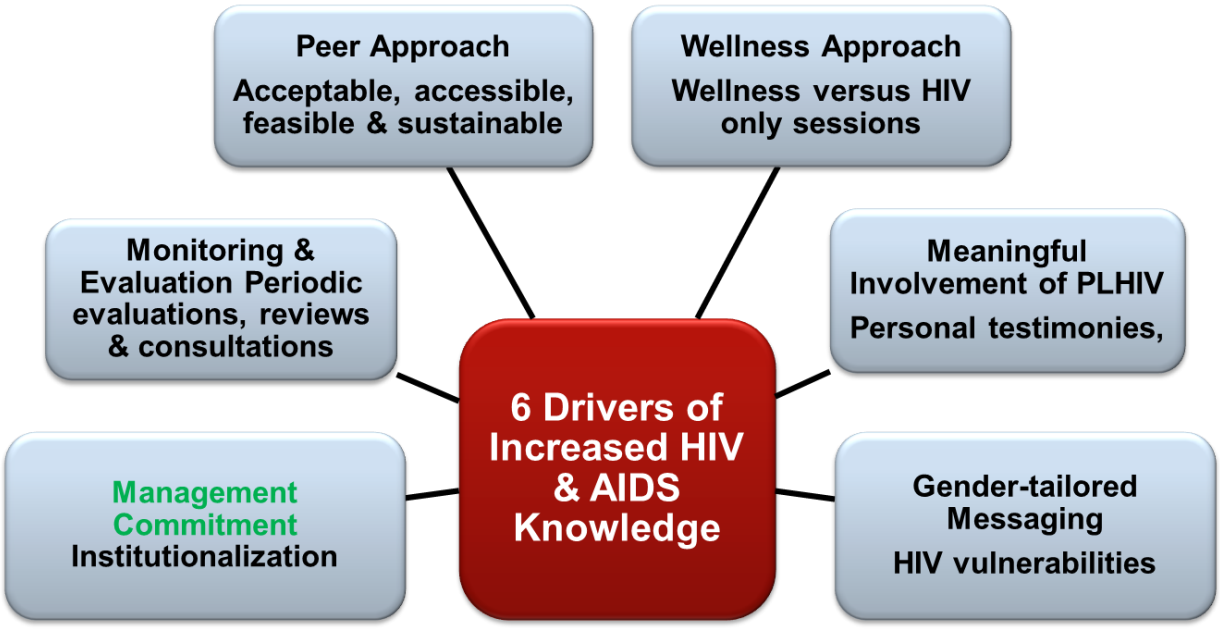


Table 5. Description of what worked (drivers) in increasing HIV and AIDS knowledge

Driver	**Description**
Management Commitment	Availability of frameworks, structures, mechanisms, resources such as policies, committees, procedures and practices towards the execution of HIV and AIDS awareness raising activities
Monitoring and Evaluation	Monitoring and Evaluation systems available to assess and track HIV and AIDS knowledge levels, misconceptions, myths, gaps and ensure responsive, relevant, reliable, context specific strategies, i.e. Knowledge, Attitude, Practices and Behaviour (KAPB) surveys, periodic evaluations, literature reviews, keeping and review records, pre-training assessment, consultations with staff, partners and stakeholders
Peer Education Approach	Utilization of empowered, well-equipped peers to make awareness activities more acceptable, accessible, feasible, and sustainable
Wellness Approach	Conducting health awareness sessions that incorporate HIV and AIDS, i.e. wellness sessions, occupational health and safety to ensure receptiveness, sustainability and non-stigmatization

Meaningful Involvement of People Living with HIV and AIDS (PLHIV)	Meaningful involvement of PLHIV in awareness sessions to provide personal testimonies, encouraging openness and disclosure
Gender-Tailored Messaging	Conducting awareness sessions that are flexible, context-specific and take into consideration gender-related HIV vulnerabilities

5.1. Quotations on each driver that contributed to increased HIV and AIDS knowledge

Table 6. Institutionalisation of HIV AIDS awareness activities

Availability of frameworks, structures, mechanisms, resources such as policies, committees, procedures and practices towards the execution of HIV and AIDS awareness raising activities
W51 *By 2004 the workplace already had an HIV and AIDS policy in place, the HIV and AIDS coordinator started a peer education programme then.* ***W42*** *HIV-related activities are managed under the auspices of a wellness and sustainability coordinator to whom a primary health care (PHC) nurse and social worker reports.* ***W39*** *Commissioned an HIV/AIDS impact assessment project that was presented to its management in September 2007. As a result of this HIV/AIDS impact assessment project, an HIV policy was designed and adopted strategies that focused on HIV prevention, treatment, workplace management and monitoring and evaluation (M&E). An external service provider was appointed to drive what was to become an integrated wellness programme: To increase knowledge of HIV and AIDS,* (and) *amongst others,* (appoint) *a wellness ambassador.* ***W21*** *Has a Wellness/HIV and AIDS steering committee: 23 members: 1 regional member and 1 member from each of the 22 associations. This committee meets once a month. The committee is led by one of the regional executive members. The steering committee reports to the management council that meets every 3 months.* ***W42*** *advice on HIV, as well as HCT is available from PHC nurse who is onsite, as well as a social worker who is contracted to the workplace. Induction of new staff introduces the workplace HIV-policy, with ongoing knowledge transfer of HIV-related knowledge by the PHC nurse and a social worker. At* ***W42*** *World AIDS Day 2015 serves as a special event for knowledge transfer through the involvement of external partners.* ***W44*** *Aims to reduce HIV vulnerability in the farm and lodge industries through peer education, awareness raising, prevention and treatment. 3 coordinators and care givers go as a team to facilitate a dialogue (creative discussions) with farm workers to find a solution to the problems. The dialogues (through focus groups and daily discussions) explore quarterly themes and monthly topics.* *At* ***W4*** *their* ***Coach Development Programme*** *unites* (integrates) *for example skills modules like: HIV limbo, Effects of dating with old partners, Healthy and unhealthy relations, Risky or not Risky? These courses are trainings for trainer's course. The coaches' courses are about learning and implementing: it is not just about a coach talking about HIV and AIDS topics.* ***It is an interactive conversation/discussion in which*** *the coaches learn from the children and the kids learn from the coaches.* ***W18*** *the two-day Annual Health, Safety and Wellness event is held over two days because employees can be released for the event in sequential groups so that the factory can continue operating while the health event is on-going.* ***W27*** *dedicated professional staff: The clinic manager is responsible for organizing training and awareness campaigns on health and HIV and AIDS, the trainings and awareness campaigns were done in the different departments of the Workplace and in the clinic.* *At* ***W33*** *HIV and AIDS activities just like other Employee Health and Wellness (EHW) activities are implemented quarterly in line with the annual work plan, operational plan which is submitted to the organisation as per requirement and the EHW annual calendar of events. HIV and AIDS activities are implemented in all offices of the department which covers all nine provincial offices. However, the programmes*

might not be implemented in other offices as a result of lack of EHW personnel at Provinces and Centres. The Workplace relies on Wellness Champions who are volunteers to implement the programme at Provinces and Workplace Centres. The approaches being implemented work in such a way that the unit is able to reach a broad audience particularly at provincial and ***W33*** *centres where it is not practical to have regular contact sessions due to lack of adequate resources.* ***W11*** *has created various innovative approaches to encourage trust from the staff to attend health information sessions organised by the workplace. A dialogue with staff is held on Valentine's Day to plan which education sessions they would like to see happening for the year. In addition, important and relevant "Health Days" planned by the National Department and Health (NDoH) are also used to organize themes for the education sessions. This was found to be useful. All employees get access to health screening services free of charge on wellness day.* *According to* ***W25*** *a fundamental component of the workplace wellness program is the increase of knowledge on the nature of the HI-Virus. The wellness champion used Toolbox Talks to engage employees on HIV, as well as arranging for an external company to do HIV testing on one occasion.* *In* ***W25*** *Toolbox Talks are opportunities created for sharing of information and raising awareness at the work site. At the time of the data collection, the workplace had conducted three Toolbox Talks specifically on HIV, with one such session supplemented by an HIV Counselling and Testing (HCT) by an outside service provider at the workplace head office in the province.* *In* ***W25*** *the Wellness Champion shared information on the very nature of HIV, its presence in human bodily fluids, the processes of its transmission and its relationship to AIDS. This was to contextualize HIV in terms of other HIV-related Toolbox Talks such as condom use and TB.* *In* ***W25*** *the Wellness Champion is tasked with HIV AND AIDS-related matters, but the one talk on HIV which was supplemented by HCT involved by* (through an) *external service provider. Furthermore, specific talks on HIV were prepared and delivered to employees at the site of their work.* ***W25*** *various health and wellness topics are covered throughout the year through Toolbox Talks which are opportunities created for sharing of information and raising awareness at the work site. At the time of the data collection, the workplace had conducted nine Toolbox Talks specifically on condoms, its correct use and the importance thereof in the prevention of HIV infection.* ***W3*** *Initiated the Employee Health and Wellness Strategic Framework for the Public Service in November 2008 in order to ensure implementation that would start on kopoppo1 April 2009. The workplace developed a range of policy guidelines to support and protect employee rights in regard to HIV and related illnesses. Since this eFramework was launched in 2008, four policies namely HIV and AIDS and tuberculosis, wellness management, health and productivity and safety, health, environment, risk and quality have been developed to improve awareness of HIV and protect the health rights of staff members.*

Table 7. Monitoring and Evaluation

Monitoring and Evaluation systems available to assess and track HIV and AIDS knowledge levels, misconceptions, myths, gaps and ensure responsive, relevant, reliable, context specific strategies, i.e. Knowledge, Attitude, Practices and Behaviour (KAPB) surveys, periodic evaluations, literature reviews, keeping and review records, pre-training assessment, consultations with staff, partners and stakeholders.
W51 *The workplace conducts refresher skills and developmental training, in-house.* ***W42*** *The wellness and sustainability coordinator reports to a human resources director who reports quarterly and annually on the activities of the wellness programme to the board of this workplace.* ***W21*** *Management monitors the Wellness HIV and AIDS programme. The HIV and AIDS steering committee reports every three months to the management council.* ***W44*** *The care givers are very well organised/ managed. A calendar is set up with all the care givers' monthly meetings at the organisation in the year and sent to the farmers to make sure that care givers are given time to attend the monthly meetings. These meetings are done for care givers to give feedback on their work on the farms/lodges, discuss health issues, talks about challenges and problems. The care givers played an important*

role. They monitor their activities and have their own register lists completed by attendees for dialogues and outreach. Rigourous M&E helps to monitor reaching goals and setting new ones. ***W4** The trainings for the coach developmental programmes are done during the first 2 weeks, refresher trainings done on Fridays.* ***At W39,** there is an HIV policy that was designed and adopted strategies to focus on HIV prevention, treatment, workplace management and monitoring and evaluation (M&E)* ***W18** The nurse at the workplace clinic keeps a list of all attendees at the annual Wellness Day events, the number of staff attendees at the Annual Wellness Day has been increasing over the years because employees appear less vulnerable to stigma now, compared to before. The health data from each of the five clinics is linked to all the workplace sites and is collated each month.* ***W27** Monitoring: Between 2010 and 2012 management started to ask for sustainability reports that included the monitoring of staff participating in HIV and AIDS awareness campaigns and training. **W27** The information that the peer educators give and receive from the employees is sent/ reported to the clinic manager and her staff. Based on the needs identified by the peer educators, the workplace clinic organizes health workshops. The clinic manager decides on hosting mini workshops on identified topics. The workshops are done on normal working days with the permission of the managers from each department.* *In **W5** nursing staff attends monthly refresher HIV-related training at the company. Each training session is followed by an assessment of their knowledge and the progress of comprehension is monitored.* *At **W33** the KABP survey was conducted in 2005, with a follow-up study planned for the next financial year.*

Table 8. Peer Education Approach

Utilization of empowered and well-equipped peers to make awareness activities more acceptable, accessible, feasible, and sustainable.
***W51** A peer educator's programme was established in 2004, by the workplace's HIV and AIDS coordinator with the support of management. The workplace has partnerships with NGO's for training sessions and refresher trainings.* ***W21** the empowered in-house staff members (trained peer educators) go from taxi rank to taxi rank and talk to the taxi drivers and commuters. Trained in-house staff also does awareness in offices.* ***W39** HIV policy implemented at this division, focused on the training of Wellness Ambassadors or peer educators to increase knowledge of HIV and AIDS amongst staff. Wellness Ambassador programme, under the guidance of the external service provider, is a key contributor to not only increased knowledge on HIV and AIDS, but chronic diseases and lifestyle challenges.* *At **W42** a dedicated training facility is available to train staff, as well as a clinic that houses the PHC nurse and the social worker in separate, private and confidential offices.* ***W44** The organisation has about 55 people employed (2015) and about **91** peer educators we will refer to as care givers.* ***W27** Peer educators are trained by the clinic staff. 10-15 minutes of talks given to other employees by peer educators, once a month depending on the department. Four hours of staff contact in a year.* ***W33** trained 97 HIV and AIDS peer educators on counselling.*

Table 9. Wellness Approach

Conducting health awareness sessions that incorporate HIV and AIDS, i.e. wellness sessions, occupational health and safety to ensure receptiveness, sustainability and non-stigmatization.
***W51** NGO's are engaged as service providers to assist with the wellness programme. Speakers and activists are invited on wellness days to address employees.* ***W4** Trained local coaches incorporate soccer into dynamic lessons about health and wellness that engage young people and break down cultural barriers. The organisation's programmes include HIV Counselling and Testing (HCT) events where coaches provide support for participants and community members.*

W21 *Formal group awareness sessions about HIV and AIDS were held once a year at the taxi ranks and in offices on a regional level. The health and information sessions focused on awareness on HIV and AIDS and illnesses associated with HIV and AIDS. Partnership between the sector and government on mobile clinics at minibus taxi ranks has very positive influence on awareness sessions as it provides free HIV testing but also provides counseling services and testing for other lifestyle diseases such as diabetes.*

At ***W39*** *an external service provider was appointed to drive what was to become an integrated wellness programme. Training of wellness ambassadors and subsequent refresher training at W39 is done at the sites of the divisions in the group.*

W42 *Training on HIV and AIDS forms part of the week-long induction of new staff and is integrated with medical and financial wellness. According to* ***W42*** *enhancing the capacity of employees in terms of the importance of their own health, as well as their key role in the success of the business, is a key of achieving this good outcome.*

W44 *Reaches farm workers and migrants through various outreach activities that include awareness campaigns and regular health information sessions on farms. Topics reach from hygiene, TB, malaria, cancer, nutrition, and condom use, to migrant rights, sexually transmitted diseases and community capacity growth.*

W18 *The two-day Health and Wellness Day event held annually (during February) has been the main contributor to improving HCT uptake in the last five years.*

Government, through a Provincial Hospital located nearby; provides mobile clinic for the Health and Wellness Day event which includes prostate gland screening and PAP-smear testing services. A range of other screening tests (e.g. TB sputum testing [the workplace nurse to get the number of TB tests done over the last two years], glucose, cholesterol, blood pressure, height and weight measurements) are also done.

W33 *HIV and AIDS awareness sessions which are conducted quarterly, particularly during the Candle Light Memorial; STI condom week; Youth Month; Women's Month; World AIDS Day. They also have development and display of posters in notice boards and on exchange posters to raise awareness. HIV and AIDS articles are published on the international Newsletters.* ***W33*** *has an annual Walk Against AIDS Campaign which is held during the World AIDS Day. The activities are executed by Employee Health and Wellness practitioners and Wellness Champions with the assistance of service providers such as different medical aid schemes, Department of Health and other NGO's mainly for education and awareness sessions.*

At ***W11*** *The health and information sessions focus on awareness on HIV and AIDS and illnesses associated with HIV and AIDS. The municipality collaborates with a range of external organizations to fulfil their commitment to provide health information sessions. External speakers are preferred because the staff is more receptive than when an internal speaker is arranged. An incentive-driven process was used that included the following methods:*

- *Provision of "goodie-bags"*
- *Provision of lunch-catering*
- *Timing of the education sessions on a Friday afternoon after which they good go home.*

The workplace usually sends an email to the staff, or a newsletter which has some content relating to the upcoming session. The workplace also has about seventeen (17) interns, that are usually placed within the organization for a period of 24 months e.g. in finance, planning, public relations and who are involved in the development of the "newsletter" for the marketing of these educational sessions. Interns are placed with the ***W11*** *every two years. Wellness sessions are held on Fridays and employees get to go home after the wellness session instead of going back to work.*

W3 *approved medical aid services only around 2004/2005. Many policy debates at that time were about the cause of HIV. The specific medical aid was designed to be very generous on HIV and AIDS treatment. However, before the advent of this another medical aid company was the main medical aid provider. However, the current medical aid provider remained far more progressive in its support for lower-ranked workers (Levels 1-5). For example, even if they could not afford a medical aid contribution, staff members at these levels were guaranteed a benefit for HIV, almost enjoying the same benefit as befits a grade level 16 staff member, for example. It also bore no technical restrictions, even for pregnancy. The medical aid provides HIV awareness programming directed at staff of* ***W3****.*

Table 10. Gender-tailored messaging

Conducting awareness sessions that are flexible, context specific and take into consideration gender-related HIV vulnerabilities
W18 *Female employees do not feel reluctance to be tested, even though the gender ratio favours male employees. Female employees are encouraged to bring in their male partners, even if they are not employees for testing. Similarly, male employees are also encouraged to bring in their female partners for testing.* ***W33*** *in ensuring collection of gender-disaggregated data, whenever there are contact sessions, attendance registers will require participants to indicate their gender, disability and youth status.* *At* ***W11*** *in order to address attendance by male staff members programmes needed to include content addressing issues affecting mainly men. E.g. Movember month (November 2015) for prostate cancer and related issues.* ***W44*** *The organisation runs a cervical cancer prevention programme.*

Table 11. Examples of how workplaces used each driver towards increase HIV and AIDS knowledge

Workplace Number	**Examples**
Management commitment in HIV and AIDS awareness sessions	
W18	Awareness sessions are done for sequential groups of employees.
W27	Deliberate assignment of dedicated in-house staff for continuous awareness creation.
W33	Wellness champions are volunteers who can work without the need for a budget.
W21	In-house staff makes use of posters, leaflets, video material they received from the Department of Transport that in turn received it from Department of Health.
W44	The organisation runs dialogues through focus groups and daily discussions. Workshops are held every month for care-givers to discuss challenges and progress. The organization's first clinic was started in 2006 after observing scores of deaths because of the HI virus. Today it runs 10 wellness clinics on a rotational basis.
W51	Monthly meeting times were tabulated in the first meeting 2004. Topics are guided by the national health calendar (this includes non-communicable diseases, other diseases, intimate partner violence, financial management etc.) and the needs of the department.
W21	Management monitors the Wellness HIV and AIDS programme. The HIV and AIDS Steering Committee reports every three months to the Management Council
Monitoring and Evaluation	
W18	The health data from each of the five clinics is linked to all the workplace sites and collated each month.
W27	Management insists on regular M&E.

W5	Continuous knowledge and assessment of staff. The nursing staff attends monthly refresher HIV-related training at the company. Each training session is followed by an assessment of their knowledge and the progress of comprehension is monitored. These sessions deepen competency levels among the nursing staff leading to improved trust by employees in the effort toward achieving the workplace wellness targets and improve personal satisfaction.
W39	Management implemented a policy that focuses on training wellness ambassadors or peer educators to increase knowledge of HIV and AIDS amongst staff.
Peer education approach	
W27	Peer educators are trained by the clinic staff.
W44	The organisation has about 91 peer educators who are referred to as care-givers.
W51	The peer educator programme started in 2004.
W27	The information that the peer educators give and receive from the employees is sent/ reported to the clinic manager and her staff. Based on the needs identified by the peer educators, the workplace clinic organizes health workshops. The clinic manager decides on hosting mini-workshops on identified topics. The workshops are done on normal working days with the permission of the managers from each department.
Wellness approach	
W4	Knowledge is transmitted through a special curriculum, addressing prevention by understanding risky behaviours along with basic facts about HIV. Trained local coaches incorporate soccer into dynamic lessons about health and wellness that engage young people and break down cultural barriers.
W42	HIV and AIDS is integrated with medical and financial wellness –
W39	Has a training programme that uses an integrated wellness approach and is not HIV-specific. The programme includes the training of wellness ambassadors and subsequent refresher training is done at the sites of the divisions in the group.
W25	The workplace has wellness champions who share every nature of HIV from its presence in the human body to HIV transmission and its relationship to AIDS, the wellness champion used toolbox talks to engage employees on HIV. Toolbox talks create opportunities to contextualize HIV in terms of other HIV-related topics such as correct condom use and TB co-infection, they are opportunities created for sharing of information and raising awareness of HIV and AIDS at the work site. Toolbox talks take place at the fairly remote sites of the workplace's operations.
W18	The Annual Health, Safety and Wellness Day provided a good opportunity for employees to be exposed to wellness information. Comprehension levels on health information are

	not tested as a group, but rather at one-on-one consultations during clinic visits.
W33	Regular wellness events culminating in an annual event –The workplace has quarterly HIV and AIDS awareness campaigns together with yearly events like the Candlelight Memorial, STI Condom Week, Youth Month, Women's Day and World AIDS (Annual Walk against AIDS Campaign).
W11	A dialogue with staff is held on Valentine's day to plan which educational sessions they would like to see happening for the year. This "consultation" with employees in February month creates the climate of "ownership" among staff so that staff attendance at these educational sessions can be sustained. This opportunity for "contact" with employees further encourages staff to take these information sessions seriously. Organises external speakers for their Wellness events as employees are more receptive to the external speakers than they are to internal speakers. The external speakers come from the workplace's Wellness collaborators that including NGO's. Arranged "goodie bags" as an incentive to encourage staff to attend education sessions planned by the organization. Lunch packs were used to also encourage attendance. Sessions were arranged mainly on a Friday afternoon where lunch is provided, and the session is conducted, staff members are allowed to go home instead of back to work.
W44	The organisation offers various outreach activities that include awareness campaigns and regular health information sessions on farms. Topics from hygiene, TB, malaria, cancer, nutrition and condom use, to migration rights, sexually transmitted diseases and community capacity growth. The organization reaches farm workers and migrants through various outreach activities that include awareness campaigns and regular health information sessions on farms; the organisation also offers education and empowerment to sex-workers.
W27	Trainings and awareness campaigns take place in the different departments of the workplace.
Gender-tailored messaging	
W11	Gender representative targeting: In order to address attendance by male staff members, programmes needed to include content addressing issues affecting mainly men e.g. Movember month (November 2015) for prostate cancer and related issues. Providing gender-specific content in certain awareness sessions, served as an aid to the employer to target employee groupings'support.
W4	The coach development programme also focuses on gender issues.

6. Increased HCT Uptake

Table 12. Evidence of increased HCT uptake

WORKPLACE NUMBER	DESCRIPTION	YEAR		
W4		**Baseline Jan 2013**	**End line December 2013**	
	Have you ever been tested for HIV in the last six months?	**54% (28)**	**85% (47)**	
W2		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	No of employees tested during HCT (yearly)	1073	1463	
W7		**2013**	**2014**	
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	No of employees tested during HCT (yearly)	19	45	
W8		**2013**	**2014**	
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	% Employees taking up HCT (yearly)	67% (5558)	84% (6026)	
W12		**2013**	**2014**	
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	Employees (and contractors) Screened for HIV (yearly)	6478	8114	
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	Employees presenting for HCT (yearly)	400	1299	
	Workplace Sites Reporting Increased HCT Screening			
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	Site 1	42	73	
	Site 2	37	56	
	Site 3	123	243	
	Site 4	48	249	
	Site 5	58	61	
	TOTAL	**308**	**682**	
W14		**2012**	**2013**	**2014**
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	% Employees taking up HCT (yearly)	68% (33,331)	70% (34.166)	72% (35,466)
W16		**2012**	**2013**	**2014**
Year 1: Jan-Dec 2012 Year 2: Jan-Dec 2013 Year 3: Jan-Dec 2014	% Employees taking up HCT (yearly)	67.2% (663)	72.2% (597)	77.2% (709)
W18		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	No of employees tested during HCT (yearly)	1 498	9 783	
W19		**2011**	**2012**	**2013**
Year 1: Jan-Dec 2011 Year 2: Jan-Dec 2012 Year 3: Jan-Dec 2013	No of employees tested during HCT (yearly)	304	415	432
W20		**2012**	**2013**	**2014**
Year 1: Jan-Dec 2012 Year 2: Jan-Dec 2013 Year 3: Jan-Dec 2014	No of employees tested during HCT (yearly)	1264	1644	1853
W22		**2013**	**2014**	

Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	Mobile Wellness HCT, No of employees tested during HCT (yearly)	8498	11922	
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	Roadside Wellness HCT, No of employees tested during HCT (yearly)	8165	9825	
W23		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	No of employees tested during HCT (yearly)	486	648	
W24		**2011**	**2015**	
Year 1: Jan-Dec 2011 Year 2: Jan-Dec 2015	No of employees tested during HCT (yearly)	573	644	
W29		**2005-2007**	**2008-2010**	
1st Period: 2005-2007 2nd Period: 2008-2010	No of employees tested during HCT (in yearly periods)	130	247	
W30		**2013**	**2014**	**2015**
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014 Year 3: Jan-Dec 2015	% Employees taking up HCT (yearly)	56% (73)	58% (73)	69% (78)
W32		**2013**	**2014**	
Year 2: Jan-Dec 2013 Year 3: Jan-Dec 2014	No of employees tested during HCT (yearly)	70	261	
W33		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	No of employees tested during HCT (yearly)	45	48	
W34		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	No of employees tested during HCT (yearly)	359	556	
W35		**2010-2011**	**2012-2013**	
1st Period: 2010-2011 2nd Period: 2012-2013	No of employees tested during HCT (yearly periods)	2840	5056	
		2014	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	No of employees tested during HCT (yearly)	48	54	
W39		**2009**	**2013**	
Year 1: Jan-Dec 2009 Year 2: Jan-Dec 2013	HCT uptake (yearly)	80% (90)	94% (106)	
W41		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	HCT uptake (yearly)	329	580	
W43		**2012**	**2014**	**2015**
Year 1: Jan-Dec 2012 Year 2: Jan-Dec 2014 Year 3: Jan-Dec 2015	Number of employees tested for HIV (yearly)	7500	8100	9100
W44		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	No of employees taking up HCT (yearly)	16.966	31.000	
W46		**2016**	**2017**	
Year 1: Jan-Dec 2016 Year 2: Jan-June 2017	Total number of employees tested	1672	1893	
W47		**2014-2015**	**2015-2016**	
1st Period: 2014-2015 2nd Period: 2015-2016	No of employees taking up HCT (yearly periods)	466	666	
W49		**2009**	**2010**	**2011**
Year 1: Jan- Dec 2009 Year 2: Jan- Dec 2010	Uptake of HCT by men and women	54,662	68,741	70,909

Year 3: Jan- Dec 2011				
Total number of HCT uptake by employees from all WPs		97562	134067	47638
Grand Total number of HCT uptake by employees from all WPs				**3,022,635**

Disclaimer: The grand total figure represents the total number of HCT uptakes in the WPs for the periods the Good Outcome (GO) was considered for. However, this grand total is not representative of all HCT uptakes in the WPs.

Table 13. Description of HIV Counselling and Testing

Description	
Approach	Part of comprehensive health screening / assessment / occupational health and safety / medical surveillance – diabetes, BMI, BP, cholesterol, HIV, etc. / Stand-alone HCT only.
Location	Onsite / Referral.
Timing	During working hours / After working hours.
Frequency HCT	On-going / Event-based only (testing days, WAD, health day, health week, etc.).
HCT Providers	Onsite health team / External health team.

Figure 4. Drivers of increased HCT Uptake

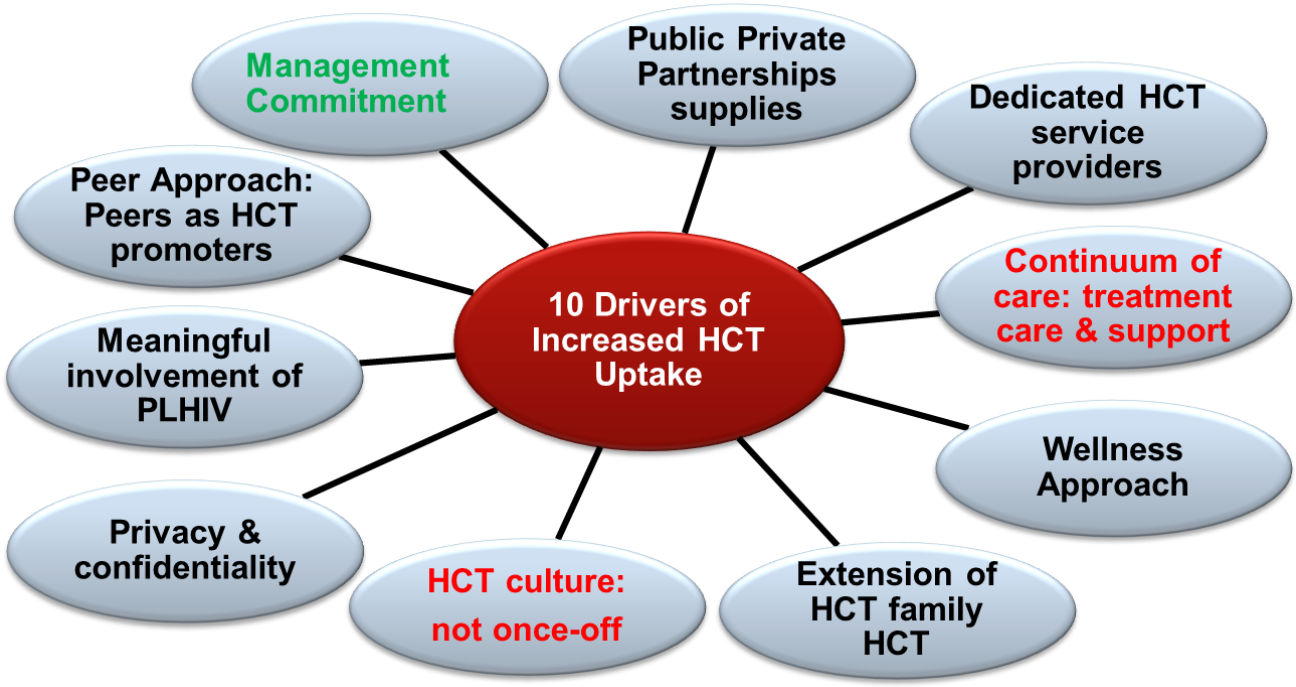


Table 14. Summary table on "What worked" (drivers) for increased HCT uptake

Driver	**Description**
Management commitment	Management providing HCT kits, taking an HIV test, free provision of HCT, HCT provided onsite (clinic or mobile facility).
Forming strategic partnerships	Workplace establishing partnerships with government, NGOs for offering HCT services or supplies.
Utilization of certified and dedicated service providers	Availability of well trained, dedicated, trusted and friendly staff (counsellors) to provide quality counselling services.
Provision of total package of care	Ensuring continuum of care by linking or referring employees who test HIV-positive to treatment, care and psycho-social support.
Wellness approach	Integrating HCT into various health programmes - Comprehensive health screening/assessment/ occupational health and safety/medical surveillance – diabetes, BMI, BP, cholesterol, HIV, etc.
Extending HCT beyond employees	Extending HCT to contractors, conducting Family HCT Days, couple counselling and testing.
Developing culture of HCT	Conducting Provider Initiated Counselling and Testing (provider pro-actively tests all employees unless they opt out), conducting HCT on an on-going basis, at convenient times and creating an environment where employees perceive their workplace as supportive of HIV testing.
Ensuring Privacy and Confidentiality	Assurance of confidentiality, non-disclosure of HIV status, venue for testing being private.
On-going HCT promotion	Intensive communication – emails, notices, posters put everywhere; HCT statistics to demonstrate success and effectiveness of HCT; HCT campaigns; awareness sessions demonstrating the importance of HCT.
Using Trained Peer Educators to Promote HCT	To ensure comfort and willingness to test.
Incentivizing HCT	T-shirts, caps, lucky hampers, water bottles.
Meaningful involvement of PLHIV	Involvement of PLHIV (Giving testimonies); PLHIV acting as peer educators; PLHIV as experts at all levels.
National conducive factors	Establishment of HCT centres Public HIV Testing by President National HCT campaign - Know your status campaign.

6.1. Quotations on each driver that contributed to increased HCT

Table 15. Management commitment

Management providing HCT kits, taking an HIV test, free provision of HCT, HCT provided onsite (clinic or mobile facility)
W49 *All laboratory testing, clinic equipment and treatment is procured and owned by the workplace.* ***W14*** *provides its employees with access to counseling, HIV testing, HIV/AIDS education, treatment of opportunistic illnesses such as tuberculosis and malaria, treatment of sexually transmitted infections. In September 2002, the workplace (W14) launched an HIV/AIDS Response Programme (SHARP) in South Africa and Mozambique. This initiative involved input from business, trade unions, community representatives and independent experts. It is an integrated approach aimed at reducing the rate of HIV infection throughout W14 and extending the quality of life of infected employees through the provision of managed healthcare.* ***W48*** *An internal HIV testing campaign was launched that yielded limited outcomes. The engagement of an external service provider, to do HIV counseling and testing, at four company worksites in the Western Cape yielded a much better outcome for the company.* ***W43*** *The genesis for the HIV testing campaign was a Collective Agreement between the employer and five trade unions signed in 2001 which formed the basis of the policy framework on HIV/AIDS in the workplace. Since 2001, a formal HIV/AIDS and TB Management Policy was approved, along with a Wellness Management, Health and Productivity Management and Safety, Health, Environment, Risk and Quality Management policies.* ***W43*** *In large (high employee) sites of this workplace, senior managers also participated in HCT activities conducted by the NGOs thereby encouraging HIV testing by lower-ranked colleagues.* *At* ***W41*** *The budget for the HIV and AIDS programme forms part of the yearly medical budget.* ***W41*** *has an onsite clinic; the clinic has an open-door policy on HCT. HIV testing is offered by the clinic all through the year. An HCT drive is organized once a year. Approximately 70% of all HIV tests are done during this drive. During the HIV Testing campaign, 3 different service providers offer HCT: 1) Discovery Health, for testing discovery health members. Costs of testing are billed from the medical scheme. 2) Fedhealth, for testing Fedhealth members (Fedhealth sometimes appoint Healthcare Wellness or Medirite to test their members).* ***W41*** *also has a once-a-year health check for all employees. HCT is offered during this health check. HIV is integrated in the Wellness Programme to optimize resources, reduce stigma and increase participation.* *At* ***W4*** *HCT is part of the "HIV/AIDS testing activity training module" coaches were trained on and have to train the children on. It is about being prepared when you HIV-test and explaining the children how testing works. Coaches are role models, they go HIV testing in front of the children; most children see this, it motivates the kids.* *At* ***W39*** *due to the nature of its business, the company has primary health care clinics on site where nurses work on a consultancy basis for up to three days per week. HIV testing is always available when the nurses are on site, but the major HCT programme is run during a wellness event scheduled to coincide with World AIDS day on 1 December annually.* ***W47*** *Reports to the DMR (Department of Mineral Resources) once a year. The DMR visits the mine twice a year for monitoring, these visits are not always scheduled. The workplace follows the mines safety act from the DMR.* ***W47*** *Acknowledges the seriousness of the pandemic and offers support to employees and their families to manage the disease. Management supports HIV and AIDS programmes: they have the program in their individual Development Plan. And the workplace has an onsite clinic.* ***W44*** *The organisation's first clinic was started in 2006 after observing scores of death because of the HI virus. Today it runs 10 wellness clinics on a rotational basis. The organisation has many different programmes that include offering HCT or encourage HCT (now called HTS) (for example (HTA: High Transmission Area, IOM: farm workers, migrants, Sex workers: NACOSA programme, LGBTI programme, home based care programme).* ***W46*** *The health hub (onsite clinic) provides comprehensive health care and occupational health; these services are provided to all employees and contractors. The primary health service provides category 4 – 8. The HIV and AIDS and TB policy is aligned with the group's SHEQC policy. A quarter voluntary counselling and testing (VCT) programme forms part of the mine's medical surveillances programme. All employees who volunteer to be tested are counselled.* *At* ***W46*** *the onsite clinic is open 24/7, it is a walk-in clinic and employees have to open a file when they visit the clinic. HTS is encouraged 24 hours, and counselling is compulsory, though testing is optional. The workplace buys testing kits from the supplier; it's still in negotiation if DoH can provide testing kits.*

*In **W2**, employees are given many opportunities for workplace HCT.*
1) The yearly medical surveillance for permanent employees (that also offers HCT) starts in February and goes to November. It is an easy and convenient way of doing all the health tests at once, time-wise, permission-wise. One nurse does all the tests.
2) Employees who are on chronic disease management are asked to present at the clinic every month (scheduled compulsory meetings) and HCT is always offered. Defaulters may be locked out of the site until they report to the medical station.
3) "Walk ins" for HCT in the site clinic are possible throughout the year.
4) Plant visits: nurses book events and go to the sites where the employees work: this saves time as employees can test on site. These are planned weekly per plant.
5) Annual Health and Safety day: HCT and Wellness are integrated in the Health and Safety Day. Employees are encouraged (given the official permission) through a notification from head office management to participate in the Health and Safety Day.
***W32** Staff who test positive for HIV and who are on medical aid, are assisted with registration on their medical aid's HIV management programme. Staff without medical aid, or whose benefits are limited, are referred to a clinic about four blocks from the workplace's building.*
***W19** More than 83 percent of workplaces' employees presented for HCT during the year. In addition, a total of 15 166 contractor employees, presented for HCT offered for free by the company. HCT is done together with medicals yearly.*
*In **W20** all site clinics offer HCT for staff on wellness days. ART is made easily accessible on site and the people know it. The HCT service goes out to the people. The HCT service is decentralized. The nurses spend 1 day at all three sites on a weekly basis to access the employees.*
***W29** made funds available to pay for HCT and for consultations and tests at private doctors.*
***W7** has its own modern primary Health Care clinic which offers routine HIV testing, as well as having HCT campaigns which are well supported.*
***W23** decentralises HIV testing by contributing to improved HCT uptake. HIV testing takes place in the brothels and on the streets – they do mobile HCT: "We bring HCT to sex workers; this contributes to increased HCT uptake". They also conduct testing during monthly workshops.*
***W23** conducts HCT in all the 10 sites that they have in the country. **W24** has an on-site modern clinic that is run by a clinic manager. 1st Wednesday of the month the clinic does HIV testing the whole day. This is the only thing the clinic does during the whole day.*
***W18** commemorates World AIDS Day at **W18's** canteen facility yearly.*
***W34** there has been a great improvement in workplace HIV and AIDS prevention since the specialised organisation that they (the workplace) have signed an MOU with has implemented the Wellness Programme. Testing rates have since improved significantly with workplaces having approximately 90% in HCT uptake.*
***W30** Management has been supporting the HIV programme: time is allocated, budget and incentives.*
***W8** launched an HIV policy in 2012, the workplace has a sufficient budget provided for HCT including HIV-test kits. The workplace management is very committed, managers are first in the queue to test, and the workplace provides the test kits and adequate resources. There are many opportunities to HIV test during the year (OHNPs told to offer employees HIV tests at all opportune times / HIV testing is offered with every physical medical on an annual basis (opt-out strategy) / A "pre-medical" HIV testing is offered / HCT in the clinic (walk in) is available every day Monday to Friday).*
***W22** indicated a strong uptake from the industry since the beginning of the programme. **W22** uses a "the client is the king" approach: the approach is very much client-orientated, employees are in their comfort zone. There is dedicated budget and solid funding for the programme. The programme partner offers free ART to all employees who tested HIV positive.*
*For **W22,** 22 fixed Wellness Centres are situated on all major trucking routes. They are aimed predominantly at employees and women at risk. They operate mostly at night. Employees from the Trucking Industry are invited to the Wellness centres for Wellness screenings that include blood pressure, cholesterol, glucose, STI's and HIV and AIDS; all these services are offered at no charge to the employees and truck drivers, however all employees have to give consent before testing for HCT, they are given an opt out option. Studies were done to find the right location for the clinics. The wellness centres are supported by a fleet of Mobile Wellness Centres.*
*In **W35** there is a health centre budget; the wellness centre budget for 2014 was R200 000. The centre in **W35** is easily accessible to all students; all other students are free to visit the centre, until such time as a centre has been established in their campuses. The registered nurse will however make regular scheduled visitations to the other sites. There are approximately 4000 students in total – within four (4) sites. The opening hours of the service will cater for the hours that students are required to attend college – being from 08H00 to 16H00 Monday to Thursday, till 14H30 on Fridays.*
***W33** management is committed to the initiation and sustainability of HCT, management is also actively involved in HCT activities. **W33** has an availability of adequate resources such as testing kits, budget, etc. HCT*

is free or of low-cost access to staff. The activities are implemented in all offices of the department, with high degree of implementation being at Head Office. The workplace currently relies on Wellness Champions who are volunteers to implement EHW programmes including HIV Counselling and Testing.
***W11** holds regular health information sessions, these sessions are done to consult with the workplace staff on how to best implement innovative strategies to prevent and manage HIV and related illnesses amongst staff.*
*In **W16** three shifts are covered by nurses, the clinic is open 24h. Each year in November-December, the company focuses on getting all the employees HIV tested. HIV testing is a priority for all employees. In **W35** health screenings and HIV testing campaigns held for both students and staff.*
New students / staff are orientated to the Health Centre onsite being an HIV testing site and actively encouraged to make use of it to test. At all three campuses.
*In **W35** it was held at the workplace / college providing easy access.*
***W35** Health Centre is accessible to two campuses on a continual basis. No cost involved. Available resources. The Health Centre is always available.*
***W35** ensures that local congregations are empowered and capacity is built for sustainability of the program. Local **W35** Health and Temperance Leaders and HIV coordinators have been trained on a faith based response, creation of support groups, and formation of cooperatives for income generating activities for the infected people.*

Table 16. Forming strategic partnerships

Workplace establishing partnerships with government and NGOs for offering HCT services or supplies
Establishment of HCT centres
***W49** The trade unions, together with "employer champions" worked together to approach the employer to implement this service. This created credibility for the service.*
***W48** A local non-governmental organisation (NGO) which acted as an external service provider was engaged to HIV counselling and testing at four worksites of the workplace. This external service provider had a mandate to participate in a national HCT campaign and approached the company to involve their employees in the campaigns. This external service provider reported to the company by e-mail and an example of their report is below*
*At **W39** Nurses employed by the external health and welfare management company lead the testing for these events.*
***W43** The workplace engaged the services of six different non-governmental organisations (NGOs) which were deployed in the six geographical areas (Figure 9). The involvement of external service providers reduced the risk for stigma and discrimination since the workplace has its own capacity for HIV testing and counselling. These NGOs formally report back on their activities at meetings of the employee assistance programme.*
***W41** Making use of external service providers helped increase the perceived confidentiality of HIV testing. In 2015 only external service providers were used during the HCT drive.*
Collaborating with the Medical Aids helped increase the testing numbers. Both were involved early, were part of the organizing committee and both also offered incentives for their own members.
***W4** The organisation works with a wide variety of trusted local partners, national and international funding; for HCT they get testing kits and assistance from TB/HIV Care and the DoH.*
***W47** In the beginning of the HIV and AIDS workplace programme the workplace worked with a service provider known as NOSA (the five stars of HIV and AIDS in the workplace), after NOSA the workplace worked with DEKRA. DEKRA audits the WP's HIV and AIDS programme annually. SANS 16001 came into place in 2007 and was revised in 2013. **W47** now works/complies with SABS in the new wellness and disease management programme. The workplace follows the guidelines from the national Department of Health, the National Strategic Plan on HIV, STI's and TB and SABS Wellness and Disease Management Programme and internal SOP's (standard operation procedures). On wellness days the workplace invites personnel from the local cinic and the Department of Health to assist with HCT.*
***W44** Has on-going contact and updates are maintained with the DoH on district and provincial levels. The focus is on evaluation and assessment to ensure that partners remain on the same wavelength. At local level, the organisation is represented on the clinic committee to ensure coordination, the organisation also acts as a service provider for the Limpopo Provincial Department of Health's HIV and AIDS and tuberculosis programmes. Funding is provided by Government to cover operation costs for the organisation's wellness clinics. This contract started on 01.04.2014.*

W46 *Invites different companies (like Careways, DoH) for their wellness days. DoH comes quarterly; to do audits for TB* (as) *they provide treatment for TB and HIV. The workplace follows guidelines from the DoH, the Chamber of Mines and DMR.*

W22 *was established in 2000 as a tri-lateral partnership between trade unions, private companies and the sectoral National Bargaining Council. This primary healthcare delivery programme was aimed at the wellness of those employees in the industry.* ***W20*** *has formed a partnership with a non-profit organizational wellness clinic at a town nearby.* ***W20*** *works together with the non-profit organizational wellness clinic for its HIV and AIDS workplace programme. The NPO gets paid by the workplace to cover salaries of staff placed at the workplace and administration costs of the NPO. The NPO has signed an MOU with the DoH for provision of HIV test kits, ARVs and all medication affiliated to HIV care.*

At ***W22*** *a sector industrial partner included a module on wellness/health seeking behaviour/disease prevention/basic disease information into the employee-training programme facilitated at its main plant. The module also included information on the sector's wellness programme and the services offered at the 22 roadside Wellness Centres. Each employee attending the training receives a booklet and a document folder with information on disease prevention, as well as a map of the Wellness Centres for healthcare assistance when required.*

At ***W23*** *the programme is funded by a civil society organisation. The uptake of HCT is high due to the commitment of* ***W23*** *and its partners who are contributing towards the successful implementation of the programme. The partners include governmental and non-governmental organisations.*

W18 *has a partnership with a local government hospital, the local hospital staff of about 4-5 Nurses are invited to provide especially HCT. Two of the nurses from the local hospital would do counselling, while the remaining two do the testing.*

W34 *signed a memorandum of understanding with a public private organisation as a service provider in late 2013 for the implementation of the Wellness Workplace Programme (WPP) in their workplaces (on sites/farms). The implementation of the WPP is done for about +650 employees in five workplaces. Private Public Partnership allowed for the reduction of the costs of HCT. Rapid test kits provided by the Department of Health are used for the testing. Nurses for testing on the Wellness Day come from the public clinics (DoH), private sector and NGO's.*

W14 *The programme has developed partnerships within the finance industry, Health Care organization, medical scheme; this triad partnership is expected to integrate the linkages for each to support employee health so as to improve efficiency and service delivery for employees.*

W30 *makes use of a specialized HIV and AIDS management service provider for medical surveillance and HIV and AIDS management. This specialised service provider was brought in because they had the best offer, with a mobile clinic, minimal interruption of production; they offered training at additional costs, with an HIV focus. At this point in time, the specialised service provider does medical surveillance testing (including HIV) and entry medical checks (including HIV testing).*

W8 *The management, clinic staff and employees receive HIV training from a professional service provider, using the SANS 16001 standards:*

- *In 2007, SANS 16001:2007 training took place*
- *In 2013, SANS 16001:2013 repeat training, not audited yet*

W22 *Project is financed by the sector industry (employees and employers contribute monthly) through the sector's National Bargaining Council, and supported by private business that are active in the sector. The Department of Health provides the health care staff, medical stock and disposables while the antiretroviral drugs are funded by the programme. The sector's Bargaining Council makes use of CareWorks for ART. CareWorks only supplies data to the sector's National Bargaining Council and not to the project. The good work of the sector's National Bargaining Council stems from Public Private Partnerships since 1999. The project has established a collaboration between industry, local government and other health departments. The Sector National Bargaining Council manages the programme.*

W35 *send their HCT stats to a gateway clinic which gets included in provincial HCT statistics. The clinic is situated a kilometre away and W35 send any other referrals too since it is the closest clinic and W35 has a partnership with them.*

W35 *started doing HIV testing in May 2006 and its health centre became a non-governmental HCT site through its partnership with the DOH. They have been keeping HCT records for all these years.*

W35 *They have established various partnerships: 2010 – worked with an NGO that came a couple of times to do HCT. They came in 2010, 2011, 2012. In 2013 W35 established a partnership with HEAIDS who offered a 'first things first' campaign. In 2013, the provincial coordinator for HEAIDS partnered with another NGO to do general health screening assessments including HIV.*

The centre in ***W35*** *is also in the process of forming close ties with all resources who are concerned with HIV / AIDS thereby creating and developing strong referral links for both medical as well as emotional support.*

*In **W35** counselling and referral services are available at the Health Centre which operates in partnership with HEAIDS, National Department of Social Development, Department of Health, the Liquor Board and three local NGO's who performed both Health screenings and HIV testing.* ***W11** outsources external services providers like medical practitioners and nurses for health days and HCT. The workplace also outsources external speakers for health information.*

Table 17. Utilization of Certified and Dedicated service providers

Availability of well trained, dedicated, trusted and friendly staff (counsellors) to provide quality counselling services
***W49** is staffed by professional nurses supported by visits from medical officers contracted for this service.* ***W47** Counselling during HCT is provided by qualified nurses.* *At **W41** Moving the EAP from the HR department to the medical services: This helped as employees perceive/believe that medical services are more qualified for HIV testing and ART.* ***W44**'s Has professional passionate staff known and trusted by the people in the region. They are known to help, they are part of the people, and they are trusted. People trust the organisation's staff because they know that they care.* *At **W46** the nurses have been in the workplace for a number of years and they have good relationships with the employees. Employees sometimes prefer to be tested by certain nurses.* ***W2** Services provider has placed professional staff at the workplace to assist the clinic staff with integration of the Wellness programme in other clinical services. Trust towards the clinic and its staff was reported as being one of the main reasons for the increase in HCT uptake. There is a strong trust relation between the clinic Wellness Team and employees.* ***W20** makes use of a competent service provider for HCT: the non-profit organisation wellness clinic used by **W20** is an experienced service provider for workplace HIV and AIDS management.* *The statistics show **W23** is growing – due to the fact that the demand is high and the fact that **W23** is a trusted provider of HCT and is improving HCT uptake.* ***W16** has trust in the work of the clinic manager, longevity of staff and treatment success. The clinic manager thinks that the behaviour change seen is because of the fact that she has been in the clinic for more than 10 years and the people have seen that she has protected people that she has brought people back after being sick.* *The clinic manager at **W24** is very passionate about her job and what she does- that explains the success of the HCT. Her willingness to be open to people, publicly, vocally ("in the face"). There is appreciation from the bigger plant management for what the clinic manager does: they get quarterly feedback on the testing results. The trust of the employees in the clinic staff and service delivery plays a strong role in making HCT work. The clinic has delivered quality service over years without any exception.* *The clinic manager has worked for **W24** since 2004. Confidentiality of test results is the Workplace's policy that has always been respected by the clinic.* *At **W16** professional experience of staff managing workplace HCT: the nurses spend a lot of time in pre-test counselling, making it clear what to do if tested HIV positive, how it can be handled, the different scenarios. This helps to keep to the 20 minutes reserved for testing as people are queuing. People that tested positive are invited to come back for post-test counselling the day after the testing to avoid queues getting to big* ***W14** has a team of three persons, led by a qualified clinical social worker (with an MBA).* *At **W34** the nurses that do testing and counselling on the Wellness Day are trained nurses from DoH, the private sector and NGO's.* ***W30** makes use of a professional service provider who is also specialised in HIV and AIDS management.* ***W8** has professional and dedicated staff: the clinic staff was trained during a 15 day HIV counselling course that was able to convey the scientific basis for offering an HIV programme.* ***W22** Staffed by professional nurses and counsellors at both fixed and mobile centres, where they offer general healthcare testing such as screening tests for high blood pressure, glucose, diabetes and cholesterol testing, tuberculosis and STIs, measurement of the body mass index (BMI), screening for tuberculosis and STIs, as well as HIV counselling and testing (HCT). **W22** has a team of highly trained registered nurses, counsellors and peer educators who provide much needed health care services, together with education, training and testing for HIV and AIDS and sexually transmitted infections (STIs), as well as counselling and emotional support, which is essential to HIV and AIDS testing.*

*In **W35** there is a functioning Health Centre (HC) offering basic Primary Health Care in East London (EL); it is an approved HCT site with a registered nurse for student and staff use. In **W35** Management is committed to releasing staff for training in order to maintain an effective efficient centre.* ***W33** HCT activities are executed by Employee Health and Wellness practitioners and Wellness Champions with the assistance of service providers, the Department of Health and other NGO's mainly for education and awareness sessions. The use of external service providers to implement on-site HIV Counselling and Testing assists also in referring infected employees for further assessment and enrolment onto a treatment regime. The service providers used do not charge the department since some of them are donor-funded to implement the programme, whereas in others it is built in as part of the service to their members, to reduce spending on HIV treatment.* ***W32** Wellness days are conducted annually through the external service provider, who is contracted by **W32**. The external service provider also provides telephonic HIV counselling services.*

Table 18. Provision of total package of care

Ensuring continuum of care by linking or referring employees who test HIV-positive to treatment, care and psychosocial support
***W49** The evolution of these services began in 1986 when the first HIV-positive case was identified. Employees are offered HIV services at every encounter with the on-site occupational health services. A comprehensive HIV/AIDS plan was developed by the workplace in the 1990's. **W49** Links VCT to a programme of care for people infected with HIV.* *At **W44** people tested HIV positive are given the option to come to the public clinic or to one of the organisation's 10 clinics. Most farm workers know a lot on HIV testing. After 2-3 weeks, all employees tested HIV positive are contacted for a follow up discussion.* ***W47** Employee who test positive for HIV are initiated on ART immediately, permanent staff is initiated immediately and the contract staff is referred to the community clinic and other clinics. The HIV and AIDS programme benefits the workplace and the employees, employees come forward to disclose and they are given treatment. Employees are free to consult with the EAP practitioner who is a Social Worker by profession and registered with the South African Council for Social Service Professions. The EAP can assist employees with the process of starting treatment or refer to other external service providers.* *At **W46** if the contractor's test positive the clinic sent them to Evander Hospital and permanent are provided with treatment, but if they are on medical aid the clinic refers them to their GP.* ***W2** permanent employees who test HIV positive in the workplace can register in the HIV support Programme (ART and treatment service programme). Contractors are referred to the public clinics (a local hospital) where there is an existing relationship with management to ensure supply of ARV's.* ***W19** they also give seasonal employees separately an opportunity to test, but no free ART. When tested positive, seasonal employees are referred to the public clinic. Seasonal employees have contracts from 3 to 6 months. Contractors get up to 9 months of employment. HIV positive permanent employees are treated for free in the workplace clinic, paid by the workplace. Permanents get CD4 counts and ART for free.* *In **W20** contractors get ARV on site. Permanents have to be on medical aid and get ARV through medical aid.* *In **W20** the clinic has been certified since 2014-2015 to the SANS16001:2013 standard for Wellness and Disease Management.* *At **W7** employees who test positive for HIV during HCT campaigns are referred to the PHC clinics to determine whether they need to be initiated on ART. All HIV-positive staff is given Nutritional supplements and food packs to boost their immune system.* *At **W23** if a client tests negative, they can decide whether they want to be tested on on-going basis, If positive they are referred to clinics by the workplace for CD4 count and treatment. Testing for sex workers by sex workers being done by an organization for sex workers.* *Free counselling and testing.* *At **W18** employees who test HIV positive do bloods immediately to confirm the test and they do CD4 count and the viral load.(results are within +-4 days), and if they are on **W18** medical aid, they fill in the chronic disease management form immediately. The same applies to temps and service providers; however, they are referred*

to the public clinics. When the blood test come back (after 3-4 days), they call them on cell phone, if they do not answer they get them via the alarm manager, they block the access at security. Most of the HIV-positive, if they do not want to see their GP they will see the doctor on-site. The on-site doctors are more up-to-date, GPs are not. HIV positive employees do their blood test twice a year. The employees with medical aid register on the HIV management programme and get their medication delivered if they want. The temps and service providers do not get this service. *External service providers for HCT were used temporarily in the early stages until employee confidence in the workplace clinic staff doing HCT developed further; later* ***W18****s clinic staff began providing support for the journey to the point of initiating ART and then even follow-up care.* *At* ***W30*** *when employees test HIV positive, they are referred to the specialised external service provider by the clinic to get ART; the specialised service provider has an MOU with the department of Health for ARVs. Employees who disclose their status are accommodated at* ***W30*** *(for example, they are moved to a lighter duty).* *At* ***W8*** *if and when a patient knows their status early, the will start ART early. Employees are confident that HIV positive employees are being taken care of: CD4 count monitoring is done for ART eligibility and employees that qualify are then referred to a public clinic.* ***W22*** *the programme offers free ART to all employees who tested HIV positive: the workplace does the testing and a service provider does the ART when necessary.* *In* ***W35*** *South African Blood Transfusion Services (SANBS) visit with referral of HIV positive clients to HC or preferred clinic.* *In* ***W35*** *the HC performs 6 monthly CD4 counts, monitors opportunistic infections, assists with minor ailments, does referrals to clinic / Doctor of their choice for treatment of more serious infections. Referral if CD4 count ≤ 500 for ARV commencement to clinic of their choice, regular follow up after all referrals and referral to additional resources as required. The health centre in W35 is also providing basic daily treatment for minor ailments, general counselling and health promotion.* *At* ***W 33*** *the on-site HIV Counselling and Testing is conducted on a quarterly basis in line with the notion of a window period, thereby providing an opportunity for confirmatory testing. Staff is informed about treatment and care options in cases where they test HIV positive (the continuum of care linkage of HCT and ART to staff).*

Table 19. Integration of HCT into general health screening

Integrating HCT into various health programmes-Comprehensive health screening/assessment/ occupational health and safety/medical surveillance – diabetes, BMI, BP, cholesterol, HIV, etc.
W49 *HIV and TB testing and care is incorporated as part of the general health package of care for employees. VCT is followed up, where applicable, with a reliable source of effective treatment available on site, providing access to appropriate and sustainable antiretroviral therapy (ART) when clinically indicated.* ***W48*** *Employees tested for HIV, as well as getting screened for TB, reproductive health and sexually transmitted infections (STIs).* ***W43*** *The novelty of the inclusion of VMMC and TB with the HCT campaign likely raised interest in HIV testing. Given that the workplace's employee assistance programme follows a wellness approach through the inclusion of testing for non-communicable disease.* ***W41*** *HIV is integrated in the Wellness Programme to optimize resources, reduce stigma and increase participation.* ***W41*** *runs a comprehensive Wellness Workplace Programme for all lifestyle conditions, mostly for non-communicable diseases.* ***W4*** *HCT is always done in combination with an event like sport tournaments, launch of a project (for a new grant).* *Health screenings, including HIV counselling and Testing (HCT), has been a key feature of* ***W39****'s wellness programme.* *At* ***W39*** *Annual wellness days are the principal events for testing of HIV, along with tests for non-communicable diseases such as diabetes, hypertension, and creation of awareness of the risks of cancer.*

W44 *has many different Programmes that include offering HCT or encourage HCT (for example: High Transmission Area, IOM, farm works, migrants, sex workers, NACOSA program, LGBTY program, home based care program).*

W47 *When employees go for the medical surveillance/annual medical check-up they are advised to also do HCT and TB screening.*

W46 *The health hub (onsite clinic) provides comprehensive health care and occupational health; these services are provided to all employees and contractors. The primary health service provides category 4 – 8.*

W2 *has included HIV and AIDS in its holistic wellness approach. Health tests are organized in a way that only one nurse visit (personal "one on one") is necessary to be able to do many different health tests (including HCT). This contributes towards reducing HIV and AIDS stigma as HIV and AIDS is more and more seen as a chronic disease that can be managed like any other chronic diseases.*

HCT is a pivotal part of non-occupational health care at ***W7*** *as it is focused on maintaining employees' optimal well-being in order to maximize their productivity. Due to the nature of* ***W7****s business, a focus on health and safety, as well as non-occupational health, is paramount.*

At ***W17****, when employees come for primary health checks the head talk is HIV. The clinic manager/nurse keeps on encouraging employees to HIV test, participate in VMMC, use condoms. She convinces them, explains that the outcome is treatable. A "one on one" approach is used for testing (one nurse will do all the tests including HIV testing), confidentiality is a priority. HIV is integrated in the chronic disease management at* ***W20****, 500 employees with chronic diseases are on monthly monitoring. If they do not turn up to their monthly compulsory check (invitation per sms), their access to the premises is blocked so they need to report to the clinic to be able to go to work again. This example of the proactive management of the employees' health and wellness is the key focus of the workplace occupational health management system. Thus the system continues to be a priority and receives requisite resources.*

W14 *has incorporated the HIV programme within the broader wellness workplace programme and is no longer a stand-alone focus area.*

W34 *has Wellness Days (that include HCT) that form part of a comprehensive Agricultural Wellness Management Programme with a special focus on HIV and AIDS facilitated by the external service provider*

W34's *policy on HIV and AIDS has also been changed to a "Chronic Diseases" policy.*

W30 *HIV is integrated with other health tests (4 tests at a time done by one nurse) since 2013; HCT events were dropped since HCT is offered in medical surveillance. The biggest change in HCT uptake happened when the company incorporated HCT with medical surveillance tests: more staff attended and participated in HCT. Medical surveillance is done every year between mid-January to February (2-3 weeks) by, a professional service provider who is also specialised in HIV and AIDS management. The service provider is responsible for doing the medical surveillance that includes HIV testing. In the early years HIV was separated from other tests*

W8 *HIV is part of chronic disease management, privacy and safety is provided. Annual medicals (occupational health) include voluntary HIV testing (one on one activity). It is compulsory for the employee to undergo a medical once a year. It is completely private. The employee is offered other rapid tests (diabetes/sugar, cholesterol). One prick is used for 3 rapid tests. Employees have to "opt-out" if they do not want to HIV test.*

W22 *the centres provide free health related services and products such as treatment of STI's, condoms, HIV Counselling and Testing, primary health care services; drivers whose employers are registered with the National Bargaining Council are provided with free ART through service providers.*

At ***W22*** *HIV is just one out of many wellness tests done in the wellness clinics. HIV is just one out of many wellness tests done in the wellness clinics. Nurses look at the patient holistically and also do primary health care. Wellness screenings include blood pressure, cholesterol, glucose, STI's and HIV and AIDS.*

- *The opening to wellness helps decrease stigma.*
- *Three drops of blood are required to do all the tests.*
- *Opt-out helped to increase HCT uptake: employees have to opt out if they don't want to test for HIV.*

W3 *has integrated/ mainstreamed HCT into general health screenings and wellness.*

Table 20. Extending HCT beyond employees

Extending HCT to contractors, conducting Family HCT Days, couple counselling and testing
W49 *owns a hospital and the hospital accepts up-referrals where required.* ***W44*** *HCT is offered in the town and villages: a testing tent is set up in public places**.*** *In addition, the organisation provides confidential HCT on farms and lodges to accommodate workers who cannot visit the clinics.* ***W47*** *Employees and contractors can go to the onsite clinic for HCT at any time. The wellness day at* ***W47,*** *offers free attendance for the workplace employees and the contractors at large, whoever is onsite on the day is welcomed to test.* ***W4*** *The coach Development Programme includes HIV Counselling and Testing (HCT) events where coaches provide support for participants and community members.* *As part of their social responsibility programmes* ***W20*** *has established outreach programmes that offer TB screening and HIV to increase HIV and AIDS and TB awareness in adjacent communities.* *At* ***W18*** *if and when families are seen at the clinic, all family members are offered HCT.* ***W16*** *When they do HCT, nurses ask employees who tested HIV positive if they can assist with helping to inform family or church members or other people of trust that can help when they are sick and she encourages these people to come forward. Not many people make use of that. She also suggests that employees who tested HIV positive do not have to disclose to their partners, but both can come to the clinic and test together, to take away, you were the one that tested HIV positive, you were the one that brought it home. This also is not as successful as she had thought it would be.* ***W8*** *Partners of employees (who have been tested HIV positive) are invited to testing at wellness events.* ***W22*** *invites family members and sex workers to also participate in testing activities.* *In* ***W35*** *community support – home visits for education and support, as required.* ***W33*** *has family and couple counselling and testing.*

Table 21. Developing culture of HCT

Conducting Provider Initiated Counselling and Testing (provider pro-actively test all employees unless they opt out), conducting HCT on an on-going basis, at convenient times and creating an environment where employees perceiving workplace as supportive of HIV testing
W49 *VCT is implemented at every primary health visit encountered with health service providers.* *At* ***W39*** *all members of staff are invited to test and section-named testing schedules are available in the divisions starting with the Chief Operations Officer (COO), the highest ranked employee. During the 2015 event, a peer educator shared the stage with the COO at this particular event. The COO of W39 is usually one of the first employees to test for HIV. HCT campaigns take place at the workplace site over a period of three days to minimize disruption of production. On World AIDS Day 2015 at this specific site, the main parking area was clear for all activities associated with the event.* ***W44****'s care givers (90 people in total) activities encourage/support HCT (for example, individual and group talks about health issues including HIV testing, awareness, care giving). They make sure that HCT activities do not interfere with farm activities. They helped organise the HCT activities. They are the link between the organisation and the farms.* *At* ***W44*** *HCT drives on the farms/lodges in the mornings or at lunch time. The care givers help organise the events (2-3 days in advance). They hold 10 to 15 minutes talks about the importance to test. They also do talks on a daily basis (group and individual).* ***W43*** *HIV testing is done during working hours whereby NGOs pre-arrange their visits to the various geographical areas and sites. Employees are invited to test for HIV and take some time during their working day to do so. The lead is usually taken by senior managers, who in turn encourage other employees to test as well, especially at workplace sites with high numbers of employees. A 24-hour calling facility is available to staff for HIV-related counselling as well. In addition to the involvement of NGOs, counselling is also available through a wellness service provider, who apart from the counselling part, participates in employee induction*

programmes through presentations. This likely influences employees to test for HIV as the wellness service provider encourages HIV testing as well.
***W41** has a comprehensive health and safety policy that includes HIV. The workplace offers annual Wellness Days to its employees covering for example HIV and AIDS, diabetes, weight issues, stress management, pregnancy, at the workplace, and ear, nose and throat infections.*
***W4** HCT is part of the "HIV/AIDS testing activity training module" coaches were trained on and have to train the children on. It is about being prepared when you HIV test and explaining the children how testing works.*
***W47** When employees go for the medical surveillance/ annual medical check-up they are advised to also do HCT and TB screenings if they wish. The workplace management is also involved financially and with resources.*
***W46** All employees are tested for their annual medicals.*
***W2** HIV counselling and testing (HCT) receives strong attention and there is a concerted drive to raise awareness of the importance of HCT.*
*In **W16** HCT is organised as a fun event, it is run over a month from the middle of November to the middle of December. It is a wellness month targeting/ focusing on HCT. HCT and wellness is something exciting that all the employees, union and managers support. The plant has an end of the year party during which the lucky draw prizes are distributed to winners. HCT, wellness, the prizes and the year-end party all create a lot of excitement that encourage employees to participate in company's health activities including HCT. HCT becomes a group thing.*
*In **W16** the shift leaders are friends of the clinic: they help identify employees that are not well and might have health issues. They discuss it with the clinic manager. They discuss how to bring these colleagues to the clinic.*
*In **W16** management and senior management are seen to enter the local clinic and they are the first to test, wear their t-shirts on the day of testing, every year. Time is allocated by managers for staff to leave the lines to participate in HCT activities. Management slightly reduces the production number in the first week to allow people to participate in HCT. The problem with HCT is the time constraint, having to counsel each person in sufficient depth when they come forward. Management has allowed the clinic to bring in additional staff.*
*In **W16** the clinic takes co-responsibility in reducing the disruption because of testing (they have a card system that they use for this, the foremen distribute these cards to their staff and staff can only test during work time if they present this card. She tries to encourage people to come during the tea brake. Transport back home or to company is also modified to allow people to do testing before they start working or before they are transported back home. This helps improve uptake.*
***W32** HCT is offered in the workplace in response to the HIV pandemic. The workplace also conducted the first national household HIV survey and has a strong connection with the "46664" campaign in creating awareness of HIV.*
*In **W19**, the clinic manager goes the extra mile to get the people tested. The people at the offices get a phone call as a reminder that their medical is due, also HIV testing. The clinic manager will "even come and get the employees if they do not turn up." In **W20** employees have seen that the clinic helps employees. Many good stories exist: very sick employees were helped by the clinic and came back to work.*
*At **W22** events are organised around the wellness testing free of charge braais in which everybody can participate are organised to encourage participation in tests. Management are the first to test and so set an example.*
*At **W24** the culture for going for a test (on the first Wednesday of the month) is not stigmatized, stigma is still around but not related to taking an HIV test in the clinic. Proof: people openly go to the clinic on the first Wednesdays of each month. The spirit of **W24** started in August 2014. The spirit is about: I am responsible for you and not just for me, caring for others. All employees of the workplace sites have pledged to the spirit of **W24** Work level ones and senior management meet to discuss how we can make the workplace better. This is then rolled out to the work floor. "The spirit of W24is more important than we think": there is a cultural connotation to these people that have a song that they will be singing to build the spirit of the workplace. The idea came out of a team building session in 2013. The clinic manager refers to the spirit of **W24** when she does her HCT campaigns saying "I am responsible and so are you responsible". "It is team work; we are doing together for each other, also to make money by the end of the day because this is what it is all about."*
***W34** receives support from top level for workplace HCT, the managers of the Workplaces are also part of the workforce and they also attend the Wellness Day events and also do HCT. Many employees are seen to participate in wellness testing on wellness days in order to mitigate the burden of HIV stigma and discrimination. The employees attend the Wellness Day testing in groups of more than 10 employees (picking teams). This allows for the farm work to continue during the wellness day as the other employees continue with their work until their respective groups are called. **W35** has HCT Campaigns and events: there is an NGO offering HCT on three occasions at all three sites**,** New Start HCT offered on 5 occasions**,** Employment of second Registered Nurse Campus H, New Start HCT**,** and Formation of partnership with HEAIDS campaigns**.** An NGO offering Health Assessment and HIV testing – "First things First" HEAIDS campaign.*

W35 *provides testing and campaigns at a time when both staff and students are less busy; campaigns are held twice a year and an HIV culture is created by means of campaigns held, available literature, and availability of the Health Centre.*

Table 22. Ensuring Privacy and Confidentiality

Assurance of Confidentiality, Non-disclosure of HIV status, venue for testing being private
W49 *employees have accepted the workplace's VCT approach as part of a "trustworthy" comprehensive health service.* ***W44*** *The organisation provides confidential HCT on farms and lodges to accommodate workers who cannot visit the clinics.* ***W43*** *Monthly and quarterly reports on HCT for the Employee Assistance Programme (EAP) reporting mechanism were made available for 2010-2015. The data was supplied through a time-bound, password protected IT server link that was shared by e-mail.* ***W41*** *Making use of external service providers helped increase the perceived confidentiality of HIV testing. In 2015 only external service providers were used during the HCT drive.* ***W47*** *The clinic staff is dedicated and practices confidentiality.* ***W46*** *The clinic has social workers for one on one consultations with the patients/employees. The social worker and the rest of the clinic practice give out good counselling services, and high level of confidentiality.* ***W2*** *Trust in the confidentiality of HIV status and the quality of the HIV Support Programme: clinic staff members responsible for chronic disease management (including ART) are often already known by employees. The success of the HIV Support Programme is very linked to the professionalism of the persons that run them.* *In* ***W16****, with the work that was done by the clinic through the years, there seems to be very little fear of discrimination in the company, management is very quick to start grievance procedure in case of breach of confidentiality and discrimination. Employees do feel protected at work. Furthermore, the clinic manager has been in the company for 10 years. A lot of employees rather like to come and talk to her directly because of the strong and long existing trust relationship. People have seen that she has protected people and that she has brought people back after being sick.* *In* ***W16*** *nurses are aware of patterns that can compromise confidentiality like letters indicating that you are negative. In this workplace, people that were positive did not receive a letter. So the audience was just looking to see if people got a letter. When clinic management found out about this she stopped the letter. People could get a letter, but had to come back a week later to get it.* *In* ***W19****, a "one on one" approach is used for testing (one nurse will do all the tests including HIV testing), confidentiality is a priority. HCT is very private, there have been no discrimination issues in the workplace.* ***W19*** *encourages those who will be tested positive on that day that they will not lose their jobs and they will remain anonymous, because confidentiality is being practiced. Trust towards the clinic and the clinic staff was reported as being one of the main reasons for the increase in HCT uptake. There is a strong trust relation between the Clinic Wellness Team and employees. The professionalism of the wellness staff and the right attitude has a positive influence. It is made sure that the confidentiality of all health test results is a priority in the clinic. Employees trust the clinic staff. The clinic manager has been in the company for 45 years, the doctor for more than 20 years. There are no issues with stigma and discrimination.* ***W 20*** *HCT remains voluntary and the results are bound by medical confidentiality. There are no known case of stigma and discrimination because of HIV positive status. HIV positive employees come with their clinic bag to fetch their medication without being worried. Confidentiality of status is a priority. Employees tested HIV positive can take a discrete back door if they do not want to be seen. Nurses do all kind of health tests, so people in the waiting room do not know why you go to see the nurse.* *At* ***W23*** *lay counsellors keep confidentiality; they do not go about talking about the HIV status of their clients and a, high level of confidentiality is maintained.* ***W18*** *has an increase in trust levels and confidentiality experienced by employees when interacting with* ***W18****'s clinic staff.*

W24's *clinic sees the HIV positive on a monthly base, they also encourage HIV positive to come on the 1st Wednesday, this helps prevent stigma, as colleagues ask "why have you not been?"* *At* ***W34*** *HCT takes place in cubicles for confidentiality. Each worker is invited to see one nurse for HIV Counselling and Testing (HCT), as well as TB screening, blood glucose testing, blood pressure testing as well as the measurement of the Body Mass Index (BMI). There is a plan and rooms for all the different tests offered during the Wellness Day.* ***W30*** *has different offices in which the tests are done, confidentiality is assured.* ***W8*** *employees trust the confidentiality of the testing result. With the work that was done by the clinic through the years, there seems to be very little fear of discrimination in the company. Trust relationship with patient (employee) is vital. Nurses are trusted and regarded as part of management. Employees return to nurse at the company to report gaps-e.g. delay in ART initiation.* ***W22*** *assures their employees of professional care and confidentiality, as well as offering a safe environment for talking freely and to ask questions without being judged or discriminated against.* *In* ***W35*** *over the years there have been a number of self-disclosures – they tell the nurses without even testing – the nurses do not go and tell other staff and students.* ***W35*** *offers HIV related confidential counselling for individuals and their significant other.* In **W35**, a*ll rooms are interconnected with a door between each for easy access, but as well as privacy and confidentiality. The centre also provides adequate storage for HCT equipment, as well as locked facilities/storage for confidential information.* ***W33*** *uses an approach of quarterly on-site HIV Counselling and Testing which works since it has increased uptake by staff members, meaning it assists in reducing the stigma attached to HIV counselling and it increases the need for employees to know their HIV status.*

Table 23. On-going HCT promotion

Intensive communication – emails, notices, posters put everywhere; HCT Stats to demonstrate success and effectiveness of HCT; HCT Campaigns; awareness sessions demonstrating the importance of HCT
W49 *Numerous VCT campaigns each year have assisted employees by reminding them of the need to test. Before miners begin their shift, they are provided with a regular feedback of brief, anonymous health statistics on the teams' performance. W49 also implements large-scale prevention and treatment campaigns for sexually transmitted infections (STI's), a formal system of HIV/AIDS reporting, understanding the disease through intensive counselling and support and encourages a healthy lifestyle, with good nutrition.* *At* ***W48*** *testing for HIV and screening for TB and STIs took place on-site, at four worksites during October-November 2010, the workplace issued out posters before the HCT screenings.* *At* ***W48*** *full-colour posters were used to raise awareness of the need to know one's HIV status through HIV testing, given that HIV does not discriminate. The posters were made available at all worksites in the weeks prior to the testing campaign by the external service provider.* *At* ***W47*** *HCT is offered to everyone during the wellness day, and rapid test kits are used for HCT. Previously the workplace used to take blood samples for HCT and then people would not come to get their results. Invitations are sent to service providers and the employees. HCT is also done during the WAD and the Candle light memorial.* *At* ***W44*** *HCT is offered in organisation's clinic all year long from 07:00 am to 04:00 pm, 5 days a week.* *At* ***W44*** *15 professional employees of the organisation go out on a daily basis to farms, lodges, taxi ranks, hot spots, shopping malls, shebeens to offer HIV testing.* ***W43*** *In addition to the involvement of NGOs, counselling is also available through a wellness service provider, mostly on the counselling part, who participate in employee induction programmes by doing presentations (Figure 10). This likely influences employees to test for HIV as the wellness service provider encourages HIV testing as well.* ***W43*** *Continuous marketing and awareness of HIV and AIDS, as well as sexually transmitted diseases (STIs) kept employees informed. Changes in focus of the HCT campaigns, such as the inclusion of voluntary male*

medical circumcision (VMMC) and TB in the campaign reduced the stigma around HIV as an exceptional disease.

***W41** Marketing and communication: The HCT testing was announced through emails that included leaflets and posters. An Intercom announcement was made 1 or 2 days before the HCT event. Intercom normally is an emergency service that reaches all employees. Education and awareness: the movie "Yesterday" was shown to employees during work time. Popcorn was offered to employees during the movie.*

***W41** HIV testing is offered by the clinic all through the year. An HCT drive is organized once a year. Approximately 70% of all HIV tests are done during this drive. During the HIV Testing campaign, 3 different service providers offer HCT. Costs of testing are billed from the medical scheme. The HCT drive is a build-up event: the more the Wellness Programme becomes consistent with the way it does awareness + HIV testing, the more employees' trust in HIV testing in the workplace.*

***W4** The Coach Development Programme is a two-year programme; the programme includes skills modules like: HIV limbo, Effects of dating with old partners, Healthy and unhealthy relations, Risky or not Risky? These courses are trainings for trainer's courses. The organisation conducted a longitudinal study of all coaches that joined the programme in 2013 in South Africa. An in-depth survey was conducted at baseline, midline and at the end.*

***W46** The clinics use notice boards around the areas, to inform people about wellness days, and through mass meetings. The language used in the posters is Xhosa, but in future the clinic will use Xhosa and Sesotho, because these are the languages that are commonly used. English can be used but that's not the language of the majority, so the majority will be the ones that speak vernacular. Clinic staff go to the management team and test them in their offices, it is a challenge for management to go out and test. There was a time when the general manager came out and tested in front of employees, as part of motivation.*

***W2** Intense professional communication: HIV and AIDS awareness messages and events around HIV (including HCT) are frequently communicated through emails, notices, LED-screens, posters in all relevant languages. The service provider has a dedicated communications manager who develops various messages and sends to the nurse. LED screens are found in the admin building, the clinic, the entry security building and many open spaces like the canteen, clinic and a few inside the plants. The service provider's communication makes use of standardized design of messages that most of the time include company's and the service provider's logos. The messages are also in different languages. Communication is made easy to understand and has a strong corporate identity. World AIDS Day is used as an opportunity to communicate important messages about knowing your status and getting to 0 new infections. Free and voluntary HCT is offered at the medical station.*

*In 2013 **W20** introduced a movie on HIV and AIDS and wellness. All 3000 employees got the CD. The movie is part of the induction training and all employee need to pass the induction test with 100% if they want to be employed. Management was also trained using the movie, the NPO wellness clinic staff goes out to the employees, they spend 1 day on a weekly base in all three sites. The primary healthcare sisters do talks on different health topics including HIV. Topics are chosen according to gaps measured with the KAPB surveys in 2012 and 2015. Attendance of these talks is monitored. "Training as a whole plays a big role".*

***W23** has an on-going HCT promotion during workshops - HCT workshops encourages us to test freely and willingly at accessible places.*

*When employees access primary health care at **W18's** clinic, they are encouraged to also test for HIV. HCT testing was promoted at the Annual Health, Safety and Wellness event.*

*At **W24** all employees have to go through medical and occupational health induction training. Every clinic contact with employees is used to ask and answer questions about HIV and AIDS issues. Managers also have to go through HIV and AIDS training regularly to better understand the issues around HIV and AIDS in the workplace. Flyers, posters and a banner indicate that everyone is welcome (permanent, contractor, temps,) to get tested in the clinics on the first Wednesday of the month. The workplace has a World AIDS day HCT campaign: The clinic management organizes a World AIDS day testing programme once a year that is run in November/December.*

***W16** has an on-going communication about the need to HIV test. There is an induction programme (source: Induction Programme June 2014 - W16), poster awareness subscription to a local magazine 25 in English and 25 in Zulu with health topics.*

*The Wellness Day takes place once a year in all the farms at **W34**. The Wellness Day usually takes place during the picking season in August. Workplace HCT is organised as a short and intensive know-your-status initiative. Before the Wellness day the service provider facilitated theatre plays, made educational posters and gave trainings to peer educators and coordinators to help with motivating the employees to go for HCT.*

***W30** Awareness about HIV and AIDS and the importance to participate in HCT, the company compiled a DVD to be shown on World AIDS day (idea came from management and peer educators) that was shown during lunch time in the canteen. The video shows company employees' "colleagues" talking about HIV and AIDS; this is a tailored approach of reaching the employees with important messages. This approach is believed to be better than when strangers are seen to talk about HIV and AIDS. The video included both genders, female and male vulnerability. In January 2013, 2014 and 2015 as part of induction, a drama group did a play that includes the HIV and AIDS topic. A wellness expert was brought in for 3 hours of induction programme that includes HIV and AIDS.*

***W8** has two campaigns per year with HCT offered as 1 day events, e.g. a four shift system, and every shift is covered. The events are very successful: start with advertisement 2-3 weeks before, leaflets, posters, peer educators and email. Wellness committee meets monthly, plan 2 months ahead, posters and emails. Content of the posters (e.g. ARV's as prevention) create questions in employees. Management must agree to give time to attend event, machines switched off. Speakers are invited, People living with HIV who live openly. Marketing material is inclusive of gender representation.*

*At **W22** many activities take place to create awareness of the importance of health and knowing HIV status: Every year thousands of employees are made aware of the importance of knowing one's status. HCT is regularly advertised: with quarterly posters in and around the clinics, pamphlets, trained peer educators and lay counsellors. 4 of the programmes' counsellors are HIV positive. Peer educators are present in all centres and encourage HCT testing. Sex workers are educated and are used as peer educators to encourage HIV testing. Peer educators are trained every year and pass assessments to assure that everything is well understood. Government is supportive as it delivers some of the flyers that are distributed.* T*he programme's education efforts are always very well received by both drivers and the local communities.*

*In **W35** there are various approaches used for HIV testing– health centre, campaigns, referrals. **W35** makes available HIV / AIDS, Anti-Retroviral (ARV) medication, Substance Abuse, STI, Pregnancy informational booklets, pamphlets, posters in HC and Resource Centre for raising awareness and informing.*

*In **W35** management have initiated the on-going Health and Awareness Centre and employed a Registered Nurse to provide basic treatment, pre- and post-HIV test and general counselling and Healthy Lifestyle / Preventive Health promotion for both students and other college staff.*

***W33** has awareness about HIV Counselling and Testing, publication of an article on Why should you test for HIV on W33's internet portal and newsletter, implementation of regular on-site HIV Counselling and Testing quarterly and also at key events of the department such as Women's Day, Youth Day, International day for Persons with Disabilities, Sports Day; World Aids Day; Strategic Planning Sessions; and other major awareness campaigns for other programmes. The strategy seeks also to increase mainstreaming of HIV Counselling and Testing into other core programmes and activities of the department.*

***W11** marketing for the health information sessions is done to promote the uptake of HCT. Interns are placed at the workplace for a period of two years to assist with the following:*

- *Preparations to hold HCT campaigns*
- *Marketing the HCT events through newsletters and other means.*

*At **W11** marketing of "health days" is promoted through electronic (email) and print (newsletters) media. HCT is included in all staff health information events, health days are used as the backdrop for promoting HCT and other health screenings.*

*In **W35** the campaign was available throughout the day.*

***W35** We encourage all our projects to be linked with the Department of Social Development for continual support.*

Table 24. Using Trained Peer Educators to promote HCT

To ensure comfort and willingness to test
W49 *Peer-educator approach was also used.* *At* ***W44*** *the care givers are well trained and motivated. The care givers are very well organised/ managed. A calendar is set up with all the care givers' monthly meetings at the organisation in the year and sent to the farmers to make sure that care givers are given time to attend the monthly meetings. These meetings are done for care givers to give feedback on their work on the farms/lodges, discuss health issues, talks about challenges and problems.* ***W29*** *encouraged off-site testing of HIV to mitigate against stigma. However, awareness of HIV & AIDS was raised through the training and deployment of peer educators in stores, as well as the training of managers and other senior staff on HIV and the company's policy on the management of the disease.* ***W7*** *Peer Educators give wellness training at divisional meetings and during wellness activities (including HCT) that are set out in annual programme. Wellness Peer educators compliment health and safety representatives' work by focusing on HIV and AIDS and non-communicable disease information which creates a willingness to test for HIV, especially during HCT campaigns. The importance of the work of trained peer educators as part of employee wellness is mentioned in the Annual Reports of 2012 and 2013.* *At* ***W20*** *peer educators (40 actually) bring out a different health topics every month. Peer educators encourage people to HIV test and refer them to the clinic. Peer educators get recognition for this (as people bring a referral slip from the peer educators).* ***W34*** *has a governmental service provider that trains peer educators; there is provision of continuous refresher training for the peer educators and wellness coordinators on HIV and AIDS.* *At* ***W34*** *the appointment and training of wellness coordinators and peer educators among employees ensures that Wellness is addressed in a professional and sustainable manner. The peer educators support the Wellness Day logistically (e.g. facilitate attendance registers, maintain order during wellness day).* *In* ***W35*** *Staff and students are continually encouraged to self-disclose, however this remains a difficult situation. A support group is currently being set up for students, which I have no doubt, will improve the ability to self-disclose.* *At* ***W8*** *union members were included in peer education, which helped to popularise HIV testing.* ***W35*** *Peer education and support (assisted/trained by the Registered Nurse) of peers supporting peers, educational groups to be held on topics to address coping with being HIV-positive – stress management, positive attitudes, future planning/goals, and disclosure of status and educational groups to be held on topics of prevention – facilitating behaviour change.*

Table 25. Incentivizing HCT

T-shirts, Caps, Lucky Hampers, Water bottles
W48 *HIV testing was incentivised through the handing out of hampers to all employees who tested. The hamper contained two of the company's food products, as well as condoms and an information leaflet on HIV prevention and treatment in one of three different languages* *At* ***W41*** *Incentives are used to encourage employees to participate in workplace HCT. In 2014, First Aid kits were offered to employees that participated in HIV testing. In 2015, Power banks for cell phones were offered as incentives.* *At* ***W44*** *on big days T-shirts are given to participants of the events. The T-shirts have messages. Free transport is offered to participants.* ***W47*** *During wellness days, the workplace gives out umbrellas and pens to everyone who attends on the day, the service providers come with the incentives.* ***W46*** *Some of the incentives given to employees on wellness days include pens, t-shirts, caps, bicycles, and food hampers. The wellness day events are planned as fun days, where there is music and dance competitions, soccer matches for employees and bags and water bottles are also given out.* ***W2*** *uses incentives to motivate employees to participate in workplace Wellness tests, including HCT. For every test, employees get free hats, caps or bags. So when employees walk out of the clinic with one of these*

incentives, they show that they have participated in one of the tests (for example blood test, HCT) and motivate other colleagues to do the same. Incentives are regularly announced through posters and the LED screens.
***W20** makes use of incentives for HCT: A lucky draw is organized to encourage people to HIV test. It is like a competition between the three sites. People that test are entered into the lucky draw and can win one of the three prizes (in 2013 the three prizes were cooler boxes; in 2014 the three prizes were potjie pots). The lucky draw encourages people to participate in HCT in the three sites. The lucky draw takes place in November, December and during these months the HCT goes up.*
***W22** Incentives work for HCT, employees are encouraged to participate in wellness test, they are offered incentives such as a cup of coffee, a cup of soup, visible objects like branded key rings, branded yoyos, hand sanitizers, or branded t-shirts if they do all the wellness tests.*
*At **W16** the success of HCT is basically down to the t-shirt and the lucky draw. The increase of HCT uptake correlates with the distribution of t-shirts and the increase of the cash prize. It is a simple as that. In the early years the clinic could only distribute 25 to 50 t-shirts (because of low budget) to the people that came for HCT. As soon as the t-shirts were gone significantly less people would come for HCT. So each year the clinic manager managed to motivate for more t-shirts. And now the clinic is at a state where there is sufficient t-shirt for all the staff to be tested. So everybody who comes forward for testing is guaranteed to get a t-shirt. Furthermore, a lucky draw has been there from the beginning to encourage participation in workplace HCT. The first prize is linked to the head count percentage of people that tested. So if 32% employees tested, the first prize would be R3200 in cash. This year it will be 80% of HCT uptake, so the first price will be around R8000.It is the cash prize that talks to the people! The more people test, the higher the first prize gets.*
*At **W24** employees get incentives if they test on the first Wednesdays of the month or World AIDS Day. There is always an incentive when you participate in HIV testing. There is a raffle for the World AIDS day testing with prizes such an X-Box, I pads, cameras, video cameras if ones participate in HCT testing. The World AIDS day draw takes place on the 15th of December in the canteen.*
*At **W34** a lucky draw was used to positively influence employees to participate in workplace HCT by creating a fun atmosphere. Employees who participate in 3 out of 4 Wellness tests (Blood pressure, HCT, Blood sugar, body mass index) were entered into the lucky draw. The Lucky Draw helped employees to be interested/ motivated to take part in the Wellness Day testing activities. Around every 5th to 3rd employee can win during the Lucky Draw, depending on the general uptake. Prizes include food hampers, toiletry hampers, t-shirts and bags.*
***W8** Incentives are used: e.g. if 5 tests (offered in 5 testing stations with different tests) are all done, employee is eligible for prizes: Prizes, hampers of products (tissues, female cosmetics donated by management). The vibe of wellness events worked well, t-shirt, cap, free food.*
*In **W35** they gave incentives for HIV testing – 8 gig byte flash drives. 51 staff members were tested (25%) in 2015 – To provide the actual stats - contained in the June monthly report.*
***W33** makes use of incentives to encourage HCT in the workplace.*
*In **W35** the use of incentives played a role in the increase in numbers testing.*

Table 26. Meaningful Involvement of PLHIV

Involvement of PLHIV (Giving testimonies); PLHIV acting as Peer educators; PLHIV as experts at all levels
W39 *Their activities are national; they provide extensive employment opportunities in the communities where they operate. Having a workplace whose members know and manage their HIV status, means greater benefits in terms of productivity.* ***W47*** *HIV Ambassadors: a support group of PLHIV from the community.* ***W47*** *funds this group through their community centre budget. The group also does home based care. The group members go to the mine to give talks.* ***W41*** *Employees who disclosed in the past helped motivate employees to HIV test in the workplace.* ***W20*** *makes use of PLHIV to promote awareness.* ***W23*** *Disclosure of status to peers, i.e. living positively in an exemplary way, with HIV encourages other co-workers to test.* ***W16*** *has staff who openly acknowledged their HIV status in the past (4 disclosed publicly), role models. They helped bring people to the clinic. Unfortunately 3 of them had to withdraw due to health conditions.* ***W33*** *There is an involvement of PLHIV in the workplace programme*.

Table 27. Examples of how workplaces used each driver towards increasing HCT

Workplace Number	**Examples**
Management commitment in increased HCT uptake	
W2	HIV not made exceptional, it is part of the workplace wellness programme.
W7	Wellness activities (including HCT) are set out in annual programmes, HCT is a pivotal part of non-occupational health care at the workplace as it is focused on maintaining employees' optimal well-being in order to maximize their productivity.
W19	The clinic manager goes the extra mile to get employees tested, employees at the workplace office get a phone call as a reminder that their medical is due, also HIV testing. The clinic manager will "even come and get the employees if they do not turn up". The workplace has health education and counselling entailing: 1) The need for each person to know his/her status. 2) The advantages of knowing status. 3) The assistance that the individual will receive in case of testing HIV positive. 4) Encourage those who will be tested positive on that day, that they will not lose their jobs and they will remain anonymous, because confidentiality is being practiced. 5) Emphasise to those who will be negative, to maintain that status by protecting him/herself 6) HCT is done together with medicals yearly.
W32	Inclusive and differentiated healthcare.

W20	Widely available on-site HCT. In the workplace HIV and AIDS management including HCT is monitored and related activities and results are reported on.
W29	The workplace encouraged and funded off-site testing of HIV to mitigate against stigma.
W23	Mobile HCT.
W24	1 day a month dedicated only to HIV in the WP clinic.
W34	External experts utilized.
W30	Management support with adequate resources.
W8	Management support with adequate resources.
W22	Client orientated services; the workplace dedicated a budget and solid funding model, with monthly contributions also coming from employees and employers. Employees contribute moneywise for the service they get.
W39	Strives towards a workplace with a workforce that knows and manages their HIV status.
W4	HCT is part of the "HIV/AIDS testing activity training module" coaches were trained on and have to train the children on. It is about being prepared when you HIV test and explaining the children how testing works.
W41	An HCT drive is organised once a year
W44	The organisation has many different programmes that include offering HCT or encouraging HCT (now called HTS) (for example (HTA: High Transmission Area, IOM: farm workers, migrants, Sex workers, LGBTY programme, home based care programme).
W46	Focuses on an on-going basis encouraging employees who have not been tested previously to join the programme.
W47	The workplace began its HIV and AIDS wellness programme in the early 90's. HCT is available all year round at the 24hrs onsite clinic.
W47	When employees go for the medical surveillance/ annual medical check-ups they are advised to also do HCT and TB screenings if they wish.
W49	Health services at W49 are decentralized to each of the sites where there is a health clinic on site. Employees are offered HIV services at every encounter with the on-site occupational health services.
Forming strategic partnerships	
W22	Sector initiated and managed HIV programme, The Wellness Programme project has worked in collaboration with industry partners, local government and health departments.
W20	Tripartite alliance (private, government and NPO).
W23	Government-NGO alliance.
W41	During the wellness days independent service providers are used for testing staff members with no medical schemes, and WP pays for the testing costs.

W44	The organisation acts as a service provider for the Limpopo Provincial Department of health's HIV and AIDS and tuberculosis programmes. Funding is provided by Government to cover operation costs for the organisation's wellness clinics. This contract started on 01.04.2014. DoH has given clinic buildings (containers) and pays for nurses' salaries and for medication (ARV, primary health care medication). If the supply is not enough, the organisation makes sure to buy the necessary.
W47	Has strategic partnerships with service providers focused mainly on their economic sector.
W48	Works with NGO for HCT.
W46	The clinic was established in 2012, it made VCT to be part of the surveillance and the clinic has also hosted the MEC for one of their wellness campaigns.
Utilization of certified and dedicated service providers	
W2	Service providers with track record of expertise. It is made sure that employee can trust the clinic, that the clinic is a "SAFE SPACE". Posters, pull-ups and staff emphasize confidentiality. It is made sure that the confidentiality of all health test results is a priority in the clinic.
W16	The workplace and the employees trust the clinic manager's work, longevity of staff, service quality and treatment success.
W34	HCT staff with diverse background.
W47	Counselling during HCT is made by nurses who are qualified to give counselling.
Provision of total package of care	
W18	Comprehensive care service provision. When blood results come back (after 3 to4 days), they call the employees on their phones, if they do not answer they get them via the alarm manager, they block access at security.
W19	HIV testing for all staff not only permanent or long-term contract staff.
W44	After 2-3 weeks all employees tested HIV positive are contacted for a follow up discussion.
W49	Linking VCT to a programme of care for people infected with HIV.
Integration of HCT into general health screening	
W20	HIV is integrated in the chronic disease management and employees with chronic diseases are on monthly monitoring. If they do not turn up to their monthly compulsory check (invitation per sms), the company access gets blocked: so need to report to the clinic to be able to go to work again.

W19	HIV and AIDS is more and more seen as a chronic disease that can be managed like any other chronic diseases.
W30	HCT included in compulsory annual assessments.
W41	Has a comprehensive health and safety policy that includes HIV.
W46	All employees have to go through annual medicals that are inclusive of HCT, HCT is highly suggested even though it's optional.
W49	A comprehensive HIV/AIDS plan was developed in the 1990's.
Extending HCT beyond employees	
W16	The nurses at workplace 16 strongly suggest that employees who tested HIV-positive can bring their partners/ spouses to the workplace clinic and test together.
W18	Inclusion of HCT for family members.
W23	The workplace decentralises HIV testing by contributing to improved HCT uptake. HIV testing takes place in the brothels and on the streets through their mobile HCT.
W44	HCT drivers reach out to farms, lodges, towns and villages.
W47	During wellness days, everyone who is on the workplace grounds is given an opportunity to uptake HCT.
Developing culture of HCT	
W20	Introduced a movie on HIV and AIDS and Wellness. All employees got the CD. The movie is part of the induction training and all employees need to pass the induction test with 100% if they want to be employed. Management was also trained using the movie.
W19	When employees come to the clinic, the nurses' head talk is always HIV. The nurse keeps on encouraging employees to HIV test, participate in VMMC, use condoms. She convinces them, explains that the outcome is treatable. Employees know why it is important to regularly participate in workplace HCT.
W14	During 2014, Workplace 14 launched an online health and wellness portal that provides opportunities to raise awareness of HIV and ART, chronic conditions, and health and lifestyle issues. The online portal also offers employees access to health screenings, behavioural change programmes, as well as online access to a doctor, dietician and fitness expert. The associated medical aid also raises awareness about HIV and ART available through the medical aid's HIV Programme using their own communication channels.
W24	Every client contact is an HCT opportunity.
W46	HIV and Aids and TB policy is aligned with the group's SHEQC policy. A quarterly voluntary counselling and testing (VCT) programme forms part of the mine's medical

	surveillance programme. All employees who volunteer to be tested are counselled.
Ensuring privacy and confidentiality	
W19	The clinic's confidentiality is rooted in trust, the clinic is seen as a safe zone, and the nurses practice the one on one approach for HIV testing.
W22	The employees are served with priority and the opening times of the wellness clinics have been set up to accommodate the employees.
W47	The clinic staff is dedicated and practices confidentiality. The workplace also practices non-discrimination when it comes to HIV and employment.
W46	During the yearly medicals all employees are advised to do HCT and TB screenings.
On-going HCT promotion	
W2	Intensive multi-media communication - visual, fun and open communication on HCT, e.g. LED Screen communications in public places. LED-screens placed in workplaces are used for all kinds of communications (for example it communicates the health year calendar topics every month, Occupational Health and Safety messages) are also used for all kinds of Wellness and HIV and AIDS communications, such as incentives for various health tests, dates of the wellness events, HCT testing dates and places. The pictures on the LED-screen change every few seconds. There is a person at the workplace that designs and uploads the communications when she gets the slogans (that are also prepared by the clinic nurses). This way of communicating is described to be far more efficient than posters that take more time to produce, are more expensive to print, and have to be physically exchanged.
W8	HCT promotion highly organised
W8	HCT standardized consistent messaging with strong corporate identity (logos, etc.).
W19	HCT is mainly done during the yearly medicals: health tests are organized in a way that only one nurse visit (personal "one on one") is necessary to be able to do many different health tests (including HCT). This contributes towards reducing HIV and AIDS stigma.
W39	HCT campaigns take place at the workplace site over a period of three days to minimize disruption to production.
W29	The workplace offers HCT during HIV awareness campaigns which significantly increases HCT.
W30	The workplace compiled a DVD for World AIDS Day that was shown during lunch time in the canteen. The video shows company employees "colleagues" talk about HIV and AIDS. The drama included both genders, female and male vulnerabilities.

W35	Provides testing and campaigns at a time when both staff and students are less busy.
W41	Marketing and communication: The HCT testing was announced through emails, leaflets, posters and intercom announcements.
W49	Implementing large-scale prevention and treatment campaigns for sexually transmitted infections (STI's), formal system of HIV and AIDS Reporting, Understanding the disease through intensive counselling and support and encouraging a healthy lifestyle, with good nutrition.
Using trained Peer Educators to promote HCT	
W29	Dual role of peer educators - mitigate against stigma and create HIV and AIDS awareness.
W7	The importance of the work of trained peer educators as part of employee wellness is mentioned in workplace annual reports, Wellness Peer educators complement health and safety representatives' work by focusing on HIV and AIDS and non-communicable disease information which creates a willingness to test for HIV, especially during HCT campaigns.
W8	Having active union members as peer educators gives greater impetus to HIV and AIDS-related activities.
W35	HIV and AIDS peer educators in a "life coaching" role in the WP.
W49	Peer-educator approach was also used: Before employees begin their shift they are provided with regular feedback of brief, anonymous health statistics on the teams' performance.
Incentivizing HCT	
W2	Useable gifts with recurring HIV and AIDS messaging as incentives.
W16	The success of the company's HCT is influenced by the distribution of t-shirts and the increase of cash prices. So each year the clinic manager managed to motivate for more t-shirts. And now the clinic is at a state where there are sufficient t-shirts for all the staff to be tested. So everybody who comes forward for testing is guaranteed a t-shirt. There is also a lottery during wellness days and the first prize for the lottery is linked to the head count percentage of people that tested. So if 32% employees tested, the first prize would be R3200 in cash. This year it will be 80% of HCT uptake, so the first price will be around R8000. It is the cash prize that talks to the people! The more people test, the higher the first prize gets.
W20	Durable goods as HIV and AIDS testing campaign incentives.
W41	First Aid kits were given as incentives.

W46	Wellness day events are planned as fun days, where there is music and dance competitions, soccer matches for employees and bags and water bottles are also given out.
Meaningful involvement of PLHIV	
W23	PLHIV as peer educators serve to de-stigmatize HIV and to encourage positive living.
W41	Well known personalities who are PLHIV were invited as motivational speakers to motivate employees to participate in workplace HCT, employees who disclosed in the past also helped motivate employees to HIV test in the workplace.
W47	HIV Ambassadors: a support group of PLHIV from the community, W47 funds this group through a sponsored community clinic budget. The group also does home based care. The group members are mainly from the community and they only go to the mine when invited to give talks.

7. Reduced risky behaviour

Table 28. Evidence of reduced risky behaviour of men and women

WORKPLACE NUMBER	**DESCRIPTION**	**YEAR**			
W6		**2014 (Male)**	**2014 (Female)**	**2015(Male)**	**2015 (Female)**
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	Total number of condoms distributed (yearly)	324.000	9590	571500	29200
W22		**2013**	**2014**		
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	Number of condoms distributed in the workplace (yearly)	130 0000	25 71940		
W23		**2014**	**2015**		
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	Number of condoms distributed in the workplace (yearly)	113 728	275 666		
W25		**March-May 2015**	**June-Aug 2015**	**Sep-Nov 2015**	
Quarter 1: March-May 2015 Quarter 2: June-August 2015 Quarter 3: Sept-Nov 2015	Increased male and female condom packs distributed (quarterly)	14	42	168	
W27		**Feb 2015**	**Aug 2015**		
Month 1: Sept- Feb 2015 Month 2: March-Aug 2015	Number of condoms distributed in the workplace (6 months)	2200	3800		
W42		**2014**	**2015**		

Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	Number of condoms distributed in the workplace (yearly)	642	734		
W44		**2013**	**2015**		
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2015	Number of condoms distributed in the workplace (yearly)	292.000	1.114.145.5		
W46		**July 2015-Jun 2016**	**July 2016-April 2017**		
Year 1: July 2015-Jun 2016 Year 2: July 2016-April 2017	Number of condoms distributed	5633	6029		
W47		**Jan – Jun 2016**	**July – Dec 2016**		
Quarter 1: Jan-June 2016 Quarter 2: July-Dec 2015	Increased male and female condoms packs distributed (6 months)	1 814 800	2 104 500		
Total number of male/female condoms distributed by all WPs		1417200	2861772	571668	29200
Grand total of male/female condoms distributed by all WPs					**4891502**

Disclaimer: The grand total figure represents the total number of condoms distributed in the WPs for the periods the Good Outcome (GO) was considered for. However, this grand total is not representative of the total number of condoms distributed by the WPs.

Table 29. How was reduced sexual risk behaviour achieved?

Description	
Types of condoms	Standard Choice condoms / Other (e.g. flavoured)
Distribution points	Discrete (e.g. ablution facility) / Public (e.g. canteen, foyer
Source of condom supply	Workplace produces them / Government or partner supply to workplaces
Gender approach	Male condoms / Female condoms

Figure 5. Drivers of reduced risky behaviour

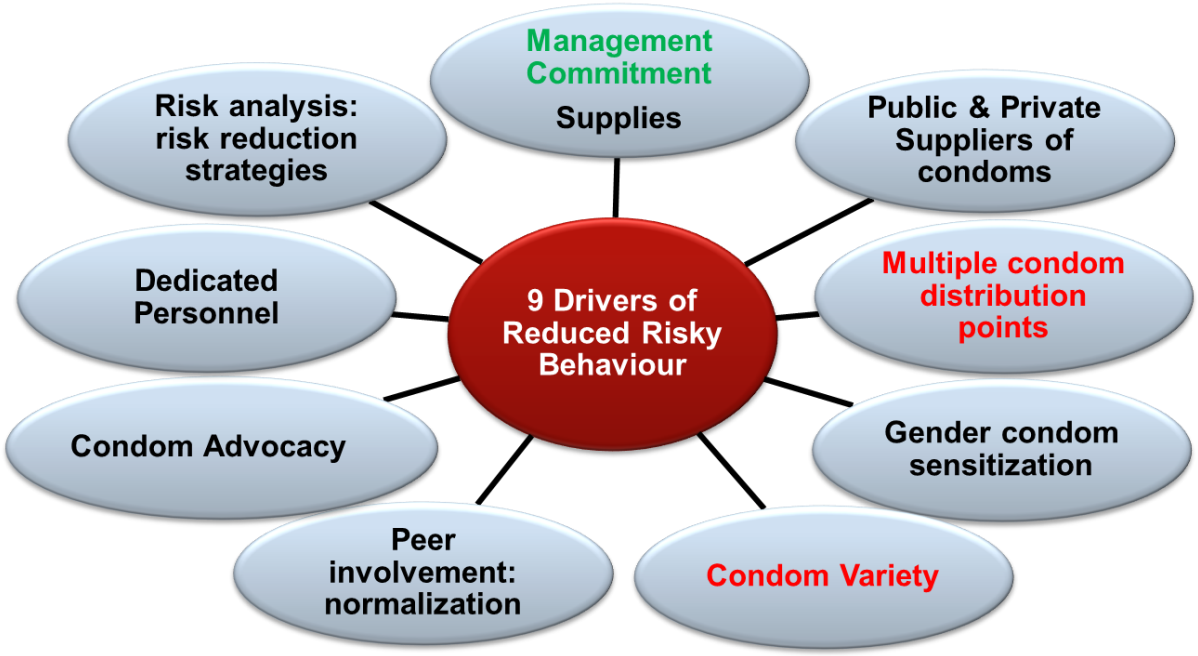


Table 30. Summary table on what worked (drivers) in reducing sexual risky behaviour

Driver	**Description**
Recognition and acknowledgement of HIV and AIDS as a workplace issue	Analysis of HIV risk in the workplace, tracking risk, development of risk reduction strategies, setting targets and budgets towards risk reduction.
Availability and accessibility to preferred condoms	Flavoured and coloured condoms.
Partnerships	Linkages with suppliers of preferred condoms.
Dedicated personnel	Having condom distribution coordinator and teams.
Condom sensitizations	Conducting condom demonstrations on condom use, storage and disposal.
Packaged condom advocacy materials	Magazines, posters, etc.
Peer education	Utilization of trained peers to ensure normalization, acceptance and uptake.
De-stigmatization of condoms	Putting condoms in public and busy places – multiple public distribution points (foyer, vending machine, etc.).
Gendered approach	Regular supply of both male and female condoms; addressing gender specific risks and vulnerabilities.

7.1. Quotations on each driver that contributed to reduced risky behaviour

Table 31. Recognition and acknowledgement of HIV and AIDS at a workplace

Analysis of HIV risks in the workplace, tracking risks, development of risk reduction strategies, setting targets and budgets towards risk reduction
W6 *As part of its corporate and social responsibility towards employees W6 instituted a VCT campaign to measure the baseline regarding infection rates with HIV in 2010. In the recommendations of the final report it was recommended that "condom distribution was lacking at most of the camp and peer educators need to take active ownership of the programme". This was taken up by management and solutions were worked* out. *A comparative study on HIV/AIDS infections was done in 2015. The NGO that works with* ***W6*** *monitors the condom distribution and consumption using a template from the "National Department of Health condom distribution and stock return" (free condoms against stats). The NGO gets the condoms for free from provincial DoH, stock is always there. The frequency of delivery is determined by the need. The form is submitted on a monthly basis to the DoH by the NGO.* ***W47*** *Focusing on prevention against infection through on-going training and awareness sessions.* ***W44*** *Aims to reduce HIV vulnerability in the farm and lodge industries through peer education, awareness raising, prevention and treatment.* ***W42*** *believes that the training of HIV and AIDS as part of the week-long induction of new staff can undoubtedly lead to great awareness of condoms and their correct use.* ***W46*** *There is a health educator who works with the clinic. She attends early safety meetings in the mine shafts, where she gives talks on health campaigns, and introduces a health topic for that month. These talks include condom talks, the health educator then shows employees how to use condoms.* ***W27*** *has onsite awareness on risky behaviours such as alcohol abuse and drug use and the impact that they have on HIV and AIDS and the link between the two.* ***W24*** *monitors trends on the number of condoms used in the different departments. Reasons for variances are investigated.* *At* ***W23*** *Condom use is non-negotiable; For every client a condom is used – 100%. Although there might be accidents. But generally, there are no longer accidents because* ***W23*** *provides their clients with condoms and lubricants. Clients at* ***W23*** *regularly use condoms as they understand the importance of using condoms due to on-going awareness sessions that are conducted monthly with them.* *At* ***W20*** *the peer educators monitor the distribution and collect the numbers for statistics.*

Table 32. Availability and accessibility to preferred condoms

Flavoured and coloured condoms
At ***W44*** *flavoured condoms: "With the old choice condoms, you can find them throw away (not used) outside. But with the flavoured, even one you cannot find". People are using them and they need them. The flavoured condoms started* (being used) *in 2015 but limited to be distributed only to Further Education and Training (FET) colleges designated as a "Hot Spot".* *At* ***W47*** *there's a preference with the choice of condoms, employees want flavoured and they don't want the original ones anymore.* ***W46*** *Flavoured condoms go by very quick compared to the ordinary condoms.* ***W23*** *distributes coloured and flavoured condoms.* ***W20*** *buys 10000 flavoured condoms yearly. These condoms all go away in one day. They are very much appreciated by staff.* ***W20*** *offers flavoured condoms with new brands. People like new things: employees love new types of male (flavoured) and female condoms. These flavoured condoms go away very fast.* ***W22*** *has the new coloured and flavoured condoms. The workplace uses the coloured and flavoured government condoms with success. They have had programmes on promotion of the new coloured and flavoured government condoms.* *In* ***W25*** *the benefits of the use of condoms to reduce risky behaviour and to promote safer sex were promoted during all site visits by the Wellness Champion, even when topics of the Toolbox Talks were unrelated to HIV and AIDS such as glaucoma and food safety. These sessions were also opportunities to distribute condoms*

(see Table 2). Condoms are available in the First Aid kits of site visiting officials such as the Traffic Safety Officers and the Wellness Champion *In **W35** condoms are supplied by the Department of Health as well as some local NGO's. The condoms supplied include flavoured and coloured male condoms, female condoms, as well as homosexual / lesbian specific male and female condoms. Condoms are distributed from the Health Centre to all areas of the workplace i.e.: three campuses, three residences, administrative building.* ***W35** In February 2016, a total of 11 600 condoms were distributed.* *In **W35** feedback received from both staff and students is general satisfaction of the flavoured and coloured condoms; some complaints have included inadequate lubrication.* *Additional lubrication is therefore provided.*

Table 33. Partnership

Linkages with suppliers of preferred condoms
***W6** Free condoms due to PPP between the external NGO and the Department of Health, chief directorate: HIV/AIDS &STIs: free condoms against statistics.* ***W44** has a MoU with DoH. The organisation has the responsibility to distribute condoms in public clinics (20 clinics) that are in the villages.* ***W44** A budget was set up for more condom dispensers financed by a partner for farms, lodges and hot spots.* ***W46** The workplace gets the condoms from local hospitals.* ***W23** gets the condoms from NACOSA and condoms come from DOH. **W27** has collaborated with the Department of Health (Public Private Partnership) for free male and female condoms.* ***W20** has a Private Public Partnership in which DoH provides the male and female condoms and the awareness leaflets that are distributed by the workplace.* ***W22** has a partnership with the Government and the Department of Health for the provision of condoms.* *In **W25** although the Wellness Champion is tasked with HIV and AIDS-related matters, other site visiting officials such as Traffic Safety Officers also supply and distribute condoms on request.*

Table 34. Dedicated personnel

Having condom distribution coordinator and teams
***W6** Good management of the stock and supply of condoms making condoms easily accessible in all of **W6** ablution facilities. Dedicated budget for the management of condoms in the workplace (covering transport costs).* *At **W44** there are 3 (Female) condom distributors who manage the condom distribution.* ***W44** One program has 44 caregivers (5 males and 39 females) that help with condom distribution in the hotspot areas. Another 47 caregivers are engaged in the home-based care programme and are responsible for distribution to the farms and lodges.* *At **W47** the EAP practitioner collects the condoms from the local clinic, the SHE reps then collect condoms from the EAP during their monthly meetings. The SHE reps and sometimes the EAP signs each time condoms are distributed through the mine, the SHE reps distribute the condoms throughout the mine, in the receptions, bathrooms and the onsite clinic.* ***W46** The health educator is responsible for distributing the condoms throughout the workplace. The health educator works with peer educators that assist in distributing the condoms. Flavoured condoms go by very quick compared to the ordinary condoms.* *At **W23** peer educators distribute condoms once a week per site – 300 and 300 lubes condoms per peer educators. "We give sex clients 10 condoms and 10 lubes from NACOSA each and 30-40 choice condoms once a week; which is nearly 70 condoms per week per client". Peer educators rotate brothels and streets. Peer educators are going to different spots every day to distribute condoms.* ***W27** The clinic distributes the condoms in the clinic and all the departments of the company.* *The peer educators at **W20** are responsible for distributing the condoms in all the sites of the workplace. The workplace clinic keeps the stock of the DoH Choice condoms and once they are finished they start distributing the flavoured condoms.*

W22 *has trained lay councillors and peer educators in the wellness centres and mobile wellness centres for the distribution of condoms.*

Table 35. Condom sensitizations

Conducting condom demonstrations on condom use, storage and disposal
W6 *Awareness was created about the use of condoms and how they protect. Awareness campaigns take place whenever the opportunities arise. They talk about condoms and do condom demonstrations. They managed to change employee behaviour.* ***W42*** *the regular provision of condoms, as well as having professionals available to advice on safe sex, and the correct use of condoms, is revealed in the consistent demand for them from employees.* ***W47*** *During the induction for new employees, there is a part on condom use and how to use condoms. The workplaces uses dildos from the community clinic to demonstrate on how to use condoms.* *At* ***W46*** *The health educator also shows employees how to use condoms.* ***W23*** *has been teaching their clients how to use female condoms.* *Peer educators from* ***W27*** *give tool box talks on sexually transmitted diseases, and talks on condoms and condom use. The Maritime sector also had talks with sex workers around the port area (where W27 is situated) and also gave them health education on safe sex.* ***W20*** *peer educators have the responsibility of doing on-going trainings on how to use condoms. They do demonstrations with dildos for male and female condoms.* ***W22*** *has trained lay counsellors in their wellness centres and mobile wellness centres; they give out talks to the truck drivers and employees on why to use condoms, how to use condoms and how to access condoms. They go and knock on the doors of employees to offer training. They inform employees about the different types of condoms and products. Companies that are members of the sector's national bargaining council can request the service of providing talks at the companies on risk reduction/condoms. Sex workers were also trained on the use of condoms:* ***W22*** *wellness centres offers training and condoms to sex workers. Sex workers can go into the Wellness Centres to ask for condoms whenever there is a shortage in the government clinics and hospitals. The workplace gives condoms out to the sex workers in the various truck stops on the national routes.* *In* ***W25*** *at the time of the data collection, the workplace had conducted nine Toolbox Talks specifically on condoms, its correct use and the importance thereof in the prevention of HIV infection. During other site visits, informal conversations on condom use were also engaged on. Such Toolbox Talks were also opportunities to distribute male condoms (in packs) and female condoms (units).*

Table 36. Packaged condom advocacy materials

Magazines, posters, etc.
The clinic at ***W27*** *has posters demonstrating STI's and condoms use, the posters also teach the employees the dangers of not having safe sex.* *At* ***W20*** *awareness is done also through leaflets. The awareness rack gets filled every day, also with flyers from the DoH.*

Table 37. Peer education

Utilization of trained peers to ensure normalization, acceptance and uptake
W6 *Trained peer educators give talks to the staff on why and how to use condoms, and on where to access condoms. They inform employees about the different types of condoms and products. Stigma and myths are dispelled through these talks.* ***W44*** *One programme has 44 care givers/peer educators (5 males and 39 females) that help with condom distribution in the hotspot areas. The other 47 care givers are engaged in the home-based care programme and are responsible for distributing in the farms and lodges.*

*At **W27** the peer educators visit the various departments, they have tool box talks with employees and see where more knowledge is needed they then take the information back to the clinic manager. The clinic manager then decides on hosting mini workshops on reduction of risky behaviours, this is done on normal working days with the permission of the managers from each department**. W20** has education and on-going trainings done by peer educators, on how to use a condom and why condoms are important. Peer educators also manage the distribution of condoms.* ***W22** Peer educators in the wellness centres and mobile wellness centres give talks to employees on why to use condoms, how to use condoms and how to access condoms. They go and talk directly to employees to offer training. They inform them about the different types of condoms and products.*

Table 38. De-stigmatization of condoms

Putting condoms in public and busy places – multiple public distribution points (foyer, vending machine, etc.)
***W6** The Peer Educators inform the Wellness Manager about the stock/need for condoms. The NGO has a ware house in which condom stock is kept. **W6** takes the condoms to the dispensers through the peer educators.* *W42's responsibility to provide male and female condoms in staff bathrooms every month. Condoms are available from the PHC clinic onsite.* ***W44** condom availability: condoms are made available at many places.* ***W46** The workplace promotes condom month, employees are not ashamed to take condoms in the open area* ***W23** Peer educators distribute condoms in brothels and on the streets from Monday to Friday, they also give out condoms during their outreaches.* ***W22** dispels stigma and myths about condoms and condom use through talks given out by trained lay counsellors and peer educators.*

Table 39. Gendered approach

Regular supply of both male and female condoms; addressing gender specific risks and vulnerabilities
*At **W6** Both female and male condoms are available and distributed throughout the workplace.* ***W47** Distributes both female and male condoms.* *At **W42** condoms are placed in male and female bathrooms and these are available from onsite PHC clinic.* ***W20** gets a supply of both male and female condoms from the DoH.* ***W27** has an MOU with the DoH for condoms (both male and female).*

Table 40. Examples of how workplaces used each driver towards reducing sexual risky behaviour

Workplace	**Examples**
Management commitment in reducing risky behaviour in the workplace	
W6	As part of its corporate and social responsibility towards employees W6 instituted a VCT campaign to measure the baseline regarding infection rates with HIV in 2010. In the final report it was recommended that "condom distribution was lacking at most of the camps and peer educators need to take active ownership of the programme". This was taken up by management and solutions were worked out. A

	comparative study on HIV/AIDS infections was completed in 2015; after that awareness was created about the use of condoms and how they protect. Awareness campaigns take place whenever the opportunities arise. Condom use is also monitored and evaluated. The workplace has a policy to ensure that condoms are made available free-of-charge in appropriate places across the organisation. It is made sure that condoms are always available: Condom dispensers in all the ablution facilities. The workplace also dedicated budget for the management of condoms in the workplace (covering transport costs).
W20	HIV and AIDS management forms an integral part of the wellness management programme. Condoms can be found in the ablutions were employees can take them without being observed by others. Peer educators are responsible for filling up the containers regularly. Condoms were easily accessible in all 22 Wellness Centres.
W22	The organization's mission involves far more than HIV/AIDS awareness and treatment, it will empower employees with the knowledge they need to live long, healthy and productive lives.
W27	The company is trying very hard to prevent new HIV and AIDS infections, and promoting condom use is one of the strategies used to prevent new HIV and AIDS infections. Condom use is monitored and evaluated.
W44	The organisation's first clinic was started in 2006 after observing scores of death because of the HI virus. Today it runs 10 wellness clinics on a rotational basis, Doctors and professional nurses from the organisation provide health care services and referrals, information and condoms at the wellness clinics. Condom use is monitored and evaluated.
W23	Condom use is non-negotiable.
Availability and accessibility to preferred condoms	
W22	The organisation had programmes on promotion of the new coloured and flavoured government condoms.
W20	10 000 flavoured condoms are bought yearly
W23	The organisation distributes red umbrella's flavoured and coloured condoms.
W44	The flavoured condoms started in 2015 but they were limited to be distributed only for Further

	Education and Training (FET) colleges designated as a “Hot Spot”.
W46	Employees show interest in condoms especially the flavoured condoms.
W47	Flavoured and large sized condoms.
Partnerships	
W6	Free condoms are available due to a Public-Private Partnership (PPP) between the external NGO and the Department of Health, Chief Directorate: HIV/AIDS &STIs: free condoms are distributed while the corresponding statistics are provided to the DoH.
W27	The workplace has collaboration with the Department of Health (Public Private Partnership) for free male and female condoms.
W23	The organisation receives condoms from NACOSA and DOH.
W20	The clinic keeps stock of DoH choice condom, the government has been very reliable in delivering male condoms.
W22	Partnership with the DoH for provision of free condoms.
W44	Partnerships: the organisation has a MoU with DoH. The organisation has the responsibility to distribute condoms in public clinics (20 clinics) that are in the villages. The biggest demand for condoms is on farms, lodges and hot spots. The lowest in DoH clinics. Every Monday one report on condom stock levels goes to the partner (DoH) so that the organisation does not run out of stock.
W46	The clinic gets their condoms from a local hospital.
Dedicated personnel	
W6	Condom distribution and sensitization by Peer Educators.
W22	
W20	The peer educators are responsible for distributing the condoms in the three sites. They monitor the distribution and collect the numbers for the statistics.
W23	Peer educators distribute condoms once-a-week to all six sites of the organisation.
W27	The clinic distributes the condoms between the clinic and all the departments of the company. The peer educators visit the various departments of the workplace, for tool box talks with employees and determine where more knowledge is needed for condom use and availability; they

	then take the information back to the clinic manager.
W6	The Peer Educators inform the Wellness Manager about the stock/need for condoms. Peer Educators also make sure that condoms are always made available in condom dispensers in all the staff ablution facilities. Condoms are also distributed during Wellness events.
W44	The organisation has two caregiver programmes that are responsible for condom distribution. One programme has 44 caregivers (5 males and 39 females) that help with condom distribution in the hotspot areas. The other 47 caregivers are engaged in the home-based care programme and are responsible for distributing in the farms and lodges.
W46	The health educator is responsible for distributing the condoms thorough out the workplace, the health educator works with peer educators that assist in distributing.
W47	The EAP practitioner collects condoms and the SHE reps distribute them.
Condom sensitizations	
W6	Peer educators give condom talks, and they also do condom demonstrations.
W27	The workplace was part of organising a campaign in the maritime sector for sex workers. Sex workers received health education on safe sex practices and condomising. Condoms were also distributed.
W23	Peer educators demonstrate both male and female condom use.
W20	The peer educators have the responsibility to do on-going training on how to use condoms. They do demonstrations with dildos for female and male condoms.
W22	Sex workers as potential sexual partners for employees trained to use condoms.
W46	The health educator also shows employees how to use condoms.
W47	Employees are trained on how to use condoms and the importance of condom use.
W44	The care givers programme is also responsible for condom awareness on a daily basis as their day to day work.

8. Increased Medical Male Circumcision

Table 41. Evidence of increased uptake of Male Medical Circumcision (MMC) services

WORKPLACE NUMBER	DESCRIPTION	YEAR	
W19		**2014**	**2015**
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	Number of referrals for MMC (yearly)	32	41
W17		**2014**	**2015**
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	Employees who underwent MMC (yearly)	0	73
Total number of MMC uptake by employees from all WPs		32	114
Grand total number of MMC uptake by employees from all WPs			146

Disclaimer: The grand total figure represents the total of MMC uptake in the WPs for the periods the Good Outcome (GO) was considered for. However, this grand total is not representative of the total of MMC uptake by the WPs.

Table 42. Description on how MMC was done

Description	
Service provider	Done by workplace alone and also done by workplace in collaboration with government.
Site for MMC	Public health facility (e.g. workplace referral) and onsite through a mobile facility.

Figure 6. Drivers of increased Medical Male Circumcision (MMC)

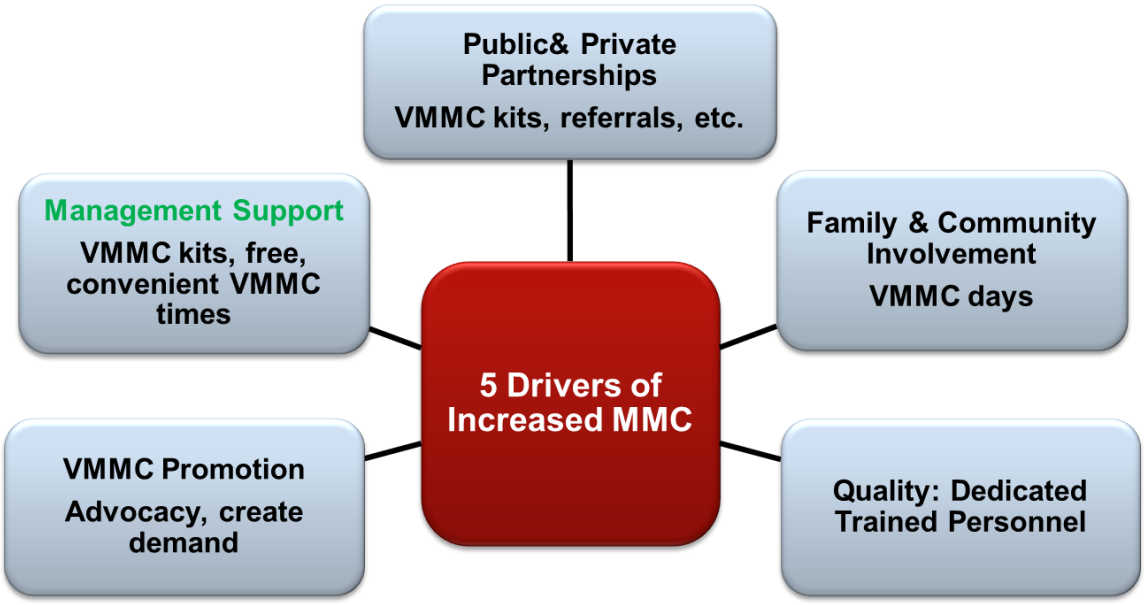


Table 43. Summary table on which "drivers" are facilitating Male Medical Circumcision (MMC)

Driver	**Description**
Availability, accessibility and affordability of VMMC	Management support and involvement in the initiation of the VMMC program at workplace, availability of VMMC kits, providing VMMC for free, VMMC once a month or in two weeks, convenient VMMC Times.
Partnerships between onsite clinics, private sector and government departments	Supply of VMMC kits from partners, referrals to government clinics and hospitals, having service providers (Private companies, NGOs, etc.) come to offer services, referrals to government clinics and hospitals in case of complications/problems.
VMMC being offered to family members and the community at large	Family and community VMMC Days, extending VMMC to contractors, etc.
Promotion of VMMC	Conducting awareness sessions demonstrating the importance of VMMC, advocacy on VMMC in community to inform people about the importance of VMMC, on-going communication/ electron messages, events, posters and media to create demand for VMMC.
Dedicated trained personnel	Using dedicated and trained clinic staff, EAP programmes, Safety Operation Officers (SHE) and service providers to do VMMC.
National conducive factors	VMMC campaign (dual protection) Establishment of VMMC centres Corporate leaders taking part in VMMC President launched national VMMC campaign National policies on VMMC.

8.1. Quotation on each driver that contributed in increasing Male Medical Circumcision (MMC)

Table 44. Availability, accessibility and affordability of MMC

Management support and involvement in the initiation of the MMC program at workplace, availability of MMC kits, providing MMC for free, MMC once a month or in two weeks, convenient MMC Times
W17 *Manager was contacted by an NPO service provider, had a few presentations on VMMC and from then on* ***W17*** *has been using the services of the NPO service provider for VMMC.* *In* ***W5*** *Staff are supported by the employer and male staff are encouraged to be circumcised at the referral hospital.* ***W5*** *Staff generally prefers the hospital facility over the traditional circumcision option. Staff are counselled for VMMC at workplace and then referred for their clinical preparation and procedure at a local hospital.*

Table 45. Partnership between onsite clinics, private sector and government departments

Supply of MMC kits from partners, referrals to government clinics and hospitals, having service providers (Private companies, NGOs, etc.) come to offer services, referrals to government clinics and hospitals in case of complications/problems
*An NPO service provider contacted **W17** and this led to voluntary medical male circumcision (VMMC) activities at **W17.** The service provider offers HIV counselling and testing (HCT), VMMC, as well as health awareness to communities, partner organisations and other workplaces at fixed and mobile facilities across South Africa.* *A VMMC campaign was initiated in the middle of 2013 by the state clinic. The state clinic and the **W19's** clinic worked together in an informal Private Public Partnership as no MoU was signed.* ***W5** VMMC services are provided off-site as a referral service to a nearby public hospital. In **W5** staff is referred to a nearby hospital for VMMC.*

Table 46. MMC being offered to family members and the community at large

Family and community MMC Days, extending MMC to contractors, etc
***W19's** clinic manger informed the workers and their families that everybody was welcome to do free VMMC at the state clinic.*

Table 47. Promotion of MMC

Conducting awareness sessions demonstrating the importance of MMC, Advocacy on MMC in community to inform people about the importance of MMC, on-going communication / election messages, events, posters and media to create demand for MMC
*At **W19** there is perseverance in communicating the importance of VMMC by the clinic manager and the SHE officers. - "It is the way of approach of … (name of the clinic manager) that makes the difference, her personality". "It is also the mind-set of the employees as all the information is there, all the things are out" there. The DoH helped by doing awareness around the topic in the communities. The clinic manager went to the estates that are serviced by the state clinic and did health talks around VMMC using a wellness leaflet in English and Zulu so that everybody could understand. The leaflets were distributed. At the beginning of the programme, the clinic manager did the talk once on every estate and then the SHE officers continued promoting VMMC.* ***W5** is uniquely placed in that circumcision is encouraged in any case, as part of normal health service programming.* *At **W19** VMMC is being reinforced all the time: Every opportunity the clinic manager gets to interact with a worker (pre-employment medical, the yearly medical that takes place once a year, when workers walk in the clinic, when she goes for visits on the estates for monthly talks, exit medical check, world aids day) she speaks about VMMC.* ***W17** is aware of Government supporting awareness about VMMC and condoms allowing dual protection on public billboards. These kind of billboards are just a "drop" but they help to manage HIV.*

Table 48. Dedicated trained personnel

Using dedicated and trained clinic staff, EAP programmes, Safety Operation Officers (SHE) and service providers to do MMC
***W19**'s clinic which has highly trusted and qualified staff professional staff and SHE officers that operates in all the workplace sites.* *The NPO service provider is described by **W17s** clinic manager to be very professional and reliable.* *In **W5** clinic staff support and encourage VMMC and provide a confidential service.*

Table 49. Examples of how workplaces used each driver towards increasing MMC

Workplace Number	Examples
Management commitment in increasing medical male circumcision	
W17	NPO takes the initiative to bring VMCC to the workplace and manages the process.
W19	The state clinic contacted the clinic manger and explained that the state clinics doctors would do VMMC for free in the state clinic; the manager had to inform the workers and their families that everybody was welcome to do free VMMC at the state clinic.
Partnerships between onsite clinics private sector and government departments	
W17	NPO delivers VMMC service to companies with mobile VMMC clinic.
W19	The workplace has agreement with a state clinic for VMMC services.
Promotion of MMC	
W17	VMMC promotion is integrated in all health care activities (health and safety and primary health care) and supported by DoH promotion in communities.
W19	VMMC is being reinforced all the time: Every opportunity the clinic manager gets to interact with a worker. The DoH also helped by doing awareness around the topic in the communities.

9. Increased ART uptake

Table 50. Evidence of increased uptake of ART and treatment services by men and women

WORKPLACE NUMBER	DESCRIPTION	YEAR		
W2		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	No of employees on ART (yearly)	38	59	
W7		**2009**	**2010**	
Year 1: Jan-Dec 2009 Year 2: Jan-Dec 2010	No of employees on ART (yearly)	1	7	
W8		**2013**	**2014**	
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	% of employees on ART (yearly)	58	64	
W14		**2013**	**2014**	
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	No of employees on ART (yearly)	879	934	
W17		**2014**	**2015**	

Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	No. of employees on ART (yearly)	125	129	
W18		**2012**	**2014**	
Year 1: Jan-Dec 2012 Year 2: Jan-Dec 2014	No of employees on ART (yearly)	1 289	1 768	
W19		**2009**	**2014**	
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	No. of employees on ART (yearly)	33	76	
W21		**2013**	**2014**	**2015**
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014 Year 3: Jan-Dec 2015	No of employees on ART (yearly)	412	521	614
W27		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	No of employees on ART (yearly)	41	43	
	WP expenditure on ART	R57 368	R58 193	
W28		**2013**	**2014**	**2015**
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014 Year 3: Jan-Dec 2015	No of employees on ART (yearly)	298	300	330
W39		**2013**	**2014**	**2015**
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014 Year 3: Jan-Dec 2014	No of employees on ART (yearly)	412	521	614
W44		**2014**	**2015**	
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015	No of employees on ART	1280	1675	
W45		**2014Q4**	**2015Q4**	**2016Q3**
Period 1: 2014Q4 Period 2: 2015Q4 Period 3: 2016Q3	Currently on ART	468	614	623
W46		**2016**	**2017**	
Year 1: Jan-Dec 2016 Year 2: Jan-Jun 2017	Total on treatment (new cases)	379	408 (42)	
W47		**2014**	**2015**	**2016**
Year 1: Jan-Dec 2014 Year 2: Jan-Dec 2015 Year 3: Jan-Dec 2016	No of employees on ART	15	18	21
W49		**2012**	**2013**	**2014**
Year 1: Jan-Dec 2012 Year 2: Jan-Dec 2013 Year 3: Jan-Dec 2014	Uptake of ART and Treatment Services by men and women	45%	47%	53%
Total number of ART uptake by employees from all WPs		4881	6115	1579
Grand total number of ART uptake by employees from all WPs				**14280**

Disclaimer: The grand total figure represents the total number ART uptake in the WPs for the periods the GO was considered for. However, this grand total is not representative of the total of ART by the WPs.

Table 51. Description of how ART was offered

Description	
ART offered	Onsite and through referral.
Support groups available	Some workplaces have ART support groups and some do not have ART support groups (yes/no).
ART supply	ART is supplied by workplaces and the government (supplied by workplace, Government supplied).
Approach	Chronic disease management /wellness approach.

Figure 7. Drivers of increased ART Uptake

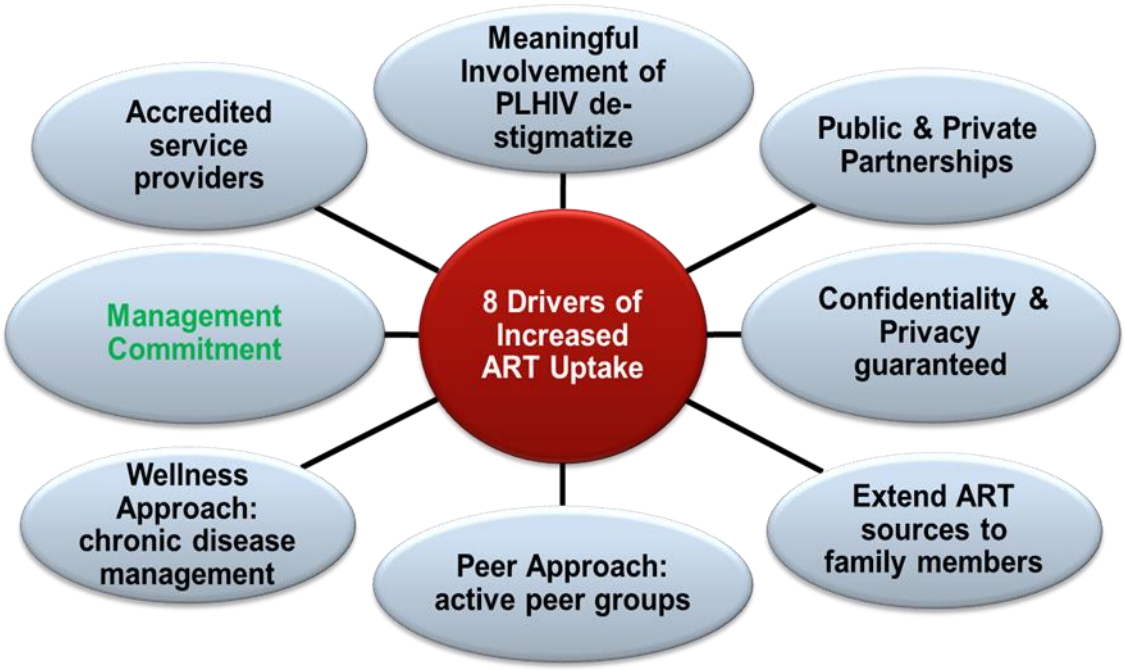


Table 53. Summary table on what worked (drivers) in increasing ART uptake

Driver	**Description**
Availability, accessibility and affordability of ART	Management ensuring that ART is available, accessible and affordable to employees, committing financial resources for ART, create options for accessing ART.
Awareness and Training	Education and training sessions on the benefits of ART. Awareness sessions inclusive of all diseases.
Partnerships	Establish linkages and partnerships with ART accredited service providers for supply of ART and referrals.
Confidentiality and Privacy	Guaranteed privacy and confidentiality.
Peer Approach	Peers Promoting ART, i.e. active peer groups advocating for ART.
Wellness Approach/chronic disease management	Chronic disease management where ART is given as part of other available treatments for various ailments.
Psychosocial support for ART Adherence	Having support groups for all treatments for chronic diseases.
Extend treatment on other family members	Make ART available to family members.

9.1. Quotations on each driver that contributed towards increasing ART uptake

Table 52. Availability, accessibility and affordability of ART

Management ensuring that ART is available, accessible and affordable to employees, committing financial resources for ART, create options for accessing ART
W49 *Since 2002, free anti-retroviral therapy (ART) testing and treatment was provided to all employees and, since 2008, to their dependents. ART was provided free of charge, treatment was accompanied by a medical examination.* ***W47*** *ART is free to permanent employees; the workplace sets aside a budget for ART treatment for permanent employees. An amount of R1000.00 per permanent employee who is on ART. Employee who test positive for HIV are initiated on ART immediately, permanent staff is initiated immediately and the contract staff is referred to the community clinic and other clinics.* ***W39*** *The HIV-policy of the entire group focuses on the continuum of HIV treatment and care by providing treatment for HIV-positive employees. ART at* ***W39*** *is accessed at onsite facilities.* ***W44*** *The organisation involved other stakeholders: the farm and lodge employers are all on board. Employees are allowed to participate in ART programme. There is close cooperation between employers and the organisation.* ***W44*** *There are a lot of migrant workers. Some come from SA, some from foreign countries. When they go back to their homes for 1-2 months, the clinics gives them ARVs and treatment for that time. They encourage clients to be open about traveling so that they can be accommodated.* ***W46*** *An anti-retroviral therapy (ART) programme is in place and available for all HIV positive employees. The clinic started in 2012, and it was already in place at that time. It made VCT to be part of the surveillance, then it was provision of ARV's and management of ARV's came into the plan.* ***W45*** *Has included HIV within its integrated health and wellness programme which focusses more broadly on health and wellness for all its employees. The Aid for AIDS programme is responsible for the initiation, monitoring and evaluation of HIV-positive employees qualifying for ART.* *At* ***W2*** *permanent employees that test HIV positive in the workplace can register in the HIV support Programme (ART and treatment service programme). Contractors are referred to the public clinics (Local Hospital) where there is an existing relationship with management to ensure supply of ARV's.*

*At **W2** it is very convenient for permanent employees to access ART at the company clinic as they are free and they don't have to cue in the public clinics or at the GPs as well as pay for transport. If HIV positive employees choose to go to the public clinic or to their private general practitioner instead of registering on the HIV Support Programme, they often have to take a day off (sick leave) or go there during an off work day.*

***W28** Employees who test positive for HIV during HCT campaigns are referred to the PHC clinics to determine whether they need to be initiated on ART. All HIV-positive staff is given nutritional supplements and food packs to boost their immune system. In workplace provides on-site health services for the employees and contracted staff. The uncomplicated and easy way of accessing ART through a medical aid service programme is made clear to employees that participate in the yearly workplace HCT.*

*In **W8** ART and treatment is done in the company clinic. Employees are confident that HIV positive employees are being taken care of: CD4 count monitoring done until ART eligibility and then referral to public clinic. Nurses are allowed to accompany employees to public health care clinics, if required to get feedback.*

*In **W17** When tested HIV positive during the yearly HCT (that is integrated in the chronic disease management), employees are referred to the public hospital where they can register for the medical aid programme to have their ARV sent to the workplace clinic. This avoids travelling to the Hospitals or public clinics, saves time; there is no cuing, etc. The ARVs are sent to the workplace clinic that hands them over to the employees,*

***W18** Employees are offered HCT followed by confirmatory testing and, if positive for HIV, CD4 testing (all at the cost of the company).Employees are then prepared for ART initiation if the CD4 count is < 500 cells/ml. W18 sends blood samples and TB sputum samples to a selected private laboratory for testing, at company cost, for employees who are not on medical-aid.*

***W19** takes part in the World Health Organisation (WHO) challenge to eliminate HIV and AIDS by 2030 (the "90:90:90"). W19 is committed to taking on this challenge. **W19** extends ART to all permanent and seasonal employees where practical. HIV positive permanent employees are treated for free at the workplace clinic. The increase in uptake of ART and treatment services by men and women is very much due to the fact that the workplace is very successful with HCT uptake every year. Convenience: If HIV positive employees choose to go to the state clinic or to their private general practitioner instead of registering on the clinic ART Programme, they often have to take a day off (sick leave) or go there during an off-work day. They have to cue in the public clinics or at the GPs, pay transport. So, it is very convenient to do this at the workplace clinic.*

*In **W27** a policy provides for the distribution of ARVs, immune boosters and vitamins at no cost to employees. Management requested that ART uptake should be monitored and reported on in the sustainability reports. The sister in charge was asked to report on number of employees on ART. This report went to senior level to monitor the sustainability of the programme. The ART programme is done at the onsite clinic, employees receiving ART in clinic or on site; this saves time as they do not have to take time off to go to public clinics.*

*At **W27** management buy-in plays an important role. Managers of different departments in the company are on board with the programme. The MD of the company is involved in the talks (importance of getting tested, coming forward and declaring your status and the importance of taking treatment). Management allows budgets for free ART. Most of the managers don't have a problem with employees going into the clinic to collect their medication during work. The MD also addresses departmental managers who have problems or deny their staff time to go to the clinic for ART. Management requires reports on progress. Workplace ART creating a win-win: For the employee: employees receiving ART in clinic or on site, this saves time as they do not have to take time off to go to public clinics. For the company: Before that company had its own ART programme, employees would have to go to public clinics for ART treatment and they would take a day off which came at a cost for the company as they would have to replace that employee with a temp employee and then have to pay the temp and the employee. Costs are also saved because the employees on ART treatment are compliant as they have more knowledge, more health awareness and they take their medication diligently. They don't stand the chance of getting opportunistic diseases which could take employees away from work for longer periods of time.*

***W5** developed a leave policy to accommodate staff needing to access ART at government clinic. In **W5** the services are also conveniently located close to where workplace clinic staffs are resident.*

Table 53. Awareness and Training

Education and training sessions on the benefits of ART. Awareness sessions inclusive of all diseases
W49 *Onsite annual induction for all employees returning to work each year provides an opportunity to check-in with employees regarding their health condition and whether any treatment interruption occurred. If confirmed, then the medical officer re-examines the employee. The workplace also conducts research into the effectiveness of the Group's HIV/AIDS strategy.* *At* ***W44*** *employees are allowed to participate in ART program. There is a close cooperation between employers and the organisation.* ***W46's*** *focus is to encourage employees who have not been tested previously to join the programme on an on-going basis.* ***W45*** *Behaviour-change intervention occurs predominantly through individual employee counselling sessions, basic counselling is offered to all employees who require it, specialized counselling is also available for the more "difficult conversations" e.g. to improve treatment adherence.* *The increase uptake of ART and treatment services (HIV Support Programme) by men and women is very much due to the fact that many of* ***W2s*** *employees participate in workplace HIV testing to know their HIV status every year. Employees need to participate in HIV testing in order to be registered in the workplace's HIV Support Programme when tested HIV positive.* ***W8*** *Peer educators assist in marketing, ART information provided on interactions, Posters on ART adherence (drug interaction e.g. alcohol). Managers were trained to understand ART and the various challenges for company and employees on ART. Message was understood; employees understood that HIV was not a "death sentence": health promotion activities, presentations, discussions on ART for all staff; also engaged in discussions and updates on ARVs with employees.* ***W14*** *launched an online health and wellness service that provides employees with an online health assessment and health content. This includes professional advice and behaviour change programmes that include HIV and ART.* ***W14*** *incorporated HIV and ART information into all wellness awareness drives on all media platforms.* *The main clinic manager at* ***W19*** *regularly goes out to the estates and works together with the estate SHE officers (there is one SHE officer per estate), they do health talks (healthy life style, HIV and AIDS, Medication, ART).* *In* ***W27*** *there are communication messages reinforcing the importance of knowing your HIV status and ART adherence. There are regular campaign, talks on the company's HIV programme and ART. The MD of W27 is involved in awareness talks (importance of getting tested, coming forward and declaring your status and the importance of taking treatment). The clinic manager is responsible for organizing training and awareness campaigns on health and HIV and AIDS.*

Table 54. Partnerships

Establish linkages and partnerships with ART accredited service providers for supply of ART and referrals.
There is a very good relationship between ***W44*** *and the DoH. This allowed for a MoU to be signed for medication and ARV, M&E data goes back to DoH for national data base.* ***W46*** *The mine has an MOU with Evander hospital for ART, this MOU has been in place since November 2016, the workplace used to buy ART prior to the signing of the MOU. The onsite clinic has a database, including the one from DoH, which allows follow-up of people who have not collected their treatment. Every day the clinic updates the chronic system as people come collect their medication and the clinic gives them return dates, those who miss the return dates are called defaulters.* ***W45*** *ART is provided as part of the medical aid benefit to employees.*

***W2** has a contract with a private service provider. The service provider has a manager and nursing staff that specialize in wellness and HIV and AIDS management in the workplace, permanent employees that test HIV positive in the workplace can register in the HIV support Programme. Contractors are referred to the public clinics.* *In **W8** ART needs to be fetched at the public clinic or pharmacies. The company does not offer ART on site, but does treat opportunistic diseases and then refer to public sector.* *The **W17** clinic has recently started to work together with the public hospital and Medical aid schemes to have the medication (ARVs and other chronic disease medication) sent to the workplace clinic. The workplace clinic nurses follow up with HIV positive employees (chronic disease management) to make sure that they get their ART treatment and are adherent. Every six months HIV positive employees have to go for blood tests and for the renewal of the script of the local hospital. This is a very new pilot project, packages with ARVs and medication will be sent to the workplace every two months in the future.* ***W18** has an agreement with a local Clinic (a public sector primary health care clinic) to provide ART to all eligible employees. The workplace provides transport to a public health sector clinic for ART initiation and follow-up.* *At **W14** a service provider provided the nursing staff for counselling and testing, and social workers for counselling on social risk factors. W14 employees have a health service and medical aid would receive referred clients for the benefits that they offered and employees were enrolled.* ***W19** gives seasonal employees separately an opportunity to test, but no free ART. When tested positive, seasonal employees are referred to the public clinic. Seasonal employees have contracts from three to nine months. W19s senior management has started negotiations with the public clinics for the provision of free ART.* *In **W28** ART is available on site for employees on the company Medical Aid, while contractor employees are able to obtain their medication through the Department of Health (DoH) at the Wellness Centre. The DoH has an agreement (MoU) with the company to provide ART and other supplies through one of the public sector clinics, in exchange for the recorded data. These employees are monitored and managed in accordance with the national ART guidelines that also support the DoH Clinic.* *In **W5** Staff are referred to government clinics for ART services as ART medication is available only at public-sector clinics.* ***W5** ART is available only at government clinics as part of the primary package of care. Taking ART at government clinics is the only way that the W5 staff is able to access treatment. Co-infection (e.g. TB) is monitored because of the high provincial prevalence in the community of TB-HIV co-infection. Government clinics provide both ART and TB treatment. In W5 If staff members return to work before 14h00, they are able to receive a full day's salary.*

Table 55. Confidentiality and Privacy

Guaranteed Privacy and Confidentiality
*At **W47** All medical testing results are conducted in a sensitive and confidential manner.* *At **W44** confidentiality is number one. Clients do not get their file. The files are taken by the receiving nurse to the treating nurse. Files have colours, but only the nurses see the colours. The consultation rooms have doors. For example, ARV's, on request, are packed in a way that they can be transported in a discrete way. This helps clients not to default. Nurses can answer to client's requests to accommodate them.* ***W46** Employees on treatment have one on one session with the nurses. The clinic sees patients monthly and we make sure it's a one on one with the nurse; instead of collecting the medication from the pharmacy they go and sit down with the nurse, she goes through everything like pill counting and she finds out whether a person has a problem.* *At **W45** employees were able to access their care confidentially and directly through the AfA and the on-site medical aid scheme, OMMED. This confidential service proved vital to acceptance of the system by the employees. The management cannot identify which employee attended a wellness service. Over time this approach engendered more trust by employees in the wellness system on offer.* *At **W2** emphasis is put on the confidentiality of HIV status and trust relation between patient and nurses and the high quality of health services in general. The clinic's HIV Support Programme staff members play a big role in employees feeling comfortable in the HIV Support Programme. It is of advantage when clinic staff is already known by employees and have a big institutional knowledge (they can choose between man or woman as some men are more comfortable to be treated by a man and vice versa), speak employees' language, have a reputation of having high ethical standards and a clinic record without leaks of confidentiality. The clinic staff explains to employees that blood tests are sent to an external laboratory in*

Johannesburg and that confidentiality is guaranteed. Only the treating nurse and nobody else knows employees' HIV status. *In **W8** employees trust the confidentiality of the testing result. With the work that was done by the clinic through the years, there seems to be very little fear of discrimination in the company.* ***W19** puts emphasis on the confidentiality of HIV status and trust relation between patient and nurses and the high quality of health services in general. The workplace clinic ART Support Programme staff members play a big role in employees joining the programme. It is of advantage when clinic staff is already known by employees, speak employee's language, have a reputation of having high ethical standards and a clinic record without leaks of confidentiality.* *In **W27** clinic staff care for their employees, trust in confidentiality of status. The ART programme is based on confidentiality; employees who join the programme do not have to worry about their statuses being known by their other colleagues.* *At **W28** the on-site health employee health service provides a confidential and non-judgmental approach to care that has gained the trust of most employees.* *In **W5** Staff members are provided with a confidential health service at government ART clinic visits.*

Table 56. Peer Approach

Peers Promoting ART, i.e. active peer groups advocating for ART
***W44** The peer educators known as care givers make sure that communication between clients, their employers and the organisation works. They encourage adherence. They inform clients about dates for clinic visits and support clients (farm workers, lodge workers, sex workers).* ***W39** Wellness ambassadors and onsite nursing staff are part of the ART initiation and treatment journey.* ***W8** Peer educators assist in marketing and promoting ART in the workplace.* *In **W27** peer educators are the clinic's "eyes and ears". They are used for conveying messages to staff and also in conveying messages from the staff to the clinics like questions on compliance and time for taking medication, then the clinic will call the peer educators in and teach them compliance and times for taking medication, the peer educators then have to report back to the employees. In **W28** Peer Educators volunteer their own time (e.g. lunch breaks) to arrange meetings with staff for health education talks that include a range of health topics such as HIV.*

Table 57. Wellness Approach/ Chronic disease management

Chronic disease management where ART is given as part of other available treatments for various ailments
***W49** Onsite annual induction for all employees returning to work each year provides an opportunity to check-in with employees regarding their health condition and whether any treatment interruption occurred. If confirmed, then the medical officer re-examines the employee. All employees must be issued with a certificate of fitness each year before they are allowed back into the mine.* ***W44** uses National Adherence Strategy: stable clients do not need to see a doctor, nurse every month for a check-up. They get an ART and other medication script for 6 months and only have to collect their medication once a month at one of the clinics.* *At **W39** the provision of Anti-retroviral treatment (ART) to HIV-positive employees is part of the group's proactive management of diseases.* ***W45** The shift toward a comprehensive wellness approach occurred in 2012 when the employee wellness portfolio evolved to integrate the treatment element. A communication strategy was required to present this new approach to workplace employees and this was driven by the current Wellness Team. The Human Resources division would approach the wellness team for any information or wellness-related service.* *At **W2** being HIV positive is seen in the medical clinic as having a chronic disease and is managed as any other chronic diseases: so the monthly visit can turn out to be a convenient "one stop for all health issues". This saves time and money.* *In **W17** HIV is integrated in the company chronic disease management run by the clinic. Nurses always ask about hypertension, sugar, asthma, epilepsy, HIV status so that the employees feel that it is in the same category. It is also definitely about building up a relationship of trust. In **W17** HIV management (including*

ART) is integrated into the chronic disease management; it is just one chronic disease out of many, this helps de-stigmatise. ***W18** has ART treatment included in their Occupational Health and Wellness programme directed by the Medical officer in charge of the programme at **W18.*** ***W14** implemented an employee-focused approach to increase uptake of ART and treatment services as part of their chronic disease programme.* ***W19** HIV positive status is managed as a chronic disease, so if the employees have other chronic diseases, all cases will be addressed in the same visit "one stop for all health issues, employees who are on the HIV Support Programme are asked to present at the clinic every month (scheduled compulsory meetings).* *In **W27** Policy provides for the distribution of ARVs, immune boosters and vitamins at no cost to employees.* ***W28** A comprehensive health service package was introduced at the company's manufacturing plant.* *In **W7** monthly supplies are distributed at each ART check-up. The immune system boosting supplements are also supplied monthly, and HIV-positive employees are treated for any opportunistic infections.*

Table 58. Psychosocial support for ART Adherence

Having support groups for all treatments for chronic disease management
W47** has HIV Ambassadors: a support group of PLHIV from the community, **W47** funds this group through the community clinic budget. The group also does home based care. The group members are mainly from the community and they only go to the mine when invited to give talks.* *In **W39** wellness ambassadors and onsite nursing staff are part of the ART initiation and treatment journey**. *Once employees are diagnosed as having HIV, they are monitored to be initiated on ART. The provision of Anti-retroviral treatment (ART) to HIV-positive employees is part of the group's proactive management of diseases.* ***W44** has adherence clubs. The organisation has one club since 2015 (meeting takes place in one clinic). They help stable patients to comply. The club is run by a trained lay counsellor.* ***W2** When tested HIV positive, permanent employees are free to register on the HIV Support Programme (which is part of the chronic disease management programme). Same as for chronic disease management, employees who are on the HIV Support Programme are asked to present at the clinic every month (scheduled compulsory meetings).* ***W7** The staff of the wellness clinic monitor adherence to ART and supply nutritional support.* *At **W14** the medical aid service also attaches a case-manager to all employees on chronic medication. The case manager would contact the employee regularly to check-in on how they are doing and whether further counselling or other medication is required.* ***W19** has an ART support programme, the programme is offered at the on-site clinic free of charge for permanent employees. Employees registered on the programme are asked to present at the workplaces clinic every month (scheduled meetings).* *In **W27** Company-run HIV management programmes offer support to affected employees. Toolbox talks from peer educators: peer educators play a huge role in disseminating the information that workplace ART is for free, that partners also can get ART for free, that adherence is important and the reasons why.*

Table 59. Extend treatment to other family members

Make ART available to family members
***W49** has been offering ART to employee families and dependants since 2008.* *At **W44** the clinic also works closely with families to get treatment (max 1 month supply). A book is used to monitor.* ***W45** The workplace medical aid also provides comprehensive and confidential cover for family members (as beneficiaries).* *In **W27** partners of the HIV positive employees are also supplied with ART free of charge by the company. In **W 27** the ART is provided in the workplace clinic free of charge to the employees and their immediate families*

*(spouses). In **W17** They ask HIV positive people to come with somebody from home so that this person is also involved in the management of HIV.*

*In **W28** the model is based on the company's HIV and AIDS workplace programme for treatment, care and support to employees, their families and immediate communities.*

*In **W28** partners of employees who are already part of the company workforce are encouraged to come to the Wellness Clinic for care.*

***W5** Home-based care workers were trained for community-based services. Staff is able to bring family members to workplace clinics for free care and treatment. In **W5** the availability of free treatment at accessible workplace clinics makes it convenient for staff to bring their family members for care. **W5** clinic staff family members attend clinics free of charge.*

***W5** Clinics situated in various areas of the KwaZulu-Natal province and the Mobile clinics are all available for use by both **W5** clinic staff and their families.*

Table 60. Examples of how workplaces used each driver towards increasing ART uptake

Workplace	**Examples**
Management commitment in increasing ART uptake	
W2	Eligible employees prepared by workplace health staff and then initiated on ART by Public Sector health facility.
W17	Medipost programme delivers ART efficiently at workplace.
W18	The workplace prepares eligible employees for ART-initiation and then provides transport to a public health sector clinic for ART initiation and follow-up.
W19	Permanent employees receive free ART and treatment service at the workplace's cost.
W39	Once employees are diagnosed as having HIV, they are monitored to be initiated on ART.
W46	Employees are put on treatment immediately after diagnosis.
W47	There is a budget set aside for ART for permanent employees.
W44	ART is free to all persons eligible.
W45	ART is provided as part of the medical aid benefit to employees.
W49	Since 2002, free anti-retroviral therapy (ART) testing and treatment was provided to all employees. ART was provided free of charge.
Awareness and Training	
W2	Multiple communication strategies can improve HIV literacy and awareness.
W19	The workplace continues to run HIV and AIDS management initiatives across its operations, including Voluntary Counseling and Testing (VCT), HIV

	Counseling and Testing (HCT) and Anti- Retroviral Treatment (ART).
W44	Aims to reduce HIV vulnerability in the farm and lodge industries through peer education, awareness raising, prevention and treatment.
W46	Communication on wellness comes in all common languages in the workplace.
W49	Implementation of ART was formally endorsed by both trade unions and the employer. Progressive rollout of treatment and care was coordinated across the group using available health care facilities.
Partnerships	
W18	Has an agreement with a local Clinic (a public sector primary health care clinic) to provide ART to all eligible employees.
W28	Collaborative agreements with partners can leverage advantages for employee care services.
W44	There is a very good relation between the organisation and DoH. This allowed a MoU to be signed for medication and ARV.
W46	The workplace has an MOU with a local public hospital for ART, this MOU has been in place since November 2016.
Confidentiality and privacy	
W19	Trust in the confidentiality of HIV status and the quality of the HIV Support Programme: clinic staff members responsible for chronic disease management (including ART) are most of the time already known by employees. The success of the ART Support Programme is very linked to the clinic manager and the clinic staff.
W44	Confidentiality is number 1 clients do not get their file. The files are taken by the receiving nurse to the treating nurse. Files have colours, but only the nurses see the colours. The consultation rooms have doors. 100% confidential for example ARVs, on request, are packed in a way that they can be transported in a discrete way.
Peer Approach	
W27	Trained Employee Peers can add value to Employer HIV services.
Wellness Approach/chronic disease management	
W19	Wellness approach to chronic diseases can expand employee health service options, being HIV-positive is seen in the clinic as having a chronic disease and is managed as any other chronic disease.

W44	Doctors and professional nurses provide health care services and referrals, information and condoms at the wellness clinics.
Psychosocial support for ART Adherence	
W44	Adherence clubs, the organization has one club since 2015 (meetings take place in one clinic). They help stable patients to comply. The club is run by a trained lay counsellor.
W14	Employee-centred health services promotes treatment adherence.
W19	Permanent employees that test HIV positive in the workplace are registered in the ART Support Programme.
W47	Has HIV Ambassadors: a support group of PLHIV from the community, the workplace funds this group through the community budget. The HIV Ambassadors also do home based care. The group members are mainly from the community and they only go to the mine when invited to give talks.
Extend treatment (on) to other family members	
W27	Family support initiatives help to build employee confidence and trust.
W44	The clinic also works closely with families to get treatment (max 1 month supply). A book is used to monitor.
W45	The workplace has a medical aid that covers both the employees and their families.
W49	In 2008 the workplace started offering ART to employee families/dependents.

10. Reduced absenteeism

Table 61. Evidence of reduced absenteeism and staff turnover among men and women

WORKPLACE NUMBER	**DESCRIPTION**	**YEAR**		**decrease in absenteeism (%) over periods**
W2		**2010**	**2013**	
Year 1: Jan-Dec 2010 Year 2: Jan-Dec 2013	Absenteeism rate (%) (Random sample of 100 employees). Yearly	2.6	0.2	2.4
W14		**2013**	**2014**	
Year 1: Jan-Dec 2013 Year 2: Jan-Dec 2014	Absenteeism rate (%). Yearly	2.2	2.1	0.1
W28		**2012**	**2014**	

Year 1: Jan-Dec 2012 Year 2: Jan-Dec 2014	% of employees absent (Hourly). Yearly	1.79	0.78	1.01
W49		**2013**	**2014**	
	Absenteeism and Staff Turnover (%)	4.6%	4.2%	0.4

Disclaimer: The above table shows that the range of absenteeism decrease in the WPs varied between 0.1% and 2.4%.

Table 62. Description of how absenteeism was reduced

Description	
Absenteeism management strategies	Employee centred strategies, Workplace centred strategies.

Figure 8. Drivers of Reduced Absenteeism

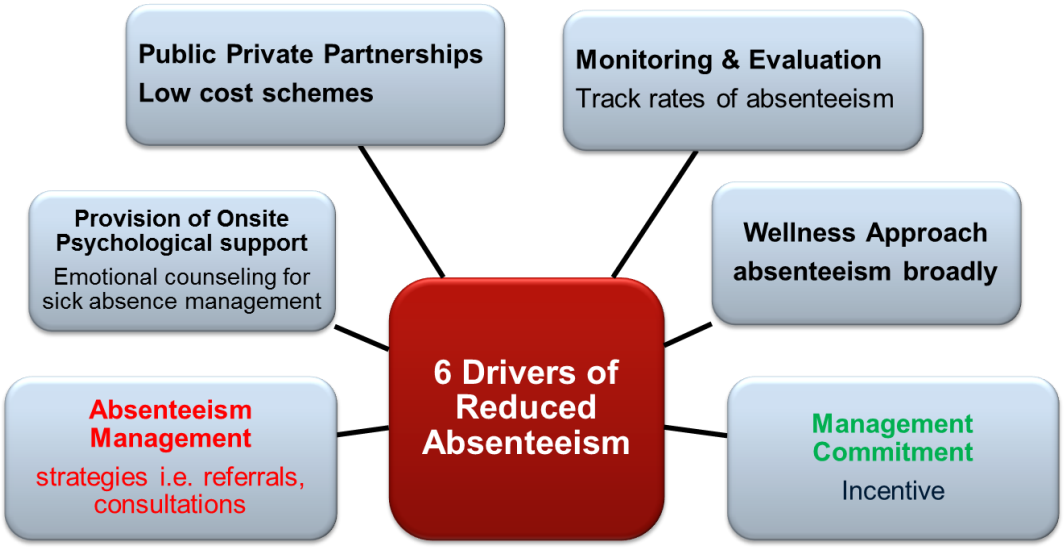


Table 63. Summary table on what worked (drivers) in reducing absenteeism

Driver	**Description**
Implement absenteeism management strategies	Implement absent leave management strategies for all employees, i.e. referral of employees with sick absence for consultation / assessment, identify drivers of sick absence and address them, calculation of sick absence costs.
Provision of onsite psychosocial support	Provision of emotional counselling for sick absence management, provide remedies for particular employees with an absence record.
Partnerships	Establish partnerships to sustain low costs, negotiation with insurance schemes for low-cost medical insurance options for those employees who need it.
Management commitment Incentive	Provision of incentives to employees who never went on sick leave throughout the year.
Wellness Approach	Discuss sick absenteeism covering all sicknesses, not just HIV and AIDS.
Monitoring and Evaluation	Tracking rates of absenteeism, tracking reduction of costs and keeping records of costs averted.

10.1. Quotations on each driver that contributed towards reduced absenteeism

Table 64. Implement absenteeism management strategies

Implement absent leave management strategies for all employees, i.e. referral of employees with sick absence for consultation/assessment, identify drivers of sick absence and address them, calculation of sick absence costs
W49 *Comprehensive health care provision is associated with reduced staff absenteeism and staff turnover. Implementing a communication plan for all employees and their families, to transmit tailored healthcare messaging.* *At* ***W2*** *strategic objectives were set and supported by top management. Annual targets are set every year and supported by site management.* ***W14*** *medical insurance provides information on use of insurance medicals, compliance rates and the main reasons for hospitalization.* *In* ***W14*** *one service provider provides emotional support counselling for sick absence management, and the other service provider provides nursing staff for physical assessments relating to sick absence management. The line manager then refers the employee for a sick-absence consultation to the service provider where the nurse would do the assessment. In* ***W14*** *the Wellness unit uses aggregated data provided by service providers and company medical insurance to monitor and evaluate wellness strategies based on identifying the "drivers" of employee wellness.* ***W20*** *Sick leave absenteeism related to HIV and AIDS cannot be disaggregated from the general sick leave absenteeism. But more HIV screening, higher HIV and AIDS awareness and HIV as part of the chronic disease management do help to reduce sick leave absenteeism. The workplace also has the following activities for absenteeism 1) bonus penalties (exceptions are made for HIV positive employees with motivation letters). 2) Rehabilitation programme: employees that did not pass the yearly medical test are registered on the rehabilitation programme. 3) HIV positive employees are automatically entered in the chronic disease management. 4) High quality HIV and AIDS awareness, HCT and ART are offered on site and for free.* *At* ***W20*** *employees on chronic disease management (for instance HIV positive employees) need to visit the clinic once a month. They get an SMS invitation. If they do not attend, they get blocked at the entrance (mine*

entry card is blocked). The Miner Health and Safety Act requires the employer to prove that people with chronic diseases are under control: annual and monthly medical visits are compulsory. *At **W20** HIV positive employees get accommodated in the workplace. As soon as they are identified they are asked to participate in the chronic disease management programme so that they do not have to go to the public clinics/doctors on a monthly basis. The clinic makes sure that HIV positive employees are fit to work and get accommodated in the workplace if necessary. This avoids sick leave days.*

Table 65. Provision of onsite psychological support

Provision of emotional counselling for sick absence management, provide remedies for particular employees with an absence record
***W39** With a workforce of 7700 permanent and 3700 temporary employees, the impact on cost to company per employee infected with HIV can range between four and eight times their annual salary by preventing health-related absenteeism and premature deaths.* ***W2** has a wellness programme run by a private service provider, the wellness programme picks up employees before they are too weak and before accidents happen.* *In **W14** the company sector trade union was also consulted and involved in the review process and bought into the sick absence management programme. Business Leaders at the company must first be trained before they can implement "The sick absence management framework".* ***W20** Employees that are too ill to work and/or have not passed the yearly test (contractors or permanents) are entered in the rehabilitation programme until they are fit to work again (pass the test). They are trained on different health topics during this rehabilitation programme (also HIV and AIDS and TB): all the clinic staff will do training in the field they are specialised in. These trainings will take a minimum of two weeks. The time absent in the past reached 100 days of absence for some employees. Now, with the rehabilitation programme they are back within 2 to 6 weeks. A lot of people that went through the rehabilitation programme said they should have had the rehab training a long time ago.*

Table 66. Partnerships

Establish partnerships to sustain low costs, negotiation with insurance schemes for low-cost insurance for employees who need it
W39** The external service provider and the group's executive management and board were involved**. ***W2** appointed external wellness programme consultants who offer a wellness programme free-of-charge to employees (health screenings are free, including HIV testing): hence it attracts many employees who do not want to go to the doctor for a health check because it depletes their medical aid.* ***W20** The Finance department and a NGO are brought into the training. The rehabilitation is not that easy (it also includes daily exercise for 4 hours which is not easy), employees get a water bottle that they have to fill up and consume four times a day; they also get supplements as the rehabilitation programme is not an easy thing.*

Table 67. Incentive provision for non-absenteeism

Provision of incentives to employees who never went on sick leave throughout the year
*At **W39** any savings made in risk premiums for death and disability is transferred to the employees' retirement funds, making business sense to the employees as well.* *In **W28** the performance-based incentive strategy serves as a dis-incentive for the taking of unnecessary leave and motivates employees to minimize absenteeism. The company introduced the incentive programme at their manufacturing plant in East London. It was aimed at motivating employees to reduce absenteeism. Employees are incentivized to avoid absenteeism; their name can be entered into a draw when they meet the entry criteria of "no absenteeism" for a full year. A pro-rata reduction in the "monthly quality performance bonus" for each employee is applied which corresponds to the period of absenteeism. The strategy is marketed by HR only for **W28** employees, not contractor staff. The annual prize is a new vehicle valued at about R500 000.* *Employees at **W20** are incentivised to keep healthy so that they do not qualify for the rehab programme.*

Table 68. Wellness Approach

Absenteeism due to all illnesses, not just HIV and AIDS
***W49** "Champions" of the health care approach convinced the management of the benefit scheme of implementing the comprehensive treatment and care approach.* *In **W2** HIV and AIDS management is part of the holistic Employee Wellness Strategy. The Wellness Programme picks up the people before they are too weak and accidents happen. The Wellness Programme is for free to employees (health screenings are for free including HIV): hence it attracts many employees who do not want to go to the doctor for a health check because it depletes their medical aid. The Wellness Programme is an everyday activity available for all employees on site.* *In **W28,** absenteeism has been reduced mainly due to availability of a comprehensive package of health services at the company. Confidentiality is ensured since employees can choose to have their personal health issues attended to at the workplace rather than at a busy public primary health care clinic. Response is made directly and immediately to employee health issues. In most cases, these issues are addressed which avoids referring employees elsewhere for care and support. Access to an on-site doctor is available to company employees which contributes to resolution of the majority of employee medical issues.* *In **W14** the concept of sick absence management framework is "sold" to business leaders on its potential to provide a remedy for particular employees with a poor absence record.*

Table 69. Monitoring and Evaluation

Tracking rates of absenteeism, tracking reduction of costs and keeping records of cost averted
***W49** uses a peer health navigator approach.* ***W39** Active monitoring and evaluation (M&E) was instituted through the external service provider with the express support of the group's executive management and board.* ***W2** For a random sample of 100 employees of the workplace, there was a significant decrease in absenteeism from 2.6% (2010) to 0.2% (2013).* *The **W28** Human Resources Section monitors and markets this strategy among company employees.* *In **W14** calculating the "sick-absence" cost proved to be most effective in getting the co-operation of managers to introduce wellness interventions. The sick-absence process can be evaluated in terms of cost to company so that Business Leaders are able to be supported by wellness interventions to turn loss-making liabilities into profit-making assets. In **W14** Calculating the "sick-absence" cost proved to be most effective in getting the co-operation of managers to introduce wellness interventions Traditional approaches use the "sick-absence rate" to evaluate absenteeism, while the Workplace uses the "Bradford factor", the 8-week rule and calculation of*

50% of total leave, to estimate the level of short-term sick absence. The concept of sick absence management framework is "sold" to business leaders on its potential to improve absenteeism and save costs.
W20 *Through the implementation of the SANS16001:2007 HIV and AIDS Management System, the mine determined that employee wellbeing was the element that required dedicated focus, with the management of absenteeism as a measurable. Thus, the workplace realized that although HIV and AIDS was important, other health issues, such as TB, STI's and adult onset diseases, were equally important. The workplace felt compelled to implement the SANS16001:2013 Wellness and Disease management system (including HIV and TB) when it was published in early 2013 Certification for the SANS16001:2013 WDMS was awarded to the workplace in March 2014. To maintain certification of the SANS 16001:2013, the workplace needs to prove the change/influence of the wellness programme, this includes HCT uptake.*

Table 70. Examples of how workplaces used each driver towards reduced absenteeism

Workplace	**Examples**
Management commitment in Implementing absenteeism strategies	
W 14	Approach absenteeism with multi-level strategies.
W28	Absenteeism was reduced mainly due to availability of a comprehensive package of health services.
W20	Bonus penalties for sick leave help to keep sick absenteeism low but exceptions are made, for example HIV-positive employees get a motivation letter from nurses to not be penalised for sick leave which might motivate people to know their HIV status.
W49	Implementing a communication plan for all employees and their families, to transmit tailored healthcare messaging.
Provision of onsite psychosocial support	
W14	Management training and employee rehabilitation support reduces absenteeism.
Partnerships	
W2	Expert external collaborative partnership can help support employees.
W20	An external organisation worked with the workplace.
Incentive provision for non-absenteeism	
W20	Incentives include sun tan lotion, hats, protective clothing, water bottles.
W28	Incentivised strategies help reduce absenteeism, the annual prize is a new vehicle valued at about R500 000.
Wellness Approach	
W14	Providing comprehensive health services reduces absenteeism.
W28	The comprehensive primary health care service established at the workplace saves time for both employees and the employer because they did not need to wait in long queues for health services. Employees are also able to save on transport costs to public health services.

W49	Comprehensive health care provision is associated with reduced staff absenteeism and staff turnover.
Monitoring and Evaluation	
W2	Providing "business case" arguments can orient managers to support wellness strategies.
W14	The workplace uses a health and Wellness Consulting Portfolio and a Sick Absence Management Portfolio.
W28	The workplace introduced an innovative performance-based quality incentive programme to help improve absenteeism in the workplace. Human Resources Section monitors and markets this strategy.
W49	The workplace uses the peer health navigator approach.

11. Increased PMTCT uptake

Table 71. Evidence of Increased PMTCT uptake

WORKPLACE NUMBER	**DESCRIPTION**	**YEAR**	
W14		**Jan 2014**	**Oct 2014**
Month 1: Jan 2014 Month 2: Oct 2014	Mother to child cases/ uptake of PMTCT	2	5
W45		**2015Q2**	**2016Q13**
Year 1: 2015Q2 Year 2: 2016Q3	Uptake of PMTCT (currently on MTCT)	19	23
Total number of PMTCT uptake by employees from all WPs			49
Grand total number of PMTCT uptake by employees from all WPs			49

Disclaimer: The grand total figure represents the total number of PMTCT uptake in the WPs for the periods the GO was considered for. However, this grand total is not representative of the total of ART by the WPs.

Table 72. Description of how PMTCT was offered

Description	
Partnerships	Professional advice, qualified wellness service providers and counselling services.
Onsite	Awareness of the service, printed material, electronic notices, magazines, pregnancy forums and early booking systems.

Figure 9. Drivers of increased PMTCT Uptake

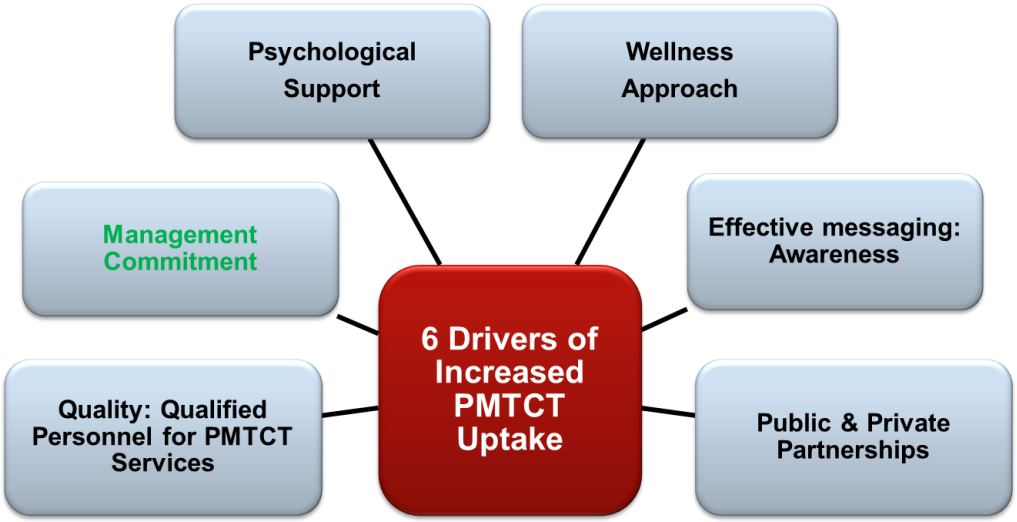


Table 73. Summary table on what worked in increasing PMTCT uptake

Description	
Psychosocial support	Qualified clinical social workers; counselling services available at wellness centre clinic and partner support.
Wellness Approach	Maternal care part of comprehensive healthcare and appropriate platform for ensuring prevention of HIV transmission to new-born.
Raising Awareness	Comprehensive session on HIV, customized sessions around PMTCT and magazines to promote awareness of PMTC amongst employees.

11.1. Quotations on each driver that contributed towards increasing PMTCT uptake

Table 74. Psychological support

Qualified clinical social workers; counselling services available at wellness centre clinic and partner support
W45 *Female employees are evaluated for pregnancy during the routine counselling sessions. ICAS have counsellors who are equipped to deal with employees requiring counselling for PMTCT.* *In* ***W14*** *there is a confidential online health and wellness service for employees that includes PMTCT services. In addition, professional counselling services are available at any of the five wellness centre clinics or through a call centre managed by external service providers.*

Table 75. Wellness Approach

Maternal care part of comprehensive healthcare and appropriate platform for ensuring prevention of HIV transmission to new-born
W45 *PMTCT is provided as part of the medical aid benefit to employees. A key factor for the wellness team is to remain "inclusive, non-discriminatory and client-centred" for all medical issues.* ***W14*** *uses medical schemes to leverage off the benefits they designed for company employees (especially health and wellness benefits) medical insurance prevention services and promotion of PMTCT for pregnant females with HIV.* ***W14*** *identified a range of issues that form part of their comprehensive health care programme for employees; Maternity care is an appropriate platform for ensuring prevention of HIV transmission to new-borns, and therefore PMTCT was introduced.*

Table 76. Raising Awareness

Comprehensive session on HIV, customized sessions around PMTCT and magazines to promote awareness of PMTC amongst employees
W45 *Behaviour-change intervention occurs predominantly through individual employee counselling sessions* • *Basic counselling is offered to all employees who require it.* • *Specialized counselling is also available for the more "difficult conversations" e.g. to improve treatment adherence. A specialized funding mechanism focussing predominantly on HIV links employees with other services, where this is required. Information leaflets and newsletters highlighting the benefits of PMTCT were issued electronically.* ***W14*** *uses magazines to promote awareness of PMTCT among employees. In* ***W14,*** *while there are no customized training programmes around PMTCT, this topic is included in other training on HIV where it is mentioned together with voluntary male circumcision and other HIV prevention interventions. The company actively seeks out the opportunity from among their maternity patients to introduce PMTCT. This is regarded as part of the reproductive health intervention at the company.* ***W20*** *implemented PMTCT in 2014, a pregnancy forum was developed to educate pregnant employees; the workplace also has a monthly monitoring programme for evaluated risks.* ***W20*** *implemented PMTCT in 2014, a pregnancy forum was developed to educate pregnant employees; the workplace also has a monthly monitoring programme for evaluated risks.*

Table 77. Examples of how workplaces used each driver towards increasing PMTCT uptake

Workplace	Examples
Management commitment in increasing PMTCT uptake	
W14	Providing accessible support services can increase PMTCT uptake.
W45	Specialized counselling is also available for the more "difficult conversations" e.g. to improve treatment adherence.
Wellness Approach	
W14	Leveraging health benefits from medical aids can deliver improved services for PMTCT. The workplace identified a range of issues that form part of their comprehensive health and wellness programme for employees; Maternity care is an appropriate platform for ensuring prevention of HIV transmission to new-borns, and therefore PMTCT could be introduced. Bankmed ensures that its members are informed about the maternity care programme as well as the prevention of HIV transmission to new-borns.
W45	The workplace medical aid focusses predominantly on HIV, but also links employees to other services where this is required.
Raising Awareness	
W14	Effective print, electronic and interactive forum communication platforms can improve awareness of PMTCT.
W20	PMTCT was implemented in 2014 as part of the wellness programme.
W45	Information leaflets and newsletters highlighting the benefits of PMTCT were issued electronically.

12. Reduced Stigma and Discrimination

WORKPLACE NUMBER	DESCRIPTION	YEAR	
W51		**2006**	**2012**
	2006 - *Sharing a meal with a person who is infected (with HIV)* **2012** - *"I discriminate against people living with HIV and AIDS"*	Almost 40%	19.9%

Disclaimer: The above table shows that the range of Reduced Stigma decreased in the WPs varied between 40% and 19.9%.

Table 78. Description of how Stigma and Discrimination activities were done

Description	
Onsite	Actions against stigma, discrimination, management, peer and PLHIV involvement, policies, awareness sessions and wellness approach.

Figure 10. Drivers of Reduced Stigma and Discrimination

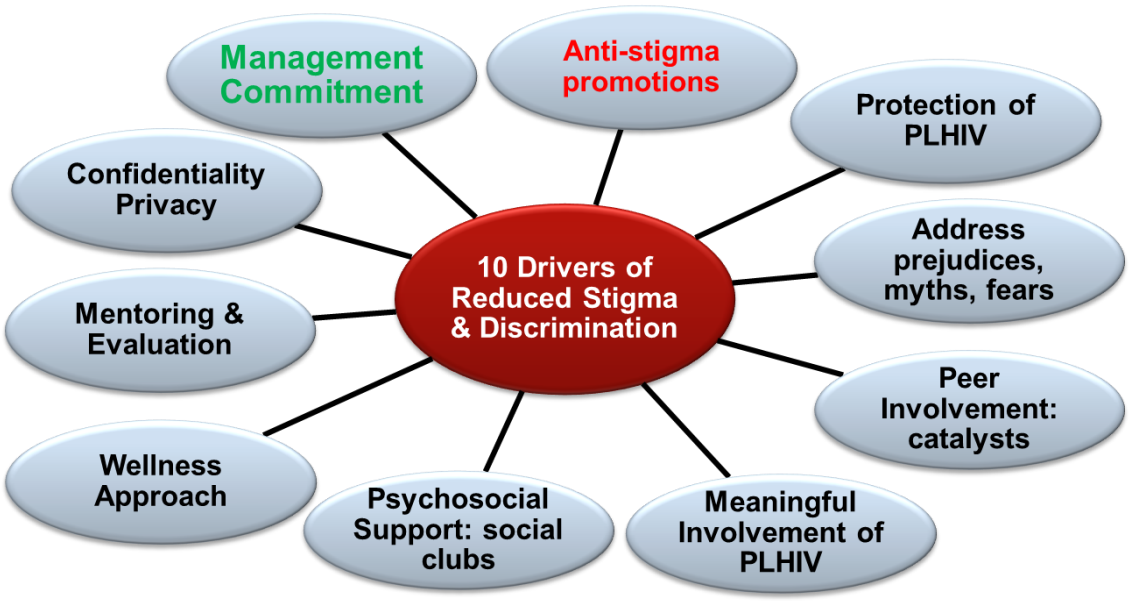


Table 79. Summary on what worked (drivers) in reducing Stigma and Discrimination

Driver	**Description**
Management Commitment	Having concrete programmatic actions against stigma and discrimination, leadership.
Intolerance of stigma and discrimination (zero tolerance)	Open demonstrations, disciplinary actions, open dialogues on HIV and AIDS issues.
Workplace and compliance on national and international statutes against stigma and discrimination	
Protection of PLHIV	Ensure continuous employment of PLHIV; treating employees equally irrespective of HIV status.
Stigma awareness and training sessions	Helping employees confront and address own underlying fears, prejudices or internal stigma; dispelling myths, allaying fears and normalizing HIV and AIDS within the workplace.
Peer Involvement	Using peers as catalysts for reducing stigma and discrimination.
Meaningful Involvement of PLHIV	Ensuring visibility and support of PLHIV, i.e. direct and active in engagement of PLHIV; PLHIV promoting acceptance and openness around HIV and AIDS in the workplace; ensuring those who disclose their HIV status are treated with dignity; PLHIV serving as mentors and role models to others.
Psychosocial Support	Creation of supportive environment, i.e. establish pre-social clubs for psychological support and share experiences, strengthen trust, and address needs and concerns.
Wellness Approach	Integration (mainstreaming) of HIV and AIDS activities in other health activities to de-stigmatize HIV and AIDS.
Monitoring and Evaluation	Monitoring levels of stigma and discrimination, detecting gaps and ensuring responsiveness, relevance and focused trainings.
Promote Confidentiality	Ensuring that the rights of PLHIV to confidentiality are not violated.

12.1. Quotations on each driver that contributed to reducing Stigma and Discrimination

Table 80. Management Commitment

Having concrete programmatic actions against stigma and discrimination, Leadership speaking decisively with one voice against stigma and discrimination, Leadership investing resources in anti-stigma and discrimination efforts; Development and implementation of non-discriminatory policies and employment practices to protect the rights of workers living with HIV.
W51 *The principles of non-discrimination and non-stigmatization were part of all HIV and AIDS-related activities at W51 prior to the launch of the integrated strategic plan.*

W5 *renders a PHC service to community members and each member of the small number of staff is supported in order to render these services in the most effective manner possible. Hence there was a need to ensure that staff members understand and practice non-discriminatory behaviour towards each other and the community.*

Table 81. Intolerance of Stigma and Discrimination (zero tolerance)

Open demonstrations, disciplinary actions, Open dialogues on HIV and AIDS issues
W51 *Trained peer-educators, external service providers and guest HIV and AIDS activists participating in HIV and AIDS-related activities.*

Table 82. Stigma awareness and training sessions

Helping employees confront and address own underlying fears, prejudices or internal stigma; dispelling myths, allaying fears and normalizing HIV and AIDS within the workplace
W51 *HIV and AIDS-related activities at W51 are all cognisant of the principles of non-discrimination and non-stigmatization.*

Table 83. Peer Involvement

Using peers as catalysts for reducing stigma and discrimination
W51 *Trained peer-educators, external service providers and guest HIV and AIDS activists participating in HIV and AIDS-related activities.*

Table 84. Wellness Approach

Integration (mainstreaming) of HIV and AIDS activities in other health activities to de-stigmatize HIV and AIDS
W51 *An integrated strategic plan for 2013-2018 is relevant for all spheres of the workplace, from top management to service and even contract employees. HIV and AIDS-related activities at W51 are all cognisant of the principles of non-discrimination and non-stigmatization.*

Table 85. Monitoring and Evaluation

Monitoring levels of stigma and discrimination, detecting gaps and ensuring responsiveness, relevance and focused trainings
W51 *Two Knowledge, Attitude, Perception and Behaviour (KAPB) surveys were undertaken in 2006 and 2012, respectively. These KAPB surveys fed into the development of the integrated strategic plan.*

Table 86. Examples of how workplaces used drivers towards reduced Stigma and Discrimination

Workplace	Examples
Management commitment in reducing stigma and discrimination	
W51	Non-discrimination and reduced stigma towards PLHIV forms part of the strategic plan.
Stigma awareness and training sessions	
W51	Trained peer-educators, external service providers and guest HIV and AIDS activists participating in HIV and AIDS-related activities.
Monitoring and evaluation	
W51	Two Knowledge, Attitude, Perception and Behaviour (KAPB) surveys were undertaken in 2006 and 2012, respectively. These KAPB surveys fed into the development of the integrated strategic plan.

The most common good outcomes that workplaces achieved were: Increased HCT (in 67.5% of the 40 workplaces), increased ART uptake (40%), increased knowledge (27.5%), reduced risky behaviour (22.5%). Furthermore, reduced absenteeism (10%), increased PMTCT (5%), increased voluntary medical male circumcision (5%) and reduced stigma and discrimination (2.5%) were also recorded.

15. Conducive factors

The existence and implementation of national HIV and AIDS plans, strategies, legislation, policies, testing and treatment programmes should be deemed critically important to the achievement of many good outcomes related to HIV and AIDS in the workplace. Ten stakeholder interviews were conducted with employer organizations, union representatives, and networks for PLHIV or support groups for PLHIV, networks of sex workers, DoL, civil

society organizations as well as national AIDS Council representatives, line ministries, trade unions and UN agencies.

The following table summarizes the stakeholder organizations (identified so far) that have a role in Workplace HIV and AIDS programmes in South Africa.

Table 87. The role of National stakeholders in HIV and AIDS WPPs

Stakeholder name	**Overview**
Department of Labour (DoL) • Inspection and Enforcement Directorate • Corporate Service Directorate • Minister's Spokesman • Corporate Service Directorate • Employment Equity Directorate • Employment Health Wellness Programme	The role of the DoL is to develop and implement policies geared towards poverty alleviation, employment creation and reduction of socio-economic disparities (Department of Labour, 2016).
Department of Public Service and Administration (DPSA)	The DPSA coordinates workplace programmes in the Public Sector. All government departments report to them in terms of workplace programmes, among others. They would have departmental reports of workplace programmes, etc. (Department of Public Services and Administration, 2016).
National Institute of Occupational Health (NIOH)	The NIOH advises government on appropriate policies for the management of HIV and TB in the workplace. (National Institution for Occupational Health, 2016.
Business Unity South Africa (BUSA)	BUSA as the voice of business has a very big membership, with more than 60 associate members including all sectors and all Business Chambers; provide advocacy on legislation; represent business in negotiations and tripartite engagements; does not have an implementation mandate (Business Unity South Africa, 2016).
South African Business Coalition on Health and Aids (SABCOHA)	Coordinates the private sector. SABCOHA coordinates the private sector HIV related activities and is responsible for monitoring, evaluation, reporting and research of wellness. They also formulate policies, set standards, set targets, and monitor legislative

	compliance; SABCOHA also aims at developing lasting competencies and addressing capacity gaps. A further aim is the effective co-ordination and strengthening of relationships amongst all relevant stakeholders (SABCOHA, 2016).
The South African AIDS Council (SANAC)	The role of SANAC is to achieve a consensus amongst civil society, government, and all other stakeholders to lead a national response to the scourge of HIV, TB and STIs. (SANAC, 2016).
The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)	The GIZ is the German Government's Technical Development Agency that offers customised solutions to complex challenges including HIV and AIDS. The Multi-Sectoral HIV and AIDS Prevention Programme (MHIVP) includes HIV and AIDS programmes in the private sector.
The Commission for Conciliation, Mediation and Arbitration (CCMA) suggested by EE Directorate	The Commission for Conciliation, Mediation and Arbitration (CCMA) was established in terms of the Labour Relations Act, 66 of 1995 (LRA) (CCMA, 2016). The commission addresses various forms of unfair discrimination (e.g. discrimination due to HIV-positive status).
South African Local Government Association (SALGA)	SALGA is an autonomous association of municipalities in South Africa. Its mandate is based on the Constitution of the Republic and is the representative of local government. SALGA interacts with the National Assembly, the National Council of Provinces (NCOP) and provincial legislatures. (SALGA, 2016).

Workplace HIV and AIDS programmes are governed by a myriad of legislative tools. Some of the relevant legislation that was discussed as conducive factors is indicated in the table below.

Table 88. Relevant legislation and policies to HIV and AIDS WPPs

Legislation/policy	**Relevant section and summary**
Constitution of South Africa, Act No 108 of 1996	Section 9. Supreme law of our country prohibits unfair discrimination. This does not refer specifically to HIV and AIDS but this can be inferred from the Employment Equity Act (EEA) which draws from the Constitution and elaborates further on the meaning of "unfair

	discrimination" (Statutes of the Republic of South Africa-Constitutional Law ,1996*).*
Basic Conditions of Employment Act, No 75 of 1997	It lays out the basic conditions of employment for all, irrespective of HIV-positive status (Republic of South Africa, 2002a).
Employment Equity Act (EEA) No 55 of 1998	Chapter 2, Section 6(1). The EEA deals with HIV and AIDS from an "unfair discrimination" point of view, not from a public health point of view. The Department of Health (DoH) deals specifically with HIV and AIDS from a public health point of view. Within DoL, EHWP addresses the health viewpoint of HIV and AIDS. However, the two points of views complement each other. The EEA provides for reactive and proactive approaches to unfair discrimination. Proactive approach – they have put in place audits, DG Reviews, Employment Equity Plan and other strategies. Prohibits unfair discrimination and mentions HIV. Specifically Prohibition of unfair discrimination applies to all workplaces irrespective of size. Chapter 3, Section 15. Elimination of imbalances of the past implementation of affirmative action. Obligations on employers to address the barriers that perpetuate exclusion (affirmative action). Section 21. Progress made in eliminating unfair discrimination. Schedule 4 of the Employment Equity. Employment Equity Plan required from all employers designated workplaces (i.e. workplaces that have 50+ employees) are to prepare and implement equity plan. Section 7, page 14. Testing of an employee is prohibited as a measure to determine appointment (Republic of South Africa, 1998).
Employment Equity Regulation of 2014	Page 21, Page 49. Reporting on HIV and AIDS.
Department of Labour Employment Equity Act, No. 55 of 1998: South African Code of Good Practice on HIV and AIDS the World of Work 2012	They all stress employee fundamental human rights, including gender equality and broadening the scope for all employees in the World of Work (Department of Labour, 2012).

Labour Relations Act No 66 of 1995	It prohibits employers from dismissing anyone based on their HIV-positive status. (Department of Labour, 2015).
Occupational Health and Safety Act No 85 of 1993	The Act emphasizes the creation of safe working environments, i.e. minimization of occupational risks, availability of post exposure prophylaxis and how to handle suspected cases of occupationally acquired HIV (Republic of South Africa, 2002b). Within the Act, the Hazardous Biological Agents Regulation (page 177) advocates for putting in place measures that would protect employees who are at occupational risk of acquiring HIV. Continuous screening and risk assessments are encouraged.
The Promotion of Equality and Prevention of Unfair Discrimination (PEPUDA) Act No 4 of 2000	The Act governs any form of unfair discrimination in the broader society. (Department of Justice, 2009).
The Mine and Safety Act No 29 of 1996	The Act strives for safe working environment in the mines. (Department of Mineral Resources, 2013).
The Compensation for Occupation Injuries and Disease Act No 130 of 1993	The Act makes provision for compensation of staff injured / infected with any disease in the workplace. (Department of Labour, 2016b).
The Medical Scheme Act, No 131 of 1998	The Act stipulates that all medical aid schemes that are registered are prohibited from any form of unfair discrimination in spite of HIV-positive status. (Statutes of Republic of South Africa-Medicine, Dentistry and Pharmacy, 1998).
The Code of Good Practice on Key Aspects of HIV and AIDS and Employment (No.21815, December 2000), revised in 2012	The Code of Good Practice provides guidelines to employers in ensuring non-discrimination of employees due to their HIV-positive status (Department of Labour, 2002).
The Public Service Regulations	The Public Service Regulations were developed in 2001 and reviewed in 2002 to come up with minimum standards to be adhered to when dealing with HIV and AIDS, among others (Department of Public Services and Administration, 2001).
International Labour Organization (ILO) Recommendation concerning HIV and	It reinforces implementation of HIV prevention and treatment programmes that are integrated to national policies and strategies on HIV and AIDS

AIDS and the World of Work, 2010 (No.200)	(International Labour Conference, 98th Session, 2009).
Department of Labour Corporate Services Directorate: HIV, STIs and TB Management Policy	The HIV and AIDS Pillar / Policy seeks to articulate the objectives of the NSP which talks to: a. Addressing structural drivers to HIV care and impact b. Prevention of new HIV infections c. Sustaining health and wellbeing d. Protection of human rights and access to justice. The foundation for this policy is the EHW strategy The policy is available at national level DoL adapted the same policy.
Department of Labour Corporate Services Directorate: Wellness Management Policy	The foundation for this policy is the Employee Health and Wellness (EHW) strategy.
Department of Labour Corporate Services Directorate: Health and productivity management Policy	The foundation for this policy is the EHW strategy. The policy is available at national level. DoL adapted same policy for the Ministry.
Department of Labour Corporate Services Directorate: Safety, health, environment, risk and quality management Policy	The foundation for this policy is the EHW strategy The policy is available at national level DoL adapted same policy for the Ministry.
Department of Labour Code of practice – developed based on Employment Equity Act	The DoL Code of Practice is derived from the Employment Equity Act.
Technical Assistance Guidelines	Educate the public including workplaces about HIV and AIDS Regulates all employees.
Basic conditions of Employment Act	Generic – indirectly relevant. Educate the public including workplaces about HIV and AIDS regulates all employees.

In addition to the legislative tools described above, the following operational mechanisms were identified as conducive to HIV and AIDS workplace programmes.

Table 89. Operational Mechanisms conducive to HIV and AIDS WPPs

Mechanism	**Description**
Department of Labour Corporate Services Directorate: Public Service Employee Health and Wellness Strategic Framework – there are 4 polices developed in accordance with the 4 pillars of the framework	Approved by Cabinet in 2009. It has 4 pillars: • HIV, STIs and TB Management Pillar • Wellness Management Pillar • Productivity and health management pillar • Occupational and environmental health and safety pillar From the 4 pillars, 4 national policies have been developed. All government departments are mandated to implement employee health and wellness programmes. This is binding on every government department. The Public Service Commission evaluates each government department response to the Public Service Regulations (PSR).
Department of Labour Corporate Services Directorate: National Strategic Plan on HIV and AIDS 2012-2016	Objective 2 and 3: Objective 2 and 3 seeks to address: a. Prevention of new HIV infections b. Sustaining health and wellbeing.
Department of Labour Corporate Services Directorate: Public Service Regulations, 2001	The PSR deals with issues pertaining to HIV and AIDS and further makes provision for government departments to annually report to cabinet as part of Annual Report.
Department of Labour Corporate Services Directorate: Annual EHW reporting tool	Section 2 deals with Results Framework for EHW. Specifically 2.1.1 addresses HIV and AIDS. The tool requires departments to report on implementation of HIV and AIDS programmes in line with the NSP and EHW Strategic Framework.
Department of. Labour Corporate Services Directorate: System Monitoring and Readiness Assessment Tool	The tool seeks to assess the Department's readiness to implement EHW Programmes, including HIV and AIDS. The following sections of the tool addresses HIV and AIDS programmes: 1. Commitment, initial review and EHW management policies 2. Planning of EHW management system 3. Implementation, operational controls and management of EHW management system EHW management system evaluation, corrective and preventive action.
a) South African National Standard SANS 16001:2013	South African National Standard which was re-launched on 8 March 2013. Since the launch of the

Wellness & Disease Management System	standard, various companies are implementing it in their WPPs. Previously SANS 16001:2007 focused only on HIV and AIDS • SANS 16001:2013 includes non-occupationally induced illnesses or conditions that may have a negative impact on the workplace and contribute to the burden of disease on the company • SANS / OHSAS 18001:2007 focuses on occupationally induced conditions (SABS, 2013).
Business Unity South Africa: Private sector health indaba	**Conducive factor:** BUSA organized the private sector health indaba – involving medical aid, hospital associations (NETCARE), pharmaceutical companies – 20th August 2014 or 2013 – this was a response to the NHI green paper. BUSA proposed a paradigm shift - Move from transactional to transformational process. Transformation of the health care system and the role of organized business. High level principles that will guide their interventions were adopted – e.g. the need for evidence based solutions, recognition of health as a business issue.
Business Unity South Africa: recognition of ill-health at the workplace as detrimental to business sustainability and survival	**Conducive factor:** BUSA recognizes ill-health at work as detrimental to business sustainability and survival: Health of the employee is equal to health of the business.
Business Unity South Africa: Business Unity South Africa is a constituency within National Economic Development and Labour Council	**Conducive factor:** BUSA is one of four constituencies within NEDLAC and represents employers in the business sector. The remaining sectors are organized labour, civil society and government. All draft legislation must pass through NEDLAC as required by law. NEDLAC is established by an Act of Parliament and was involved in discussions on the EEA.
Business Unity South Africa: BUSA is represented in SANAC	**Conducive factor:** BUSA is represented in SANAC with seats as follows SABCOHA, Agri-South Africa, Chamber of Mines, Anglo-Gold Ashanti.
Business Unity South Africa: BUSA is represented in Employment Equity Commission	**Conducive factor:** BUSA is part of the Employment Equity Commission that advises the Minister. Trade unions also have two seats.
Business Unity South Africa: Employment Conditions Commission is established by the Basic conditions of employment act	**Conducive factor:** Employment Conditions Commission is established by the Basic Conditions of Employment Act – an advisory structure to the minister.

Business Unity South Africa: Advisory Council on Occupational Health and Safety (ACOS)	**Conducive factor:** BUSA is a member of the Advisory Council on Occupational Health and Safety (ACOS) based on the Occupational Health and Safety Act under the Minister of Labour- BUSA has 5 seats – all constituencies are represented.
Business Unity South Africa: Companies have comprehensive programmes	**Conducive factor:** Companies have comprehensive programmes – although such programmes are packaged differently.
National Institute for Occupational Health: leadership buy in	NIOH found that leadership buy-in – through time, resources, access, direct relationship with workers, (involvement of representative unions) was critical in the sustainability of HIV and TB workplace programmes.
National Institute for Occupational Health: DOL has inspectors that assess certain types of workplaces.	Employment equity inspectors, OHS Inspectors and Employer auditors.
National Institute for Occupational Health: DOL Strategic plan 2015-2020	DOL strives for a labour market which is conducive to investment.

16. Ten Overarching Recommendations

The setting up of overarching recommendations from this study stems from the Minister of Labour's statement at the launch of the study that "Whilst we have, in the 21 years of our democracy, managed to put in place world class labour policies, we need from time to time to examine what works in general and whether or not we are getting the desired impact." (Minister of Labour, 2015). After analysis of the evidence, in essence, overarching recommendations serve "… to demonstrate using verifiable evidence, what works and what works well." (Minister of Labour, 2015). Ten overarching recommendations were presented for feedback to various stakeholders during an Evening Satellite Session at the 8th South African AIDS Conference, ICC, Durban, South Africa, 14 June 2017

Feedback from Stakeholder has been included as quotes.

> *"SABCOHA fully subscribes to the 10 overarching recommendations for the ''What Works" Study and has implemented and promoted them through its own programmes and in partnership with it(s) members" (Sedibe, 2017).*

> *"The Report would have to be formally presented to the Minister of Labour, the DOL, relevant government clusters and the social partners. Where legislation or policies require strengthening and improvement to incorporate the recommendations of the report, social partners at NEDLAC will be involved" (Mafata, 2017).*

16.1. Utilization of internal and external service providers

> *"The utilisation of internal staff help(s) wellness programmes gain credibility, whereas the use of external staff assist(s) in targeting issues or strategies that have already been identified within the workplace but for which the organisation does not have the necessary skills or experiences to implement. However, it should be emphasised that when external providers are involved they support the program rather than manage the program" (Mkhwanazi, 2017).*

> *"Mixed model has the advantage of utilising external and internal skill. It affords organisations who due to financial constraints might not have the luxury of appointing Health and Wellness Professionals the opportunity use of external service providers at a fraction the cost of creating and filling positions" (Mafata, 2017).*

- Workplace programmes should utilise both internal and external staff to implement their programmes based on the fact that most of them adopt a wellness approach which requires a multidisciplinary team. No workplace can sustain a diverse team of professionals who are supposed to provide all the different components of the wellness program. Workplace programmes are poorly-resourced and therefore unable to afford all wellness services on their own e.g. workplaces may have challenges in having the required number of staff, counsellors, required number of specialised individuals in the respective health aspects in accordance with national health guidelines. Having both internal and external staff is advantageous toward program sustainability, building internal capacity, and tapping on the resourcefulness of the external consultants.
- Utilization of both internal and external facilitation teams of awareness sessions can ensure maximization of benefits for employees (recommendation from the good outcome (GO) "increased HIV knowledge").
- Scheduling workplace HCT (routine or event-based) should be scheduled well in advance utilizing experienced and, preferably, accredited external service providers where workplace settings are still plagued by high levels of stigma (recommendation from the GO "increased uptake of HCT").

16.2. Utilization of the wellness approach and incorporating it into existing and statutory health programmes

> *"To support the SAMI, the MHSC has developed an Integrated Policy for the Management of TB and HIV/AIDS" (Mkhwanazi, 2017).*
>
> *"Employers that have onsite medical facilities are better equipped in providing comprehensive health services which include medical surveillance, primary health care and EHWP" (Mafata, 2017).*

- Workplaces to implement wellness programmes versus HIV-specific programmes, in order to encourage maximum participation, helping decrease stigma, and address the diverse health needs of their employees. It may not be feasible for a workplace to be in a position to provide all the required health services. In such instances, referral mechanisms may be developed. This implies that workplace programmes should have one-stop centres that provide a range of services and referral for those services they cannot provide.
- Workplaces can incorporate the wellness programmes within recognised and compulsory programmes, such as Occupational Health and Safety (OHS) and Employee Assistance Programmes (EAP) which will contribute to them being sustainable, rather than independently having a primary healthcare program in which it is not a legal requirement for the workplace. For instance, in 2009, the Minister of the Department of Public Services and Administration (DPSA) approved the determination to implement the integrated public service employee health and wellness strategy framework which seeks to ensure an integrated model comprising four pillars mainly:

    1. Safety, health, environment, risk and quality management (OHS),
    2. Wellness management which previously was known as EAP,
    3. Health and productivity management,
    4. HIV and AIDS, STIs and TB management.

  All public-sector departments are obliged to implement the above package as from 2009. This framework is generally inconsistently and in many cases poorly-implemented due to fragmentation of the package in various departments.
- Awareness sessions may focus on HIV only during HIV-specific days such as Candlelight Memorials, Red Ribbon month in November, Worlds AIDS Day in December and World TB Day in March. However, wellness sessions can be offered on non-HIV specific days

including HIV among other diseases e.g. Health days as allocated in the national health day calendar and other national events (recommendation from the GO "increased HIV knowledge").

- It is recommended that regular wellness events should culminate in annual events using positive reinforcements and gender sensitive health messaging to increase HIV knowledge (recommendation from the GO "increased HIV knowledge").
- HCT uptake was increased when it was part of a comprehensive wellness program carried out at the workplace program during working hours as a continuously available service as well as when it was an event-driven activity (recommendation from the GO "increased uptake of HCT").
- Management-supported employee-centred health services that incorporate HCT at every context at a time that is suitable for all employees should be widely available. HCT services are best provided as part of chronic care service provision in the workplace. It is therefore recommended that employee-centred HCT at the workplace should be offered widely as part of an inclusive and differentiated health care package with an emphasis of HIV and AIDS as a chronic condition which is not 'exceptionalized'. Where such HCT is not available onsite, employers should fund or assist employees and their families to access these services via mobile or private services through direct support or by engaging medical schemes with appropriate benefits. Scheduling workplace HCT (routine or event-based) should be scheduled well in advance utilizing experienced and, preferably, accredited external service providers where workplace settings are still plagued by high levels of stigma (recommendation from the GO "increased uptake of HCT").
- As part of de-stigmatizing workplace HCT, employers should make available all opportunities for testing. It is therefore recommended that a workplace HIV and AIDS programme should deem every client contact as "an HCT opportunity", especially where

compulsory quarterly (or more frequent) occupational health assessments are the norm (recommendation from the GO "increased uptake of HCT").

- Although employees spend most of their productive day alongside colleagues, they still prefer to seek HCT in a space where they feel safe to do so. It is therefore recommended that since the maintenance of confidentiality is rooted in trust, workplace HCT must be performed in areas considered to be 'a safe space' where awareness of the need to test for HIV can be raised through a one-on-one interaction between a trained counsellor and a potential client (recommendation from the GO "increased uptake of HCT").
- The inclusion of HIV as part of the comprehensive chronic disease management (wellness) system contributes to efficiency, reduced stigma and discrimination and an improved ART uptake. This is imperative given HIV co-morbidities, e.g. diabetes, hypertension, opportunistic infections etc. (recommendation from the GO "increased ART uptake").
- Employee trust and confidentiality are commonly associated with workplaces that demonstrate improved ART uptake and should be encouraged. Similarly, developing a secure and trusting relationship with wellness practitioners is also important to develop employee confidence at workplaces that refer employees to another facility for initiation of ART (recommendation from the GO "increased ART uptake").
- Having a wellness program at the workplace affords employees an opportunity to access health services in the workplace without them having to go on leave for medical care (recommendation from the GO "reduced absenteeism").

Adopting a wellness approach in assessing absenteeism provides information on all health-related absenteeism, without it being disease-specific and it also avoids making employees feel victimised (recommendation from the GO "reduced absenteeism").

16.3. Strategic Partnerships

> *"SABCOHA's collaborative model has resulted in a private sector blueprint that fast-tracks screening in the workplace and surrounding communities for HIV/AIDS, TB and non-communicable diseases" (Sedibe, 2017).*

> *"Strategic partnerships are good practice standards and are effective as they help to avoid duplicating the efforts of others" (Mkhwanazi, 2017).*

> *"Government, organised business and organised labour should form partnerships to ensure the implementation of various Health and Wellness Programmes including HIV and AIDS. NEDLAC which is platform where social partners meet can play a meaningful role in this process" (Mafata, 2017).*

> *"Public private-partnership, I will share with you a few examples where we embarked on public-private partnership: The first one is condom distribution. We partnered with DoH and one of our members SAB, they are in remote rural areas, where we can't reach, we were struggling to get condoms to such places. We have utilised the existing delivery mechanisms within the SAB: where they deliver alcohol they also deliver condoms. We managed to reach number of places. We managed to make sure that areas that wouldn't get condoms ultimately are now getting condoms. Where SAB delivers alcohol they deliver condoms as well" (Sedibe, 2017).*

- In the face of limited or shrinking resources in the public, private and civil society sectors, HIV workplace programmes can best be sustained through public private partnerships (PPP) and tripartite arrangements. The achievement of each good outcome is clearly feasible through PPP and tripartite arrangements. The findings have sufficiently demonstrated that the achievement of each good outcome relies heavily on the contribution of partnerships with relevant stakeholders. The economic downturn in the country calls for more of such partnerships.
- Sector-wide workplace partnerships allow for more improved, efficient, affordable and sustainable HCT services to be provided. It is therefore recommended that workplaces should endeavour to participate in sector-initiated and managed HCT and general HIV programmes through forging strategic partnerships with the public sector, NGO/NPO

sector and other private sector workplaces (recommendation from the GO "increased uptake of HCT").

- Workplaces where employees have access to medical aid membership are able to negotiate further benefits from medical aid institutions. Employees who benefit from such programmes can also contribute to the objectives of PMTCT nationally. Workplaces should therefore negotiate with medical aid institutions to leverage specific benefits such as "maternity care" for PMTCT from the comprehensive service package already available to medical aid members (recommendation from the GO "increased PMTCT uptake"). Public-Private Partnerships in the supply of ART medication promotes ART uptake. ART is provided free-of -charge from public health facilities and workplaces can partner with public health facilities for the supply of ART to their respective employees through Public-Private Partnerships (PPP). This will help ensure a secure supply of ART medication in the workplace. Leveraging the strengths of collaborative partnerships can develop into powerful targeted-support to improve ART uptake. The untapped potential of collaborative partnerships to support each link in the treatment and care cascade can be combined and developed into more strengthened interventions tailored to the needs of each workplace for improved ART uptake (recommendation from the GO "increased ART uptake").
- Public and private partnerships for the supply of a larger variety of condoms should be absolutely essential given government budgetary constraints. Availability and accessibility of flavoured, ripped, spiked, extra-strong and extra-thin coloured condoms enhance condom utilization. Only in instances where employees have no access to flavoured coloured condoms, do they use choice condoms that are provided freely by government as they have no alternative. It is therefore imperative that workplaces partner with organisations that distribute flavoured and coloured condoms. Standard "Choice" condoms are not the condom of choice. Packaging condoms in an attractive way will go a long way

to improve uptake of condom use. A responsive approach is critical in condom usage and uptake. Further studies need to be conducted to determine the veracity of the perceptions on choice condoms in terms of their standard i.e. quality, size, texture, durability, and smell/odour (recommendation from the GO "reduced risky behaviour").

16.4. Workplaces to become "Centres of Health"

> *"ARM is in Joint Venture Partnership with ASSORE in the Northern Cape Mining operations (Beeshoek, BlackRockand Khumani) trading as Assmang. The basis for the partnership is that Assmang operations provide clinical support to the Northern Cape Department of Health (NCDoH) to strengthen the implementation of the Provincial TB, HIV/AIDS, STIs and Chronic diseases strategies through capacity building of local staff and engagement of communities and other stakeholders to decrease the morbidity and mortality associated with TB, HIV/AIDS and chronic diseases" (Sedibe, 2017).*
>
> *"In the South African mining Industry (AMI), employers are obliged to provide all employees with access to health programmes for HIV including TB in a manner that meets the employees' need for efficient and effective care and high quality outcomes without negatively impacting on the financial status of the employee or limiting their ability to continue working or loss of income due to lost shift time whilst they are accessing services that are outside their workplaces. Therefore workplaces can be centres of health if properly implemented" (Mkhwanazi, 2017).*
>
> *"The department supports this recommendation that all essential health services are made available in the workplace, which will assist in reducing employee turnover, presenteeism, boost employee morale and therefore increase productivity. Department of Health can play an important role in this area" (Mafata, 2017).*
>
> *"…these partnerships [PPP between DoH and Private Sector] they become a talk shop, they become meaningless and lack direction, if we do not craft a proper, clear memorandum of understanding and that reminds us to hold one another to account in terms of what we intend to deliver…" (Sedibe, 2017).*

- Given the fact that in South Africa about 1 in every 5 employees are HIV-positive (Shisana et al, 2014), workplaces should become centres of health for their own employees. This will not only promote efficiency and productivity in the workplace, but will also help

relieve public health facilities from the burden of operational and infrastructural challenges (long waiting queues, limited number of clinics, limited human resources).

- In order for this approach to work, PPP or tripartite sector arrangements will become necessary. For example, the private sector can set up clinics and the Department of Health could provide treatment on the premises of the workplace. This approach is not likely to cost the government more and will reduce the health services delivery burden on the part of the public sector. On the part of the private sector, it will also reduce costs arising from frequent absenteeism and also improve the health of employees.

16.5. Multi-sectorial Approach

> *"The cross-sectoral nature of the impact of the HIV/AIDS epidemic is today widely acknowledged by all the key stakeholders involved in the response. The MHSC participate in multi-sectoral forums with the Department of Health and also the other organisations like World Bank where various stakeholders gather to give different sectorial inputs on management of diseases. Therefore the main strength of a multi-sectoral approach will be to create a mechanism for information sharing and coordination, supporting the inclusion of all major stakeholders in society, regardless of their sector or work and their organisational affiliation" (Mkhwanazi, 2017)*

> *"HIV and AIDS Programmes require various stakeholders within NEDLAC and professionals to be involved to bring about solutions to prevent the spread, stigma and discrimination associated with it." (Mafata, 2017)*

- HIV and AIDS is a multi-sectorial and a developmental issue. Every government department and all sectors are called upon to contribute towards the national developmental goals, and to have plans that are in line with the national development plans, and HIV and AIDS is one of those national development imperatives. Working in a disjointed, fragmented way in addressing HIV and AIDS limits the possibility of greater impact. In this regard, different sectors should contribute and play their part in addressing HIV and AIDS in accordance with their respective mandate. Local AIDS Councils (LAC) and

National AIDS Councils (NAC) should be more visible and active in coordinating HIV and AIDS activities across different sectors. A multi-sectorial approach involving public, private sector and civil society sectors corresponding to their respective sectors will assist a great deal in dealing with HIV and AIDS in the workplace.

- The Department of Labour is to champion the implementation of the recommendations coming out of this report as a custodian of labour matters in the country. The recommendations coming from this study link with the chapter on health in the National Development Plan (NDP) as well as SANAC, the National Strategic Plan for HIV and AIDS and Tuberculosis (NSP), the Code of Good Practice on HIV and AIDS and the World of Work, the ILO Recommendation 200, etc. For example, the NDP states that a healthy population contributes to positive economic development.
- The administration of VMMC is almost impossible without the involvement and development of partnerships since the technical expertise, medical equipment, trained personnel and support services are all required. In instances where workplaces do not have adequate facilities to administer the full VMMC package, a referral mechanism can be put in place. VMMC is best done through Private, Public Partnerships (PPP). Workplaces should continue to work together in a multi-sectorial VMMC approach with the Department of Health and specialised NPOs using a variety of VMMC delivery methods (public and private clinics, mobile clinics, VMMC campaigns in the communities and workplaces including the promotion of dual protection) (recommendation from the GO "increased VMMC") .

16.6. Cluster Approach for SMEs

"To strengthen health systems and improve health outcomes, the right knowledge must be provided to the right people and in the right context. Thus the sharing of knowledge to address prevention, care, support, treatment, and impact mitigation in the workplace, is necessary and important. In the Mining Industry and MHSC stakeholders, the view is that SMEs can leverage

on big mining companies and form clusters with them and learn from their best practices or work together" (Mkhwanazi, 2017).

"This approach should be tabled at NEDLAC which includes representatives of organised business, Labour Federations and community representatives" (Mafata, 2017).

- To support HIV and AIDS workplace programmes in Small and Medium sized Enterprises (SMEs), we recommend clustering approaches where for example industry sectors, bargaining councils or large companies lead and serve as "mentor" in regards to implementing HIV and AIDS workplace programmes.

16.7. Peer Involvement

"The basic principle of peer support is that co-workers provide a bridge between an employee with a problem and the people who can help them. Therefore, peer support can be a benefit to any workplace, large or small, however each organization must design its peer support program to meet its own specific needs (technology – cell phones, apps etc.)" (Mkhwanazi, 2017).

"Core to ensuring health and wellbeing of employees is the utilisation of peer educators, or wellness champions. Their role as indicated in the recommendation is to ensure that there is reasonable uptake of and participation in wellness and HIV programmes in the workplace" (Mafata, 2017).

- The utilization of peers in the delivery of HIV activities in the workplace enhances a collegial spirit and encourages optimal participation among employees. It reinforces equal participation and equal role-playing in HIV activities, rather than a top-down approach in the execution of HIV activities. Peers are able to reach out to employees that would have been hard-to-reach if other methods were utilized.
- The utilization of peer educators to complement the workplace wellness champion (recommendation from the GO "increased HIV knowledge").

- Peer educators are able to reach out to their colleagues who often speak similarly on issues that affect their health. The role of peer educators as mentors, life-coaches and awareness creators reinforce positive living when they are suitably selected, trained and interested in empathizing with fellow employees. It is therefore recommended that active union members (especially shop stewards) should be trained as peer educators to give greater impetus to HIV and AIDS-related activities such as HCT and they should complement the work of health professional staff (recommendation from the GO "increased uptake of HCT").
- PLHIV who have already disclosed their HIV status to their colleagues are also able to represent the benefits of positive living and HCT. Such employees who become peer educators have the potential to improve HCT uptake among their peers. It is therefore recommended that HIV-positive peer educators should be sought and encouraged to train as peer educators where this is possible in the workplace (recommendation from the GO "increased uptake of HCT").
- Peer-health support provided through carefully selected and trained employees has great potential to improve ART uptake. Peers can relate with HIV-positive counterparts at the same level (recommendation from the GO "increased uptake of HCT").

16.8. Return on investment for workplace wellness programmes

> *"ROI of wellness Programmes can be a challenge to measure but can still be measured. The measure can be either tangible or intangible benefits: Tangible: Increased productivity; lower absenteeism and decreased turnover etc.; Intangible: Improved company morale, and improved employee awareness. Therefore, instead of focusing on the cost of wellness Programmes and initiatives, establish employee engagement as a measure of Return On Investment (ROI), as an engaged workforce brings many other compelling outcomes - which link directly to overall business outcomes. When employees are engaged, improved productivity naturally follows" (Mkhwanazi, 2017).*

"Employers who invest in functional and resourced wellness and HIV and AIDS programmes enjoy return on such an investment which leads to a productive workforce, reduced incidents, improved employee morale, reduced absenteeism and turnover. Employers must develop a business case for their wellness, HIV and AIDS programmes, which will guide the direction on how it should be implemented" (Mafata, 2017).

- Making a business case for wellness programmes (including HIV) and also demonstrating the visibility of workplaces that are implementing these successfully, will contribute to their sustainability.
- Effective and efficient management strategies to control absenteeism in the workplace contribute to the business case for improved wellness workplace programmes as it provides measurable parameters to assess employee performance (recommendation from the GO "reduced Absenteeism").
- Utilization of absenteeism management strategies that have been successful elsewhere can contribute to reduce absenteeism (for example Public-Private Partnerships and other external collaborations have been successful). In this regard, the capacities of management can be developed to utilize the above-mentioned strategies. This eventually contributes to improved performance of the wellness workplace programmes (business case) (recommendation from the GO "reduced Absenteeism").
- Workplaces can regularly assess individual absenteeism levels and provide both positive and negative reinforcement methods in order to support rather than punish an employee, without violating applicable labour laws (recommendation from the GO "reduced Absenteeism").

16.9. Monitoring and Evaluation

"Monitoring and evaluation (M7E) aims to ensure that the progress of the plan is tracked and measured. Through M&E, the review of the program can help in knowing what is working and what is not. Gathering the right information is essential and it is important that baseline data is collected as that will assist in comparing results of later programmes. It is

also essential that when reviewing the outcomes, one evaluates the program based on the aims and objectives you set in the beginning" (Mkhwanazi, 2017).

"Employers can leverage on wellness data to develop workplace programmes however the data should be obtained with written consent from the employees. Monitoring of the effectiveness of programmes is essential and will assist in continuous improvement" (Mafata, 2017).

- Data-mining on various aspects of wellness provides evidence-based status-quo of workplace programmes, which can be used to advance arguments for workplace programmes and to demonstrate the business case. In most cases, workplaces are not capacitated to generate their own data on the various aspects of wellness (i.e. to conduct surveys, desk top reviews, etc.). Workplaces should leverage wellness data from service providers through negotiated service agreements.
- It is recommended that existing staff that already have the responsibility for occupational health and primary health should also be strengthened in terms of capacity to deliver on a broader wellness approach that includes activities to increase HIV and AIDS knowledge and which responds to requirements by management for regular M&E (recommendation from the GO "increased HIV knowledge").

16.10. Motivation for change

"Wellness programme incentives attempt to build motivation by offering individuals external rewards for taking steps in the right direction. Therefore, the use of incentive based programmes as part of the worksite wellness programme is encouraged and supported" (Mkhwanazi, 2017).

"Part of ensuring success, uptake and employee participation in the wellness programme is the utilisation of incentive packages geared towards health seeking behaviour. The use of motivational packages ensures sustainability and it brings fun and enthusiasm to employees partaking in wellness programmes" (Mafata, 2017).

- Using motivational approaches (for example incentives, personal behaviour change) to encourage and motivate healthy behaviour leads to a more sustained impact of workplace programmes. Workplaces can use a variety of methods which are tailored to their specific context.
- HCT promotion and health communication makes maximal impact when it is designed to address the direct needs of employees. Workplace HCT should therefore invest in intensive multi-media communication through relevant visual, catchy and open communication on HCT, e.g. LED screen communications in high-traffic areas of the workplace. HCT promotion in the workplace should be highly organised and based on consistent messaging with a strong corporate identity (recommendation from the GO "increased uptake of HCT").
- Incentives appear to positively influence workplace HCT uptake. When announced upfront, they induce discussions and excitement among staff about the possibility of accessing direct benefits while taking part in HCT activities. Workplace HCT uptake can therefore benefit from in-kind incentives such as vouchers, useable gifts and durable goods (recommendation from the GO "increased uptake of HCT").
- While VMMC is a proven HIV preventative measure it has not taken centre-stage in the range of HIV interventions, and as such it has not been frequently addressed in HIV knowledge building activities. The need to deliberately and consistently educate employees about VMMC cannot be emphasised enough (recommendation from the GO "increased VMMC uptake).
- There is a general lack of literacy in ART resulting in poorly-informed employees. This contributes to defaulting on treatment, the development of drug resistance and an increased viral load. A multi-faceted mode of information delivery enhances the implementation of

treatment literacy information sessions that potentially can enhance ART uptake (recommendation from the GO "increased ART uptake").

- The Prevention of Mother-to-Child HIV Transmission (PMTCT) is a national priority project in South Africa for the prevention of HIV transmission in pregnant women. While the project in the public sector has undergone tremendous scrutiny and improvement, the extension of such monitoring to workplaces remains rather less well examined. Many workplaces have the potential to improve the uptake of PMTCT through improving access for their employees to this programme. Widening access to PMTCT services through online resources or the provision of a call centre, and shifting resources closer to employees can lead to an increase in PMTCT uptake (recommendation from the GO "increased PMTCT uptake").
- Many workplaces do not market the potential benefits accruing to employees from their membership to medical aid institutions. The promotion of such health programmes have great potential to raise awareness and thereby contribute to uptake of PMTCT programmes in the workplace. Employees should therefore be provided with electronic and print media as well as interactive platforms, such as support groups for pregnant mothers to raise awareness of PMTCT, and to help increase PMTCT uptake (recommendation from the GO "increased PMTCT uptake").

- Dual methods of providing HIV awareness information can be used, whereby one-on-one communication can be conducted reactively on a consultative basis by employees' concerns, for example W33 received employees who came to request for clarifications regarding HIV and AIDS and, took them through one-on-one educational sessions and recorded each consultation in their records and eventually produced monthly and quarterly reports (recommendation from the GO "increased HIV knowledge").

- HIV and AIDS awareness sessions should not be conducted in one particular setting but in diverse settings that include in and outside the office i.e. incorporating them in recreational activities such as sport days, family days, Valentine's Day. Conducting awareness sessions in office spaces only limits employee attendance as some employees may struggle to leave their office work to participate or attend the sessions (recommendation from the GO "increased HIV knowledge").
- Awareness sessions are to be conducted on an on-going basis and these should utilize available opportunities such as national events as well. Repeated awareness efforts will keep employees abreast of any recent developments and improve their insight on the disease (recommendation from the GO "increased HIV knowledge").
- Flavoured condoms (male and female) should be made available to accommodate the need of all users and be more widely distributed in both discrete and public places on a regular basis (recommendation from the GO "reduced risky behaviour").
- There should be mechanisms to frequently check condom distribution points and ensure that condoms are regularly replenished in order to avoid condom dispensers remaining empty at any given time. Having a reliable and dependable, frequent supply in condom dispensers is imperative to improve uptake of condom use. If employees experience an interruption in condom supply they are likely not to anticipate that they will get condoms as in when they need them and they will end up not utilizing the facility (recommendation from the GO "reduced risky behaviour").
- Care, treatment and support should be provided to employees who are HIV-positive and their families in order to strengthen the support system that will enhance ART uptake and treatment adherence (recommendation from the GO "increased ART uptake").

- There is a need for both formal and informal awareness sessions and the two should complement each other in order to maintain fulfilment and participation. Utilization of both structured and flexible methods may enhance knowledge acquisition and attitude change (recommendation from the GO "increased HIV knowledge").

17. Conclusion

This study provides informative and valuable insights as well as knowledge and improved understanding of what works in HIV and AIDS in the World of Work. The findings of the study define scalable initiatives, allow for recommendations to implement workplace programmes and provide a basis for policy development. The study provides feasible initiatives for HIV and AIDS workplace programmes and potential funding options for adoption based on lessons learnt from the experiences of other workplaces. These options can be adopted based on what is applicable in appropriate contexts. The findings of this study demonstrate the visibility and acknowledge the centrality of South African workplaces firstly in HIV and AIDS prevention, treatment and care, secondly to the South African economy, and finally to the improvement of the well-being of all its citizens. The findings of this study can be used to inform programming and policy making, improve the implementation of the Code of Good Practice and the ILO Recommendation 200. The study findings can also assist the South African government in achieving parts of Goal 3 of the United Nations' Sustainable Development Goals to "end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases" by 2030 (WHO, 2016). This study also demonstrates the role of workplace programmes in implementing the National Strategic Plan for HIV, STIs and TB for 2012-2016. Finally, this report provides evidence that supports and strengthens HIV and AIDS workplace programmes in South Africa, a country hardest hit

by the HIV epidemic where almost one in every five South Africans of productive age (24 to 49 years) are HIV-positive (Shisana et al, 2014). The results of this study can be used to set the agenda for further empirical research in the field of HIV and AIDS and the World of Work.

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Appendix 1: Situation Analysis Tool (Tool 0)

Tool N° 0

'WHAT WORKS' IN HIV AND AIDS AND THE WORLD OF WORK INITIATIVES IN SOUTH AFRICA

Funded by the
Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

Situational Analysis Tool

Eligibility Criteria Checklist

To obtain and assess evidence available for workplace eligibility using criteria for good outcomes

SECTION 1: WORKPLACE IDENTIFICATION PARTICULARS

Please insert responses in the blank spaces

Name of workplace	
Contact Person	
Physical address	
Telephone	
Fax	
Email	
WP registered for VAT? *(Confirm VAT registration status with SA Revenue Service? If NO, WP is ineligible.*	Yes [ ] No: [ ]
Period of service in the WP: **OR** Period the WP has been in operation: *(select appropriate option)* *Note: minimum of 6 months. If LESS THAN 6 months, WP is ineligible.*	Months: Months:
Number of WP employees (per year.)	Full-Time: Part-Time: Casual/Seasonal:
Please estimate the **total gross annual turnover** of your workplace (if applicable)	
Please estimate the **total gross asset value** (fixed property excluded) of your workplace (if applicable)	

SECTION 2: ELIGIBILTY CRITERIA **This section determines the eligibility criteria for workplaces that have implemented HIV and AIDS workplace programmes and policies.**					
The organisation provides evidence of good outcomes (GOs) in:	**YES**	**NO**	**Examples of sources of evidence. Such evidence of GOs should show an increase/improvement over at least two periods (thus, in general, a decrease is not considered a GO).** *< Evidence available for assessment by research team to confirm eligibility?>*	**YES**	**NO**
GO1A: Increased male and female employee knowledge/education on HIV and AIDS			Attendance records at HIV education sessions		
GO1B : Assessing male and female employee knowledge/education on HIV and AIDS			Knowledge, Attitude, Behaviour and Perception (KABP) survey reports		
GO2: Increased uptake of HCT/ VCT by men and women			If services are provided on site, nurse in charge (or HR manager) can show the trends, clinic records. Where available, statistics will be obtained from external service providers		
GO3:Reduced risky behaviour of men and women			KABP survey reports & condom usage / procurement can be used as evidence. Records of the number of male or/and female condoms distributed.		
GO4:Increased uptake of Voluntary Male Medical Circumcision (VMMC) services			If services are provided on site, nurse in charge (or HR manager) can show the trends, clinic records. Where available, statistics will be obtained from external service providers		
GO5: Reduced occupational risk among men and women			Report or records of incidents; especially those requiring treatment of open wounds or fractures		
GO6: Increased uptake of ART and treatment services by men and women			If services are provided on site, nurse in charge (or HR manager) can show the trends, clinic records. Were available, statistics will be obtained from external service providers		

GO7a: Reduced stigma and discrimination towards PLHIV among men and women			Reports, KABP surveys or assessments		
GO7b: Reduced employment related discrimination among men and women			Report or survey with evidence of continued working relationship with the employee who disclosed HIV positive status		
GO8: Impact on family/community			Reports or surveys on corporate social responsibility/community outreach HIV initiatives		
GO9a: Reduced absenteeism and staff turnover among men and women			HR Manager or assigned authority to share the records, downward trend should be observable on absenteeism rate and staff turnover		
GO9b: Reduced workplace costs			Where permissible, Finance records – budget-costs on health related issues should show the trends. Interviews with the CFO or finance manager will be done to obtain this info		
GO9c: Increased productivity among men and women			Production manager should show the production records and the trends		
GO10: Increased uptake of PMTCT by women			If services are provided on site, nurse in charge (or HR manager) can show the trends, clinic records. Were available, statistics will be obtained from service providers (e.g. Reality Wellness group for SA)		
Other (Specify)					

Thank you for your time

Note to Interviewer:

1. *WPs need to have **robust evidence related to HIV and AIDS GOs** to be considered WPs with GOs in HIV and AIDS WPPs (Administer Tools 1 and 2).*

Appendix 2: List of tables

Appendix 3: List of figures